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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

Proposed Rule
LSA Document #02-277

DIGEST

Amends 405 IAC 5-14-2, 405 IAC 5-14-3, 405 IAC 5-14-6, 405 IAC 5-14-11, 405 IAC 5-14-15, 405 IAC 5-14-16, 405 IAC 5-14-17, and 405 IAC 5-14-18 to limit covered services and update the Medicaid dental rule to reflect current operating procedures. Repeals 405 IAC 5-14-10. Effective 30 days after filing with the secretary of state.

405 IAC 5-14-2	405 IAC 5-14-15
405 IAC 5-14-3	405 IAC 5-14-16
405 IAC 5-14-6	405 IAC 5-14-17
405 IAC 5-14-10	405 IAC 5-14-18
405 IAC 5-14-11	

SECTION 1. 405 IAC 5-14-2, PROPOSED TO BE AMENDED AT 25 IR 3823, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-2 Covered services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 2. The following are covered dental services under the Indiana Medicaid program:

- (1) Evaluations.
- (2) Radiographs.
- (3) Prophylaxis.
- (4) Topical fluoride **for recipients twenty (20) years of age and younger.**
- (5) Sealant **for permanent molars and premolars for recipients twenty (20) years of age and younger.**
- (6) Amalgam.
- (7) Unilateral and bilateral space maintainers **for recipients twenty (20) years of age and younger.**
- (8) Resin anteriors and posteriors.
- (9) Recement crowns.
- (10) Steel crown primary.
- (11) Stainless steel crown permanent.
- ~~(12) Pin retention.~~
- ~~(13) Pulp cap.~~
- ~~(14)~~ (12) Therapeutic pulpotomy.
- ~~(15)~~ (13) Extractions.
- ~~(16)~~ (14) Oral biopsies.
- ~~(17)~~ (15) Alveoplasty.
- ~~(18)~~ (16) Excision of lesions.
- ~~(19)~~ (17) Excision of benign tumor. **greater than one and twenty-five hundredths (1.25) centimeters.**
- ~~(20)~~ (18) Odontogenic cyst removal.
- ~~(21)~~ (19) Nonodontogenic cyst removal.
- ~~(22)~~ (20) Incise and drain abscess.
- ~~(23) Sequestrectomy osteomyelitis.~~

~~(24)~~ **(21)** Fracture simple stabilize.
~~(25)~~ **(22)** Compound fracture of the mandible.
~~(26)~~ **(23)** Compound fracture of the maxilla.
~~(27)~~ **(24)** Repair of wounds.
~~(28)~~ **(25)** Suturing.
~~(29)~~ ~~Osteoplasty for orthognathic deformity.~~
~~(30)~~ **(26)** Emergency treatment dental pain.
~~(31)~~ **(27)** Analgesia **for recipients twenty (20) years of age and younger.**
~~(32)~~ ~~Therapeutic drug injection.~~
~~(33)~~ **(28)** Drugs and medicaments.
~~(34)~~ ~~Treatment of complications postsurgery.~~
~~(35)~~ **(29)** Periodontal surgery limited to drug-induced periodontal hyperplasia.
~~(36)~~ **(30)** Other dental services as medically necessary to treat recipients eligible for the EPSDT program.
~~(37)~~ ~~Confirmatory consultations.~~
~~(38)~~ **(31)** Periodontal root planing and scaling.
~~(39)~~ **(32)** General anesthesia.
~~(40)~~ **(33)** Intravenous (IV) sedation **covered only for oral surgical services.**
~~(41)~~ **(34)** Dentures and partials.
~~(42)~~ **(35)** Orthodontic services for recipients twenty (20) years of age and under only.
(Office of the Secretary of Family and Social Services; 405 IAC 5-14-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 2. 405 IAC 5-14-3, PROPOSED TO BE AMENDED AT 25 IR 3824, SECTION 3, IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-3 Diagnostic services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 3. Medicaid reimbursement is available for diagnostic services, including initial and periodic evaluations, prophylaxis, radiographs, and emergency treatments with the following limitations:

- (1) Either full mouth series radiographs or panorex is limited to one (1) set per recipient every three (3) years.
- (2) Bitewing ~~and intraoral and extra-oral~~ radiographs are limited to one (1) set per recipient every twelve (12) months. One (1) set of **bitewings** is defined as a total of four (4) single films. **Intraoral radiographs are limited to one (1) first film and seven (7) additional films. Temporomandibular joint arthograms, other temporomandibular films, tomographic surveys, and cephalometric films are no longer covered in a dental office.**
- (3) A comprehensive or detailed oral evaluation is limited to one (1) per lifetime, per recipient, per provider, with an annual limit of two (2) per recipient.
- (4) A periodic or limited oral evaluation is limited to one (1) every six (6) months, per recipient, any provider.
- (5) Mouth gum cultures and sensitivity tests are not covered.
- (6) Oral hygiene instructions are reimbursed in the Medicaid payment allowance for diagnostic services and may not be billed separately to Medicaid.
- (7) Payment for the writing of prescriptions is included in the reimbursement for diagnostic services and may not be billed separately to Medicaid.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 3. 405 IAC 5-14-6, PROPOSED TO BE AMENDED AT 25 IR 3824, SECTION 5, IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-6 Prophylaxis

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 6. Prophylaxis is a covered service in accordance with the following limitations:

- (1) One (1) unit every six (6) months for noninstitutionalized recipients twelve (12) months of age up to their twenty-first birthday.
- (2) One (1) unit every twelve (12) months for noninstitutionalized recipients twenty-one (21) years of age and older.
- (3) Institutionalized recipients may receive up to ~~two (2) units~~ **one (1) unit** every six (6) months.
- (4) Prophylaxis is not covered for recipients under twelve (12) months of age.

(Office of the Secretary of Family and Social Services; 405 IAC 5-14-6; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 4. 405 IAC 5-14-11 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-11 Analgesia

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 11. Nitrous oxide analgesia **is covered only for those twenty (20) years of age and younger.** ~~Preanesthetic medication are is a covered services. service for all ages.~~ *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-11; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3321; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 5. 405 IAC 5-14-15 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-15 General anesthesia and intravenous sedation

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 15. (a) Medicaid reimbursement is available for general anesthesia. General anesthesia for recipients twenty-one (21) years of age and older may only be provided in a hospital (inpatient or outpatient) or ambulatory surgical center **Prior authorization is required and shall must include consideration documentation of the following in the patient's record to be eligible for reimbursement:**

- (1) Specific reasons why such services are needed, including specific justification if such services are to be provided on an outpatient basis.
- (2) Documentation that the recipient cannot receive necessary dental services unless general anesthesia is administered. For example, a recipient may be unable to cooperate with the dentist due to physical or mental disability.

(b) Medicaid reimbursement is available for intravenous sedation **in a dental office** when ~~prior authorized. Prior authorization requests provided for oral surgical services only.~~ **Documentation in the patient's record** must include specific reasons why such services are needed, ~~including specific justification~~ if such services are to be provided on an outpatient basis. *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-15; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3321; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 6. 405 IAC 5-14-16 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-16 Periodontics; surgical

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15

Sec. 16. Periodontic surgery is a covered service only for cases of drug-induced periodontal hyperplasia. ~~This service requires prior authorization. Requests for surgical periodontics will be evaluated and decided on an individual basis.~~ **Documentation in the patient's record must substantiate that the service was provided for drug-induced periodontal hyperplasia.** *(Office of the Secretary of Family and Social Services; 405 IAC 5-14-16; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

SECTION 7. 405 IAC 5-14-17 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-17 Oral surgery

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 17. No oral surgical procedures shall be ~~approved~~, **reimbursed** other than those listed in this rule ~~except in extreme cases of facial trauma, pathology, or deformity. All oral surgery in the categories described in this rule require prior authorization by the office. and as defined by provider bulletin.~~ Placement of sutures or tissue trim, or both, in a simple extraction does not constitute a surgical extraction. Multiple simple extractions with placement of sutures or tissue trim, or both, performed in either office or hospital shall not be reimbursed as surgical extractions. Payment of preoperative and postoperative care is included in the reimbursement for the operative procedure and may not be billed separately to Medicaid. (*Office of the Secretary of Family and Social Services; 405 IAC 5-14-17; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822*)

SECTION 8. 405 IAC 5-14-18 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-14-18 Hospital admissions for covered dental services or procedures

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15

Sec. 18. **The medical necessity** for admission of a recipient to a hospital for the purpose of performing any elective dental service, or any elective dental service performed on an inpatient basis, ~~requires prior authorization by the office. Authorization will be given only for those recipients with problems that require special or additional care to that care routinely provided in a dentist's office. In cases of life-threatening emergencies, retroactive prior authorization must be obtained within forty-eight (48) hours of the hospital admission. must be documented in the patient's record.~~ (*Office of the Secretary of Family and Social Services; 405 IAC 5-14-18; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3322; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822*)

SECTION 9. 405 IAC 5-14-10 IS REPEALED.

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on January 2, 2003 at 9:00 a.m., at the Indiana Government Center-South, 402 West Washington Street, Conference Center Room C, Indianapolis, Indiana the Office of the Secretary of Family and Social Services will hold a public hearing on proposed amendments to the Indiana Medicaid dental program. Written comments may be directed to the Indiana Government Center-South, 402 West Washington Street, Room W451, MS-27 Office of General Counsel, Attention: Maureen Bartolo, Indianapolis, Indiana 46204. Correspondence should be identified in the following manner: "COMMENTS RE: PROPOSED RULE LSA Document #02-277: DENTAL". Written comments received will be made available for public display at the above listed address of the Office of General Counsel. Copies of these rules are now on file at the Indiana Government Center-South, 402 West Washington Street, Room W451 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

John Hamilton
Secretary
Office of the Secretary of Family and Social Services