

ARTICLE 3. BENEFITS AND MEDICAL POLICY

Rule 1. General Provisions

407 IAC 3-1-1 Intent and purpose

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6-4

Sec. 1. (a) Under IC 12-17.6, Title XXI of the federal Social Security Act, the office of the children's health insurance program hereby adopts and promulgates this article to:

- (1) interpret and implement the provisions of IC 12-17.6-4;
- (2) ensure the efficient, economical, and medically reasonable operations of a children's health insurance program (referred to as CHIP) in Indiana; and
- (3) safeguard against overutilization, fraud, abuse, and utilization and provision of services and supplies that are not medically reasonable or medically necessary and are not covered by the CHIP benefits package.

(b) The purposes for this article are accomplished in this article by using, to the extent possible, the same coverage criteria as that used by the Medicaid managed care program, for those services included in the CHIP benefit package, except as otherwise set forth in this article. (*Office of the Children's Health Insurance Program; 407 IAC 3-1-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2234; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 2. Mental Health Parity

407 IAC 3-2-1 Mental health parity

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. (a) Coverage of services for mental illness shall be subject to the same treatment limitations and financial requirements as coverage of services for physical illness.

(b) For purposes achieving parity in the CHIP benefit package, outpatient services for mental health and substance abuse services shall be subject to the same maximum limits as those imposed for physical, occupational, respiratory, and speech therapies. (*Office of the Children's Health Insurance Program; 407 IAC 3-2-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 3. CHIP; Coverage; Use of Medicaid Rules

407 IAC 3-3-1 Covered services

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. (a) The following services will be covered by CHIP using the same coverage criteria, limitations, and procedures, including prior authorization, as Medicaid under rules adopted by the secretary at 405 IAC 5 unless a service is listed as noncovered in 407 IAC 3-13:

- (1) Physician services, except that office visits shall be reimbursed in accordance with 407 IAC 3-5-1.
- (2) Inpatient hospital, except that inpatient rehabilitation services are limited to fifty (50) days per calendar year.
- (3) Outpatient hospital.
- (4) Laboratory and radiology.
- (5) Certified nurse practitioner.
- (6) Family planning services and supplies.
- (7) Certified nurse-midwife.
- (8) Vision.
- (9) Home health and clinic services.
- (10) Dental.
- (11) Hospice.

- (12) Diabetes self-management training.
- (13) Food supplements, nutritional supplements, and infant formulas.
- (14) Restricted utilization.
- (15) Consultations and second opinions.
- (16) Anesthesia.

(b) The following services will be covered by CHIP using the coverage criteria, limitations, and procedures described in 407 IAC 3-4 through 407 IAC 3-12:

- (1) Early intervention services.
- (2) Evaluation and management services.
- (3) Medical supplies and equipment.
- (4) Mental health and substance abuse services.
- (5) Therapy services.
- (6) Transportation.
- (7) Pharmacy services.
- (8) Podiatry services.
- (9) Chiropractic services.

(Office of the Children's Health Insurance Program; 407 IAC 3-3-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424)

407 IAC 3-3-2 Prior authorization; administrative review and appeals

Authority: IC 12-17.6-2-11
Affected: IC 12-17.6

Sec. 2. The procedures and requirements set forth in 405 IAC 5-3 and 405 IAC 5-7 for Medicaid prior authorization, administrative review, and appeals shall apply to the children's health insurance program. *(Office of the Children's Health Insurance Program; 407 IAC 3-3-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424)*

407 IAC 3-3-3 Out-of-state services

Authority: IC 12-17.6-2-11
Affected: IC 12-17.6

Sec. 3. Those services otherwise covered in this article are covered when provided out-of-state, subject to the same requirements applicable to out-of-state services provided under the Medicaid program. *(Office of the Children's Health Insurance Program; 407 IAC 3-3-3; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424)*

Rule 4. Early Intervention Services

407 IAC 3-4-1 Immunizations; screening; diagnosis

Authority: IC 12-17.6-2-11
Affected: IC 12-17.6

Sec. 1. Age-appropriate immunizations and periodic screening and diagnosis services shall be covered by CHIP in the same manner and at the same intervals as they are in the Medicaid program. *(Office of the Children's Health Insurance Program; 407 IAC 3-4-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424)*

407 IAC 3-4-2 Treatment

Authority: IC 12-17.6-2-11
Affected: IC 12-17.6

Sec. 2. Treatment found necessary as a result of a diagnosis pursuant to an initial or periodic screening may be provided subject to any prior authorization requirements and coverage limitations set out in this article. If a service is not covered under the state plan,

it is not a reimbursable service by CHIP. (*Office of the Children's Health Insurance Program; 407 IAC 3-4-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2235; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 5. Evaluation and Management Services

407 IAC 3-5-1 Limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Reimbursement is available for office visits limited to a maximum of thirty (30) per recipient per rolling twelve (12) month period without prior authorization and subject to the restrictions applicable to the Medicaid program set forth in 405 IAC 5-9. (*Office of the Children's Health Insurance Program; 407 IAC 3-5-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 6. Medical Supplies and Equipment

407 IAC 3-6-1 Coverage and limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. (a) Subject to the limitation in subsection (b), durable medical equipment, repairs to durable medical equipment, and medical supplies are covered using the same coverage criteria and prior authorization procedures applicable to the Medicaid program and set forth in 405 IAC 5-19.

(b) Durable medical equipment is subject to a maximum benefit of two thousand dollars (\$2,000) per calendar year per member and five thousand dollars (\$5,000) per member per lifetime. (*Office of the Children's Health Insurance Program; 407 IAC 3-6-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 7. Mental Health and Substance Abuse Services

407 IAC 3-7-1 Reimbursement limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. (a) Reimbursement is available for mental health services subject to the limitations set out in the Medicaid program as well as additional limitations set forth in this rule.

(b) Inpatient mental health and substance abuse services are not covered when provided in an institution for mental diseases with more than sixteen (16) beds.

(c) Psychiatric residential treatment facility (PRTF) services are not covered by the children's health insurance program.

(d) Outpatient mental health and substance abuse services are limited to a maximum of thirty (30) office visits per rolling twelve (12) month period without prior approval. Up to twenty (20) additional visits up to a maximum of fifty (50) visits per rolling twelve (12) month period may be prior authorized subject to Medicaid prior authorization criteria.

(e) Reimbursement is not available for reservation of beds in psychiatric hospitals.

(f) Community mental health rehabilitation services (Medicaid rehabilitation option) are not covered by the children's health insurance program. (*Office of the Children's Health Insurance Program; 407 IAC 3-7-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; filed Jul 21, 2004, 5:01 p.m.: 27 IR 3987; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 8. Therapy Services

407 IAC 3-8-1 Reimbursement limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Reimbursement is available for physical, speech, occupational, and respiratory therapy subject to the limitations set forth in the Medicaid program as well as the limitations set forth in this rule. (*Office of the Children's Health Insurance Program; 407 IAC 3-8-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-8-2 Maximum visits

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 2. Physical, speech, occupational, and respiratory therapy is limited to a maximum of fifty (50) visits per member per rolling twelve (12) month period for each type of therapy. (*Office of the Children's Health Insurance Program; 407 IAC 3-8-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; errata filed Aug 2, 2000, 3:21 p.m.: 23 IR 3091; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 9. Transportation

407 IAC 3-9-1 Reimbursement limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Emergency ambulance transportation is a covered service, subject to the prudent layperson definition of emergency in 407 IAC 1-1-6. (*Office of the Children's Health Insurance Program; 407 IAC 3-9-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-9-2 Nonemergency ambulance transportation

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 2. Nonemergency ambulance transportation between medical facilities is a covered service when ordered by the treating physician. (*Office of the Children's Health Insurance Program; 407 IAC 3-9-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2236; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-9-3 Copayment

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 3. (a) A ten dollar (\$10) copayment is required for ambulance transportation.

(b) The copayment shall be paid by the member and collected by the provider. Reimbursement shall be adjusted to reflect the copayment amount for which the member is liable. (*Office of the Children's Health Insurance Program; 407 IAC 3-9-3; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 10. Pharmacy Services

407 IAC 3-10-1 Nonlegend drugs

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Reimbursement is not available for any nonlegend drug, except insulin when prescribed. (*Office of the Children's Health Insurance Program; 407 IAC 3-10-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-10-2 Generic drugs

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 2. A provider filling a prescription under the CHIP program shall:

- (1) substitute a generically equivalent drug product if one is available; and
- (2) inform the customer of the substitution;

if the substitution would result in a lower price unless the practitioner prescribing the drug signs on the line under which the words “dispense as written” appear or indicates that the brand name drug is medically necessary. (*Office of the Children’s Health Insurance Program; 407 IAC 3-10-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-10-3 Copayments

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 3. (a) A three dollar (\$3) copayment is required for generic, compound, and sole source drugs.

(b) A ten dollar (\$10) copayment is required for brand name drugs.

(c) The copayment shall be paid by the member and collected by the provider. Reimbursement shall be adjusted to reflect the copayment amount for which the member is liable.

(d) A provider may deny services if the member does not pay the required copayment. (*Office of the Children’s Health Insurance Program; 407 IAC 3-10-3; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 11. Podiatry Services

407 IAC 3-11-1 Covered services

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Reimbursement is available for the following podiatry services when performed within the scope of practice of the podiatry profession as defined by Indiana law, subject to the limitations set forth in the Medicaid program as well as the limitations set forth in this rule:

- (1) Surgical procedures involving the foot.
- (2) Laboratory services.
- (3) X-ray services.

(*Office of the Children’s Health Insurance Program; 407 IAC 3-11-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-11-2 Noncovered services

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 2. Routine foot care as defined in 405 IAC 3-26-3 [sic.] is not covered. (*Office of the Children’s Health Insurance Program; 407 IAC 3-11-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 12. Chiropractic Services

407 IAC 3-12-1 Reimbursement

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. Reimbursement is available for chiropractic services subject to the limitations set forth in the Medicaid program as well as the limitations set forth in this rule. (*Office of the Children's Health Insurance Program; 407 IAC 3-12-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

407 IAC 3-12-2 Limitations

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 2. (a) Chiropractic services are limited to:

(1) five (5) visits; and

(2) fourteen (14) procedures;

per rolling twelve (12) month period.

(b) Reimbursement is available for medically necessary additional procedures subject to prior authorization. (*Office of the Children's Health Insurance Program; 407 IAC 3-12-2; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

Rule 13. Services Not Covered by CHIP

407 IAC 3-13-1 Noncovered services

Authority: IC 12-17.6-2-11

Affected: IC 12-17.6

Sec. 1. The following services are not covered by CHIP:

(1) Services that are not covered by the Medicaid program.

(2) Services provided in a nursing facility.

(3) Services provided in an intermediate care facility for the mentally retarded (ICF/MR).

(4) Private duty nursing.

(5) Case management services for the following:

(A) Persons with HIV/AIDS.

(B) Pregnant women.

(C) Mentally ill or emotionally disturbed individuals.

(6) Nonambulance transportation.

(7) Services provided by Christian Science nurses.

(8) Services provided in Christian Science sanatoriums.

(9) Organ transplants.

(10) Over-the-counter drugs (except insulin).

(11) Reserved beds in psychiatric hospitals.

(12) Services provided in inpatient mental health facilities (other than acute care hospitals) with more than sixteen (16) beds.

(13) Psychiatric residential treatment facility (PRTF) services.

(14) Any other service or supply listed in this article as noncovered.

(*Office of the Children's Health Insurance Program; 407 IAC 3-13-1; filed May 3, 2000, 2:02 p.m.: 23 IR 2237; filed Jul 21, 2004, 5:01 p.m.: 27 IR 3987; readopted filed May 22, 2006, 3:22 p.m.: 29 IR 3424*)

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