

HOUSE BILL No. 1433

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15.

Synopsis: Reimbursement for prosthetic and orthotic devices. Provides that orthotic devices are provided under Medicaid. Requires the office of the secretary of family and social services and a managed care organization to reimburse under Medicaid a provider of prosthetic and orthotic devices at a rate comparable to the federal Medicare reimbursement rate. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.

Effective: July 1, 2023.

Slager

January 17, 2023, read first time and referred to Committee on Public Health.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE BILL No. 1433

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-5-1, AS AMENDED BY P.L.180-2022(ss),
2 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2023]: Sec. 1. (a) Except as provided in IC 12-15-2-12,
4 IC 12-15-6, and IC 12-15-21, the following services and supplies are
5 provided under Medicaid:
6 (1) Inpatient hospital services.
7 (2) Nursing facility services.
8 (3) Physician's services, including services provided under
9 IC 25-10-1 and IC 25-22.5-1.
10 (4) Outpatient hospital or clinic services.
11 (5) Home health care services.
12 (6) Private duty nursing services.
13 (7) Physical therapy and related services.
14 (8) Dental services.
15 (9) Prescribed laboratory and x-ray services.
16 (10) Prescribed drugs and pharmacist services.
17 (11) Eyeglasses. ~~and~~



- 1 **(12) Prosthetic devices and orthotic devices.**
 2 ~~(12)~~ **(13) Optometric services.**
 3 ~~(13)~~ **(14) Diagnostic, screening, preventive, and rehabilitative**
 4 **services.**
 5 ~~(14)~~ **(15) Podiatric medicine services.**
 6 ~~(15)~~ **(16) Hospice services.**
 7 ~~(16)~~ **(17) Services or supplies recognized under Indiana law and**
 8 **specified under rules adopted by the office.**
 9 ~~(17)~~ **(18) Family planning services except the performance of**
 10 **abortions.**
 11 ~~(18)~~ **(19) Nonmedical nursing care given in accordance with the**
 12 **tenets and practices of a recognized church or religious**
 13 **denomination to an individual qualified for Medicaid who**
 14 **depends upon healing by prayer and spiritual means alone in**
 15 **accordance with the tenets and practices of the individual's church**
 16 **or religious denomination.**
 17 ~~(19)~~ **(20) Services provided to individuals described in**
 18 **IC 12-15-2-8.**
 19 ~~(20)~~ **(21) Services provided under IC 12-15-34 and IC 12-15-32.**
 20 ~~(21)~~ **(22) Case management services provided to individuals**
 21 **described in IC 12-15-2-13.**
 22 ~~(22)~~ **(23) Any other type of remedial care recognized under**
 23 **Indiana law and specified by the United States Secretary of Health**
 24 **and Human Services.**
 25 ~~(23)~~ **(24) Examinations required under IC 16-41-17-2(a)(10).**
 26 ~~(24)~~ **(25) Inpatient substance abuse detoxification services.**
 27 ~~(25)~~ **(26) Chronic pain management.**
 28 ~~(26)~~ **(27) Donated breast milk that meets requirements developed**
 29 **by the office of Medicaid policy and planning.**
 30 **(b) The office shall do the following:**
 31 **(1) Apply to the United States Department of Health and Human**
 32 **Services for any state plan amendment or waiver necessary to**
 33 **implement the services or supplies described in subsection**
 34 **(a)(26).**
 35 **(2) Develop requirements for donated breast milk as described in**
 36 **subsection (a)(26).**
 37 **(3) As soon as practicable, but not later than January 1, 2023, the**
 38 **office shall:**
 39 **(A) seek any necessary approval from the United States**
 40 **Department of Health and Human Services; and**
 41 **(B) adopt any written policies, procedures, or regulations**
 42 **determined necessary;**



1 to provide reimbursement for long-acting reversible
2 contraception. This subdivision expires June 30, 2023.

3 SECTION 2. IC 12-15-5-22 IS ADDED TO THE INDIANA CODE
4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
5 1, 2023]: **Sec. 22. (a) As used in this section, "orthotic device"**
6 **means a medically necessary rigid or semi-rigid device used for the**
7 **purpose of supporting a weak or deformed body member or**
8 **restricting or eliminating motion in a diseased or injured part of**
9 **the body.**

10 **(b) As used in this section, "prosthetic device" means an**
11 **artificial leg or arm, or any component part of the device.**

12 **(c) This section applies to an eligible provider that provides**
13 **orthotic devices or prosthetic devices, including repairs or**
14 **replacements, that are:**

15 **(1) provided or performed by a person that is:**

16 **(A) accredited as required under 42 U.S.C. 1395m(a)(20);**

17 **or**

18 **(B) a qualified practitioner (as defined in 42 U.S.C.**
19 **1395m(h)(1)(F)(iii));**

20 **(2) determined by the Medicaid recipient's physician to be**
21 **medically necessary to restore or maintain the recipient's**
22 **ability to perform activities of daily living or essential job**
23 **related activities and may include the appropriate model**
24 **determined to meet the recipient's medical needs; and**

25 **(3) not solely for comfort or convenience.**

26 **However, if the Medicaid recipient is less than eighteen (18) years**
27 **of age, the eligible provider may specify an appropriate model that**
28 **meets the recipient's medical needs as well as maximizes the**
29 **recipient's ability to move and engage in recreational activities,**
30 **including biking, swimming, and maximizing upper limb function.**

31 **(d) The reimbursement provided by the office of the secretary**
32 **for the devices and services under subsection (c) must be equal to**
33 **the reimbursement that is provided for the same device, repair, or**
34 **replacement under the federal Medicare reimbursement schedule.**

35 **(e) If the Medicaid recipient is less than eighteen (18) years of**
36 **age and supporting documentation is provided by the recipient's**
37 **eligible provider, reimbursement under this section for**
38 **replacement of an orthotic device or a prosthetic device must be**
39 **allowed for any of the following reasons:**

40 **(1) The orthotic device or prosthetic device has been lost or**
41 **stolen.**

42 **(2) The orthotic device or prosthetic device has suffered**



1 irreparable damage.

2 (3) The orthotic device or prosthetic device has suffered
3 irreparable wear and tear beyond repair.

4 (4) The Medicaid recipient had a change in condition
5 necessitating a replacement, including:

6 (A) growth of the recipient;

7 (B) change in the recipient's anatomical presentation,
8 including weight gain, weight loss, or change in anatomy;

9 (C) change in the recipient's condition; or

10 (D) change in the recipient's functional activity level.

11 Except as provided in this chapter for a Medicaid recipient who is
12 less than eighteen (18) years of age, coverage is not required under
13 this section for a prosthetic device that is designed exclusively for
14 an athletic purpose.

15 SECTION 3. IC 12-15-12-24 IS ADDED TO THE INDIANA
16 CODE AS A NEW SECTION TO READ AS FOLLOWS
17 [EFFECTIVE JULY 1, 2023]: Sec. 24. (a) As used in this section,
18 "orthotic device" means a medically necessary rigid or semi-rigid
19 device used for the purpose of supporting a weak or deformed
20 body member or restricting or eliminating motion in a diseased or
21 injured part of the body.

22 (b) As used in this section, "prosthetic device" means an
23 artificial leg or arm, or any component part of the device.

24 (c) This section applies to a managed care provider that
25 provides orthotic devices or prosthetic devices, including repairs
26 or replacements, that are:

27 (1) provided or performed by a person that is:

28 (A) accredited as required under 42 U.S.C. 1395m(a)(20);
29 or

30 (B) a qualified practitioner (as defined in 42 U.S.C.
31 1395m(h)(1)(F)(iii));

32 (2) determined by the enrollee's physician to be medically
33 necessary to restore or maintain the enrollee's ability to
34 perform activities of daily living or essential job related
35 activities and may include the appropriate model determined
36 to meet the enrollee's medical needs; and

37 (3) not solely for comfort or convenience.

38 However, if the enrollee is less than eighteen (18) years of age, the
39 managed care provider may specify an appropriate model that
40 meets the enrollee's medical needs as well as maximizes the
41 enrollee's ability to move and engage in recreational activities,
42 including biking, swimming, and maximizing upper limb function.



1 (d) The reimbursement provided by a managed care
2 organization for the devices and services under subsection (c) must
3 be equal to the reimbursement that is provided for the same device,
4 repair, or replacement under the federal Medicare reimbursement
5 schedule.

6 (e) If the enrollee is less than eighteen (18) years of age and
7 supporting documentation is provided by the enrollee's managed
8 care provider, reimbursement under this section for replacement
9 of an orthotic device or a prosthetic device must be allowed for any
10 of the following reasons:

11 (1) The orthotic device or prosthetic device has been lost or
12 stolen.

13 (2) The orthotic device or prosthetic device has suffered
14 irreparable damage.

15 (3) The orthotic device or prosthetic device has suffered
16 irreparable wear and tear beyond repair.

17 (4) The enrollee had a change in condition necessitating a
18 replacement, including:

19 (A) growth of the enrollee;

20 (B) change in the enrollee's anatomical presentation,
21 including weight gain, weight loss, or change in anatomy;

22 (C) change in the enrollee's condition; or

23 (D) change in the enrollee's functional activity level.

24 Except as provided in this chapter for an enrollee who is less than
25 eighteen (18) years of age, coverage is not required under this
26 section for a prosthetic device that is designed exclusively for an
27 athletic purpose.

