4.a. Nursing Facility services for individuals 21 years of age or older

Provided with limitations.
Reimbursement is available for nursing facility services provided by a licensed and certified nursing facility in accordance with Attachment 4.19-D, when rendered to a recipient whose level of care has been approved by the Office of Medicaid Policy and Planning.

Those services and products furnished by the nursing facility for the usual care and treatment of patients are reimbursed in the per diem rate in accordance with State law.

The per diem rate for nursing facilities includes the following services: room and board, room accommodations, all dietary services, and laundry services; nursing care provided by a registered nurse, licensed practical nurse, or nurse's aid; all medical and nonmedical supplies and equipment; durable medical equipment (DME), and associated repair costs, routinely required for the care of patients; medically necessary therapy services, which include physical, occupational, respiratory, and speech pathology services; transportation to vocational/habilitation service programs; the cost of both legend and non-legend water products in all forms and for all uses.

4.b Early and Periodic Screening, Diagnosis Treatment

Provided in excess of federal requirements.
Treatment services are covered subject to prior authorization requirements and reimbursement limitations.

Any 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 for the services. However, if a service is not covered under the state plan, it is still available to EPSDT eligible recipients subject to prior authorization requirements in accordance with State law if it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

Medicaid reimbursement is available for Individualized Education Program (IEP) nursing services rendered by a Registered Nurse (RN) who is employed by or under contract with a Medicaid-participating school corporation provider when the services are: medically necessary; provided pursuant to a Medicaid-enrolled student's IEP; and provided in a school setting.

4.c. Family Planning services

Provided with limitations.
Reimbursement is available subject to the limitations.

Family planning services are those services provided to individuals of childbearing age to temporarily or permanently prevent or delay pregnancy. Family planning services includes: diagnosis and treatment of sexually transmitted diseases, if medically indicated; follow-up care for complications associated with contraceptive methods issued by the family planning provider; health education and counseling necessary to make informed choices and understand contraceptive methods; laboratory tests, if medically indicated as part of the decision-making process for choice of contraceptive methods; limited history and physical examination; pregnancy testing and counseling; provision of contraceptive pills, devices, and supplies; screening, testing, and counseling of members at risk for HIV and referral and treatment; tubal ligation or Essure device; and vasectomy.

5.a. Physicians' services

Provided with limitations.
Reimbursement is available for medically necessary services provided by a doctor of medicine or osteopathy for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within the scope of the practice of medicine, as defined by Indiana law, and subject to limitations.

Reimbursement is available for office visits limited to a maximum of office visits per rolling 12 months, per recipient, per provider without prior authorization. Additional office visits may be approved with prior authorization based on medical necessity. Office visits should be appropriate to the diagnosis and treatment given and properly coded. New patient office visits are limited to one per recipient, per provider within the last three (3) years. For purposes of this subsection, "new patient" means one who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice within the last three (3) years.

A physician will not be reimbursed for the following: preparation of reports, missed appointments, writing or telephoning prescriptions to pharmacies, telephone calls to laboratories, any extra charge for after-hours services, mileage.

Reimbursement is available for a physician as an assistant surgeon and is limited to the procedures that generally require the skills and services of an assistant surgeon as set out in coding guidelines. When extenuating circumstances require an assistant surgeon when customarily one is not required, these circumstances must be well documented in the hospital record and documentation must be attached to the claim form. Reimbursement is not available for a surgical assistant who assists in diagnostic surgical procedures or for minor surgical procedures.

Reimbursement is not available to a physician for injecting medications that can be self-administered unless justified by the patient's condition. Possible noncompliance by a recipient to oral medication is insufficient justification to administer injections.

5.b. Medical and Surgical services furnished by a dentist	Provided with limitations. Reimbursement is available only for those services listed below subject to limitations. The following are covered medical and surgical services furnished by a dentist under the Indiana Medicaid program: oral biopsies, alveoplasty, excision of lesions, excision of benign tumor, nonodontogenic cyst removal, incise and drain abscess, fracture simple stabilize, compound fracture of the mandible, compound fracture of the maxilla, repair of wounds, suturing, , periodontal surgery limited to drug-induced periodontal hyperplasia, other medical and surgical services furnished by a dentist as medically necessary to treat recipients eligible for the EPSDT program, general anesthesia, intravenous (IV) sedation covered only for oral surgical services, and maxillofacial surgery
6.a. Podiatrists' Services	Provided with limitations. (1) Are provided by a podiatrist who is licensed by the State and meets standards issued by the Secretary of Health and Human Services under 42 CFR 410.25(a); and (2) Consists of treatment that the podiatrist is legally authorized by the State to perform and services of a doctor of podiatric medicine, acting within the scope of his or her license, if the services would be covered as physicians' services when performed by a doctor of medicine or osteopathy. **(3)** Reimbursement is limited to 1 office visit and up to 6 routine foot care services per recipient per 12 months; Reimbursement is subject to the limitations set out in 405 IAC 5, reimbursement is available within the scope of the practice of podiatry as defined by Indiana law. Covered services include diagnosis of foot disorders and mechanical, medical or surgical treatment of these disorders. Reimbursement is not available for any podiatric service provided outside the scope of IC 25-29-1-0.5, et seq. and 845 IAC 1-3-1, et seq., or for any podiatric service for which federal financial participation is not available. Subject to prior authorization requirements and 405 IAC 5-15-4, these limits do not apply to treatments found necessary for children under the age 21, after a diagnosis as a result an EPSDT service.

Reimbursement for Nursing Services Performed in a School Setting

Reimbursement for Individualized Education Program (IEP) nursing services for eligible individuals will be paid on a fee-for-service basis. The rate will be established by the Medicaid agency based on actual costs submitted by Home Health Agencies (HHA) for services provided by Registered Nurses (RN). HHA nursing services are similar in nature to the IEP nursing services, thus the available HHA costs are used to determine the IEP nursing rates. The rate is a statewide rate, computed by dividing salaries, benefits, and overhead costs for RN staff by the number of RN hours as reported on Home Health Agency cost reports. The result of this calculation is an hourly RN cost for each HHA. The RN hourly cost for each HHA is then arrayed from highest to lowest, and the IEP nursing rate is the median of the HHA RN hourly cost amounts. The established rate will be reviewed annually and adjusted as necessary. Payment will be based on the lower of the provider's submitted charge or the established rate. The unit of service will be15 minutes.

The state-developed fee schedule rate is available only to Indiana Medicaid enrolled local educational agencies (LEAs) which provide school-based, IEP-related nursing services. The agency's fee schedule rate was set as of January 1, 2010 and is effective for services provided on or after that date. All rates are published on the State's website at: www.indianamedicaid.com.