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State/Territory Name: Indiana

State Plan Amendment (SPA) #: IN-17-0019 Genetic Counselors

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



January 25, 2018

Allison Taylor, Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

ATTN: Tim, Hawkins, SPA Coordinator

RE: TN 17-0019

Dear Ms. Taylor:

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

Transmittal #17-0019:

- This State Plan Amendment adds reimbursement for the services of genetic counselors. Reimbursement will be made under the physician fee schedule reimbursement methodology.
- Effective Date: October 1, 2017
- Approval Date: January 25, 2018

If you have any questions, please have a member of your staff contact Debi Benson at 317-614-0035 or by email at Deborah.Benson@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

Updated 1-9-18 by TSH II

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

1. TRANSMITTAL NUMBER:
17-019

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
October 1, 2017

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 440.130 (b) ~~3A~~

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY 2018 \$11.00

b. FFY 2019 \$11.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1c

Attachment 3.1-A, Addendum page 3a ~~3A~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 1c

Attachment 3.1-A, Addendum page 3a ~~3A~~

10. SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan to add reimbursement for the services of genetic counselors, effective October 1, 2017. Reimbursement will be made under the physician fee schedule reimbursement methodology.

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:

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED: 12.21.17

16. RETURN TO:

Allison Taylor

Medicaid Director

Indiana Office of Medicaid Policy and Planning

402 West Washington Street, Room W374

Indianapolis, IN 46204

ATTN: Tim Hawkins, Federal Relations Lead

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 21, 2017

18. DATE APPROVED:
January 25, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

6.d.	Other Practitioners' services (continued)	Provided with limitations.
	Physician Assistants' services	Reimbursement is available for medically necessary health care services provided by a licensed, certified Physician Assistant within the scope of the applicable license and certification.
	Genetic Counselors' services	Reimbursement is available for medically necessary health care services provided by a licensed Genetic Counselor within the scope of the applicable license.

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.
5. **Service provided for dates of service on or after October 1, 2017 by a genetic counselor shall be reimbursed at the Medicaid RBRVS physician fee schedule amount for that procedure. Services provided by a genetic counselor under this section prior to October 1, 2017 are not reimbursable.**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and privately employed **non-physician practitioners**. 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

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 # 17-019

Supersedes

TN # 16-012

Approval Date 1/25/18

Effective Date October 1, 2017