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**State/Territory Name: Indiana**

**State Plan Amendment (SPA) #: IN.16-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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June 28, 2016

Joe Moser, Director of Medicaid  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W374  
Indianapolis, Indiana 46204

ATTN: Tim Hawkins

RE: Indiana TN #16-0001, Applied Behavioral Analysis (ABA) Therapy Services

Dear Mr. Moser:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal #16-0001:

- This SPA adds ABA therapy reimbursement under the current Early and Periodic Screening, Diagnostic and Treatment benefit.
- Effective Date: March 28, 2016

If you have any questions, please have a member of your staff contact Tannisse Joyce at 312-886-5121 or by email at [tannisse.joyce@cms.hhs.gov](mailto:tannisse.joyce@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Tim Hawkins, OMPP  
Kelly Flynn, OMPP

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:  
16-001 REVISED

2. STATE  
Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
March 28, 2016

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.40

7. FEDERAL BUDGET IMPACT:

- a. FFY 2016 \$4.11 (thousands)  
b. FFY 2017 \$5.48 (thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B pages 1, 1a, 1b, 1c, 1d, 1e, 1f

Attachment 4.19-B, pages 1, 1a, 1b, 1c, 1d, 1e, 1f

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, pages 1, 1b, 1c, 1d, 1e, 1f

10. SUBJECT OF AMENDMENT:

This State Plan amendment makes conforming changes to the State Plan to add applied behavioral analysis (ABA) therapy reimbursement under the current EPSDT benefit effective March 28, 2016. The proposed service is necessary for the treatment of autism spectrum disorder.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: Joseph Moser

14. TITLE: Medicaid Director

15. DATE SUBMITTED: 6/23/16 3/31/16

16. RETURN TO:

Joseph Moser  
Medicaid Director  
Indiana Office of Medicaid Policy and Planning  
402 West Washington Street, Room W382  
Indianapolis, IN 46204  
ATTN: Kelly Flynn, State Plan and Waiver Manager

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 3/31/16	18. DATE APPROVED: 6/23/16
19. PLAN APPROVED - ONE COPY ATTACHED	
20. EFFECTIVE DATE OF APPROVED MATERIAL: 3/28/16	21. SIGNATURE OF REGIONAL OFFICIAL: [Signature]
22. TYPED NAME: Ruth A. Hughes	23. TITLE: Associate Regional Administrator
24. REMARKS:	

**REIMBURSEMENT FOR SERVICES PROVIDED BY PHYSICIANS, LIMITED  
LICENSE PRACTITIONERS, AND NON-PHYSICIAN PRACTITIONERS**

**I. A. Summary of the Resource-Based Relative Value Scale (RBRVS) reimbursement methodology**

All services provided by physicians, limited license practitioners, and non-physician practitioners will be reimbursed according to a statewide fee schedule based on a Resource-Based Relative Value Scale (RBRVS). This includes services provided by:

Physicians and Limited License Practitioners

- doctors of medicine,
- osteopaths,
- physician or primary care group practices,
- optometrists,
- podiatrists,
- dentists who are oral surgeons,
- chiropractors, and
- health service providers in psychology.

Non-Physician Practitioners

- audiologists,
- physical, occupational, respiratory, and speech therapists,
- licensed psychologists,
- independent laboratory or radiology providers,
- advance practice nurses,
- dentists who are not oral surgeons.
- Board certified behavior analysts
- Credentialed registered behavior technicians

Other Licensed Practitioners

- physician assistants,
- licensed independent practice school psychologist,
- licensed clinical social worker,
- licensed marital and family therapist,
- licensed mental health counselor,
- person holding a master's degree in social work, marital and family therapy, or mental health counseling,
- certified registered nurse anesthetists, and
- anesthesiologist assistants

All Other Licensed Practitioners are required to work under the direct supervision of a physician. All Other Licensed Practitioners, except CRNAs, must bill under the supervising physician's provider number.

Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers. The agency's fee schedule rates were set on various dates and are effective for services provided on or after February 1, 2015. All rates and effective dates are published on the agency's website at [www.indianamedicaid.com](http://www.indianamedicaid.com).

TN # 16-001

Supersedes

TN # 15-006

Approval Date 6/28/16

Effective Date March 28, 2016

## II. Application of reimbursement methodology for services provided by physicians and limited license practitioners (LLPs)

1. Reimbursement for services provided by physicians and limited license practitioners (LLPs), except for services described in subdivisions two (2) through six (6) below, will be equal to the lower of:
  - the provider's submitted charges for the procedure, or
  - the established Medicaid RBRVS physician fee schedule allowance for the procedure.
2. Services provided by assistant surgeons will be reimbursed at twenty percent (20%) of the Medicaid RBRVS physician amount for the procedure and cosurgeons at sixty-two and one-half percent (62.5%) of the RBRVS fee schedule amount for the procedure.
3. Reimbursement for all services is subject to the global surgery policy as defined by the Centers for Medicare and Medicaid Services for the Medicare Part B fee schedule for physician services.
4. Reimbursement for services provided by physicians and LLPs is subject to the policy for supplies and services incident to other procedures as defined by the by the Centers for Medicare and Medicaid Services for the Medicare Part B fee schedule for physician services.
5. Separate reimbursement will not be made for radiologic contrast material, except for low osmolar contrast material (LOCM) used in intrathecal, intravenous, and intra-arterial injections.
6. Reimbursement for services provided by physicians and LLPs is subject to the site-of-service payment adjustment. Procedures performed in an outpatient setting that are normally provided in a physician's office will be paid at eighty percent (80%) of the Medicaid RBRVS physician fee schedule amount for the procedure.
7. Payments for services to an out-of-state-provider will be negotiated on a case-by-case basis to obtain the lowest possible rate, not to exceed 100% of the provider's reasonable and customary charges, and may differ from the reimbursement methodology or amounts set out in the Indiana Administrative Code when such payments are required because the services are not available in-state or are necessary due to unique medical circumstances requiring care that is available only from a limited number of qualified providers.

## III. Application of the RBRVS reimbursement methodology for services provided by non-physician practitioners (NPPs)

1. Reimbursement for services provided by non-physician practitioners (NPPs), except services described in subdivisions 2 and 3 and 4 below, will be equal to the lower of:
  - the submitted charge for the procedure, or
  - the established Medicaid RBRVS physician fee schedule amount for the procedure.
2. Outpatient mental health services provided by:
  - a licensed psychologist, or an advance practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing in a physician-directed outpatient mental health facility will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

The following HCPCS codes will be reimbursed using a conversion factor that is eighty percent (80%) of the 2014 MPFS conversion factor of \$35.8228: 90785 – 90870, 96150 – 96155, and 99407 – 99408.

3. Services provided by independently practicing respiratory therapists (42 CFR 440.60), physical therapists' assistants (42 CFR 440.110) and advance practice nurses (42 CFR 440.166) will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure. State developed fee schedule rates are the same for both public and private providers of these services.
4. Services provided for dates of service on or after March 28, 2016 by a credentialed registered behavior technician (RBT) and supervised by a master's or doctoral level board certified behavior analyst shall be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure. Services provided by a RBT under this section prior to March 28, 2016 are not reimbursable.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and privately employed RBTs. The agency's fee schedule rate was set as of February 1, 2015 and is effective for services provided on or after that date. All rates are published at [www.indianamedicaid.com](http://www.indianamedicaid.com)

#### **IV. Application of the RBRVS reimbursement methodology for services provided by other licensed practitioners**

1. Certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs) are reimbursed at 60% of the allowable physician rate.
2. Outpatient mental health services provided by:

a licensed independent practice school psychologist, a licensed clinical social worker, a licensed marital and family therapist, a licensed mental health counselor, or a person holding a master's degree in social work, marital and family therapy, or mental health counseling in a physician-directed outpatient mental health facility will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

The following HCPCS codes will be reimbursed using a conversion factor that is eighty percent (80%) of the 2014 MPFS conversion factor of \$35.8228: 90785 – 90870, 96150 – 96155, and 99407 – 99408.

#### **V. Laboratory services**

1. For laboratory procedures not included in the Medicare Part B fee schedule for physician services, reimbursement is based on the Medicare clinical laboratory fee schedule and is paid on a per test basis. The fee schedule rate for each laboratory procedure does not exceed the current Medicare fee schedule amount. Medicaid clinical diagnostic laboratory fee schedules comply with Section 1903(i)(7) that limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis.

TN # 16-001  
Supersedes  
TN # 15-006

Approval Date 6/28/16

Effective Date March 28, 2016