
TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Final Rule

LSA Document #10-167(F)

DIGEST

Amends [405 IAC 1-8-3](#) to modify reimbursement for the technical component of outpatient radiology services by basing the rates paid to outpatient radiology providers on the Indiana Medicaid physician fee schedule rates for the radiology services technical component. Effective 30 days after filing with the Publisher.

[405 IAC 1-8-3](#)

SECTION 1. [405 IAC 1-8-3](#) IS AMENDED TO READ AS FOLLOWS:

[405 IAC 1-8-3](#) Reimbursement methodology

Authority: [IC 12-15-21-2](#); [IC 12-15-21-3](#)

Affected: [IC 12-15-15-1](#)

Sec. 3. (a) The reimbursement methodology for all covered outpatient hospital and ambulatory surgical center services shall be subject to the lower of the submitted charges for the procedure or the established fee schedule allowance for the procedure as provided in this section. Services shall be billed in accordance with provider manuals and update bulletins.

(b) Surgical procedures shall be:

(1) classified into a group corresponding to the Medicare ambulatory surgical center (ASC) methodology; and ~~shall be~~

(2) paid a rate established for each ASC payment group.

Outpatient surgeries that are not classified into the nine (9) groups designated by Medicare will be classified by the office into one (1) of those nine (9) groups or additional payment groups. Reimbursement will be based on the Indiana Medicaid statewide allowed amount for that service in effect during state fiscal year 2003.

(c) Payments for emergent care that:

(1) do not include surgery; and ~~that~~

(2) are provided in an emergency department, treatment room, observation room, or clinic; will be based on the statewide fee schedule amount in effect during state fiscal year 2003.

(d) Payments for nonemergent care that:

(1) do not include surgery; and ~~that~~

(2) are provided in an emergency department, treatment room, observation room, or clinic; will be based on the statewide fee schedule amount in effect during state fiscal year 2003.

(e) Reimbursement for laboratory procedures is based on the Medicare fee schedule amounts.

Reimbursement for the technical component of radiology procedures is ~~shall be~~ based on the ~~statewide Indiana Medicaid physician fee schedule amount in effect during state fiscal year 2003.~~ **rates for the radiology services technical component.**

(f) Reimbursement allowances for all outpatient hospital procedures not addressed elsewhere in this section, for example, therapies, testing, etc., shall be equal to the Indiana Medicaid statewide fee schedule amounts in effect during state fiscal year 2003.

(g) Payments will not be made for outpatient hospital and ambulatory surgical center services occurring within three (3) calendar days preceding an inpatient admission for the same or related diagnosis. The office may exclude certain services or categories of service from this requirement. Such exclusions will be described in provider manuals and update bulletins.

(h) The established rates for hospital outpatient and ambulatory surgical center reimbursement shall be reviewed annually by the office and adjusted, as necessary, in accordance with this section.

(Office of the Secretary of Family and Social Services; [405 IAC 1-8-3](#); filed Dec 2, 1993, 2:00 p.m.: 17 IR 736; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Feb 24, 2004, 11:15 a.m.: 27 IR 2247; readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#); filed Aug 16, 2010, 3:35 p.m.: [20100915-IR-405100167FRA](#))

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Notice of Intent: [20100324-IR-405100167NIA](#)

Proposed Rule: [20100714-IR-405100167PRA](#)

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