TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Final Rule
LSA Document #09-928(F)

DIGEST

Amends 405 IAC 5-9-1 and 405 IAC 5-25-2 to correct conflicting IAC language regarding the number of allowable office visits per calendar year and conform all IAC references to the number of allowable office visits to 30 per calendar year, per recipient, per provider without prior authorization. Effective 30 days after filing with the Publisher.

405 IAC 5-9-1; 405 IAC 5-25-2

SECTION 1. 405 IAC 5-9-1 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-9-1 Limitations

Authority: IC 12-8-6-5; IC 12-15
Affected: IC 12-13-7-3

Sec. 1. Medicaid reimbursement is available for office visits limited to a maximum of ~~fifty (50)~~ **thirty (30)** per ~~rolling twelve (12) month period~~ **calendar year,** per recipient, per provider without prior authorization and subject to the restrictions in section 2 of this rule.

(Office of the Secretary of Family and Social Services; 405 IAC 5-9-1; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3310; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Feb 14, 2005, 10:25 a.m.: 28 IR 2132; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; filed Nov 5, 2010, 2:10 p.m.: 20101201-IR-405090928FRA)

SECTION 2. 405 IAC 5-25-2 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-25-2 Reimbursement exclusions and limitations

Authority: IC 12-8-6-3; IC 12-8-6-5; IC 12-15
Affected: IC 12-13-7-3

Sec. 2. (a) Medicaid will not reimburse a physician for the following:
(1) Preparation of reports.
(2) Missed appointments.
(3) Writing or telephoning prescriptions to pharmacies.
(4) Telephone calls to laboratories.
(5) Any extra charge for after-hours services.
(6) Mileage.

(b) Medicaid reimbursement is available for a physician as an assistant surgeon with the following restrictions:
(1) If extenuating circumstances require an assistant surgeon when customarily one is not required:
   (A) these circumstances must be well documented in the hospital record; and
   (B) documentation must be attached to the claim form.
(2) Reimbursement is not available for a surgical assistant who assists in diagnostic surgical procedures or for minor surgical procedures.
(3) Reimbursement is limited to the procedures that generally require the skills and services of an assistant surgeon as set out in HCPCS.

(c) A physician visiting more than one (1) Medicaid recipient in the same long-term care facility on the same day will be reimbursed for each patient seen in an amount equal to the physician's routine office service allowance.

(d) Office visits will be reimbursed up to ~~four (4)~~ **thirty (30)** per ~~month or twenty (20)~~ **calendar year,** per ~~year~~ **recipient,** per provider. Prior authorization will be given for more frequent visits if medically necessary.

(e) Any physician services subject to prior authorization rendered during an office visit that were not prior authorized will not be reimbursed.

(f) Reimbursement for any physician service rendered during an office visit that is subsequently found not be medically necessary is subject to recoupment.

(Office of the Secretary of Family and Social Services; 405 IAC 5-25-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3347; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; filed Nov 5, 2010, 2:10 p.m.: 20101201-IR-405090928FRA)