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

**ARTICLE 5. MEDICAID SERVICES**

**Rule 5. Out-of-State Services**

**405 IAC 5-5-1 Out-of-state services; general**

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

Affected: IC 12-15; IC 12-17.6

Sec. 1. (a) Medicaid reimbursement is available for services provided outside Indiana as determined by the office and subject to the restrictions outlined in this rule.

(b) Areas may be designated by the office as in-state in relation to prior authorization requirements and for the purposes of reimbursement under any of the following circumstances:

(1) To increase access to medically necessary services in areas where the distance to an in-state facility would subject the member, or member's family, to significant financial hardship or create an unnecessary significant burden on the Medicaid member.

(2) To allow members to retain a primary medical provider or obtain specialty services from a facility, such as centers of excellence, when the care may not be available from an in-state provider or would require significant hardship due to geographic location.

(3) Transportation to an appropriate Indiana facility would cause significant undue expense or hardship to the member or the office.

(4) To address an emergency health crisis.

(c) Areas designated by the office as in-state pursuant to this section are not subject to the hospital

assessment fees at 405 IAC 1-8-5 and 405 IAC 1-10.5-7. *(Office of the Secretary of Family and Social Services; 405 IAC 5-5-1; filed Jul 25, 1997, 4:00* *p.m.: 20 IR 3308; filed Mar 9, 1998, 9:30 a.m.: 21 IR 2379; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Feb 3,2006, 2:00 p.m.: 29 IR 1904; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28,* *2013, 3:18 p.m.: 20131127-IR-405130241RFA; filed Apr 19, 2018, 11:29 a.m.: 20180516-IR-405170306FRA)*

**405 IAC 5-5-2 Prior authorization requirements for out-of-state services**

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

Affected: IC 12-15; IC 12-17.6

Sec. 2. (a) Services provided out-of-state require prior authorization except as follows:

(1) Emergency services provided out-of-state are exempt from prior authorization; however, continuation of inpatient treatment and hospitalization is subject to the prior authorization requirements of the office.

(2) Members of the adoption assistance program placed outside of Indiana will receive approval for all routine medical and dental care provided out-of-state.

(b) Prior authorization will not be approved for the following services outside of Indiana:

(1) Nursing facilities, ICFs/IID, or home health agency services.

(2) Any other type of long term care facility, including facilities directly associated with or part of an acute general hospital.

(c) Prior authorization may be granted for any time period from one (1) day to one (1) year for out-of-state

medical services if the service is medically necessary and any one (1) of the following criteria is also met:

(1) The service is not available in Indiana. However, care provided by out-of-state Veterans Administration facilities is an exception to this requirement.

(2) The member has received services from the provider previously.

(3) Transportation to an appropriate Indiana facility would cause undue expense or hardship to the member or Medicaid.

(4) The out-of-state provider is a regional treatment center or distributor.

(5) The out-of-state provider is significantly less expensive than the Indiana providers.

*(Office of the Secretary of Family and Social Services; 405 IAC 5-5-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3308; filed Sep 27,1999, 8:55 a.m.: 23 IR 309; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA; filed Aug 1, 2016, 3:44 p.m.: 20160831-IR-405150418FRA; errata filed Nov 1, 2016, 9:36 a.m.: 20161109-IR-405160493ACA; filed Apr 19, 2018, 11:29 a.m.: 20180516-IR-405170306FRA)*

**405 IAC 5-5-3 Out-of-state suppliers of medical equipment**

Authority: 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. In order to be treated as an in-state provider for purposes of prior authorization any out-of-state supplier of medical equipment must comply with the following:

(1) Maintain an Indiana business office, staffed during regular business hours, with telephone service.

(2) Provide service, maintenance, and replacements for Indiana members whose equipment has malfunctioned.

(3) Qualify with the Indiana secretary of state as a foreign corporation.

*(Office of the Secretary of Family and Social Services; 405 IAC 5-5-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3309; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA; filed Aug 1, 2016, 3:44 p.m.: 20160831-IR-405150418FRA)*