

## **Table of Contents**

**State/Territory Name: IN**

**State Plan Amendment (SPA) #: 16-0012**

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

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

1. TRANSMITTAL NUMBER:  
TN# 16-0012

2. STATE  
Indiana

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
November 1, 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:  
~~16-15-5-14; 42 CFR 447.205~~ *42 CFR 440.20*

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$0.00  
b. FFY 2018 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1  
Attachment 4.19-B, Page 1c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, Page 1  
Attachment 4.19-B, Page 1c

10. SUBJECT OF AMENDMENT:

This State Plan amendment makes conforming changes to the State Plan to add licensed clinical addiction counselors (LCAC) to the practitioners that provide outpatient mental health services and receive reimbursement under the physician fee schedule reimbursement methodology, effective November 1, 2016.

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:  


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

13. TYPED NAME: Joseph Moser

14. TITLE: Medicaid Director

15. DATE SUBMITTED: *10.24.16*

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
October 24, 2016

18. DATE APPROVED:  
January 18, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
November 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

23. REMARKS:



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January 18, 2017

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: IN SPA TN# 16-0012,

Dear Mr. Moser:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #16-0012:

- This SPA adds licensed clinical addiction counselors to the type of practitioner that can provide outpatient mental health services and receive reimbursement under the physicians' fee schedule reimbursement methodology.
- Effective Date: November 1, 2016

If you have any questions, please have a member of your staff contact Jennifer Maslowski at 217-492-4120 or by email at [jennifer.maslowski@cms.hhs.gov](mailto:jennifer.maslowski@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

cc: Kelly Flynn, FSSA  
Tim Hawkins, FSSA

**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,
- **licensed clinical addiction counselors**
- 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 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 # 16-012

Supersedes

TN # 16-001

Approval Date 1/18/17

Effective Date November 1, 2016

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.

1. 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, **a licensed clinical addiction 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.

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