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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 21, 2023

Cora Steinmetz
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204

Re: Indiana State Plan Amendment IN-23-0013

Dear Director Steinmetz:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number IN-23-0013. This amendment makes changes to the Medicaid State Plan to allow for pharmacist reimbursement for services and prescriptions of hormonal contraceptive patches and self-administered hormonal contraceptives to eligible Medicaid recipients.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation at 42 U.S. Code 1396r-8. This letter is to inform you that Indiana Medicaid SPA IN-23-0013 was approved on August 18, 2023, with an effective date of July 1, 2025.

If you have any questions, please contact Rhonda Gray at 410-786-6140 or via email at Rhonda.Gray@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Madison May-Gruthusen

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 3

2. STATE

I N

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 USC 1396r-8

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 3
Attachment 4.19-B page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A page 3
Attachment 4.19-B page 1

9. SUBJECT OF AMENDMENT

This State Plan Amendments makes changes to the Medicaid State Plan to allow for pharmacist reimbursement for services and prescriptions for hormonal contraceptive patches and self-administered hormonal contraceptives to eligible Medicaid recipients.

10. 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:

11. SIGNATURE OF STATE



12. TYPED NAME
Allison Taylor

13. TITLE
Medicaid Director

14. DATE SUBMITTED
06/22/2023

15. RETURN TO

Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
ATTN: Madison May-Gruthusen, Federal Relations Lead

FOR CMS USE ONLY

16. DATE RECEIVED
June 22, 2023

17. DATE APPROVED
August 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

6.b. Optometrists' services

Optometrists' services are provided in accordance with 42 CFR 440.060.

Reimbursement is available for medically necessary services provided by an optometrist within the scope of practice as define by Indiana law and subject to procedure code limitations.

6.c. Chiropractors' services

Chiropractors' services include only services that—

- (1) Are provided by chiropractor who is licensed by the State and meets standards issued by the Secretary of Health and Human Services under 42 CFR 420.21(a); and
- (2) Consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform
- (3) Provided with limitations

Reimbursement is limited to 5 office visits and up to 50 therapeutic physical medicine treatments per recipient per year; however, the 5 office visits are included in the 50 visit/treatment maximum. DME and electromyography services are not covered.

Reimbursement is subject to the scope of service limitations set out in 405 IAC 5.

Reimbursement is not available for any chiropractic service provided outside the scope of IC 25-10-1-1, et seq., and 846 IAC 1-3-1, et seq., or for any chiropractic 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.

6.d. Other Practitioners' services

Nurse Practitioners' services

Provided with limitations.

Reimbursement is available for medically necessary, reasonable and preventive health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.

Diabetes Self-Management
And Training Services

Reimbursement is limited to a total of sixteen units (15 minutes each) per recipient, per rolling calendar year. Additional units may be prior authorized. Services must be medically necessary; provided by health care professionals who are licensed, registered or certified under applicable Indiana law and who have specialized training in the management of diabetes; and ordered in writing by a physician, podiatrist, nurse practitioner, clinical nurse specialist, certified nurse midwife and physician assistant.

Pharmacist Services

Licensed Pharmacists may provide services and prescriptions for contraceptives as defined under State law.

**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
- licensed pharmacists

Other Licensed or Certified 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
- community health workers

Other Licensed or Certified Practitioners are required to work under the direct supervision of a physician, except licensed clinical social workers, licensed marital and family therapists, licensed mental health counselors, and licensed clinical addiction counselors. Other Licensed Practitioners or Certified Practitioners, except physician assistants, certified registered nurse anesthetists, licensed clinical social workers, licensed marital and family therapists, licensed mental health counselors, and licensed clinical addiction counselors, 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.provider.indianamedicaid.com.