



February 14, 2023

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## HOUSE BILL No. 1433

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DIGEST OF HB 1433 (Updated February 14, 2023 12:25 pm - DI 147)

**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. Specifies that a minor may receive a prosthetic or orthotic device for the recipient's medical needs and a device for recreational activities. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.

**Effective:** July 1, 2023.

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### Slager, Olthoff

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January 17, 2023, read first time and referred to Committee on Public Health.  
February 14, 2023, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.

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HB 1433—LS 7376/DI 77





February 14, 2023

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~~

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- 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 one (1) appropriate model  
28 that meets the recipient's medical needs and a second model that  
29 maximizes the recipient's ability to move and engage in  
30 recreational activities, including biking, swimming, and  
31 maximizing upper limb function.

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

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

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



1           **(2) The orthotic device or prosthetic device has suffered**  
 2           **irreparable damage.**

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

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

7               **(A) growth of the recipient;**

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

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

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

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

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

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

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

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

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

31                   **(B) a qualified practitioner (as defined in 42 U.S.C.**  
 32                   **1395m(h)(1)(F)(iii));**

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

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

39           **However, if the enrollee is less than eighteen (18) years of age, the**  
 40           **managed care provider may specify one (1) appropriate model that**  
 41           **meets the enrollee's medical needs and a second model that**  
 42           **maximizes the enrollee's ability to move and engage in recreational**



1 activities, including biking, swimming, and maximizing upper limb  
2 function.

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

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

13 (1) The orthotic device or prosthetic device has been lost or  
14 stolen.

15 (2) The orthotic device or prosthetic device has suffered  
16 irreparable damage.

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

19 (4) The enrollee had a change in condition necessitating a  
20 replacement, including:

21 (A) growth of the enrollee;

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

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

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

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



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1433, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, line 27, delete "an" and insert "**one (1)**".

Page 3, line 28, delete "as well as" and insert "**and a second model that**".

Page 4, line 39, delete "an" and insert "**one (1)**".

Page 4, line 40, delete "as well as" and insert "**and a second model that**".

and when so amended that said bill do pass.

(Reference is to HB 1433 as introduced.)

BARRETT

Committee Vote: yeas 12, nays 0.

