Indiana Health Coverage Programs

PROVIDER BULLETIN

BT200323 MAY 1, 2003

To: All Chiropractors and Chiropractic Clinics

Subject: Changes in Chiropractic Services

Overview

The Office of Medicaid Policy and Planning (OMPP) has published new rules modifying the Indiana Health Coverage Programs (IHCP) coverage for chiropractic services for all members. The new rules will be implemented on July 1, 2003. This bulletin notifies IHCP providers of the changes to services under Indiana Administrative Code (IAC) *405 IAC 5-12*. In addition, effective July 1, 2003, the IHCP will limit chiropractic services to specific billing and diagnostic codes as outlined in this bulletin.

Note: Benefits under the Hoosier Healthwise Package C – Children's Health Insurance Program have not been modified.

Covered Chiropractic Services

Effective July 1, 2003, reimbursement is limited to a total of 50 office visits and spinal manipulation or physical medicine treatments per member per rolling 12-month period. As part of this limitation, reimbursement will be made for no more than five office visits out of the total 50 treatment or office visits per member per rolling 12-month period. Under the new rule, reimbursement is not available for durable medical equipment (DME) provided by chiropractors. Additionally, reimbursement will not be available for the following types of extended or comprehensive office visits:

- New patient detailed
- New patient comprehensive
- Established patient detailed
- Established patient comprehensive

Additionally, electromyogram (EMG) testing is no longer a covered service under the IHCP.

Chiropractors must provide the actual x-ray films previously taken at no cost to IHCP members when requested. The IHCP will not reimburse for additional x-rays that could be necessitated by the failure of a practitioner to forward x-rays, or related documentation to a chiropractic provider when requested. Chiropractors are entitled to receive x-rays from other providers at no charge to the member upon the member's written request to the other providers and upon reasonable notice.

Claim payment will be limited for chiropractic practitioners (specialty 150) to the Current Procedural Terminology (CPT) procedure codes and International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnosis codes as listed in the following tables.

Tables 1 through 4 identify the procedure codes that should be billed to the IHCP by chiropractors.

Table 1 – Covered IHCP Chiropractic Codes for Office Visits

Office Visits	
CPT Code	**Description**
99201	Office or other outpatient visit for evaluation and management of new patient, problems are self-limited or minor
99202	Office or other outpatient visit for evaluation and management of new patient, presenting problems are of low or moderate severity
99203	Office or other outpatient visit for evaluation and management of new patient, presenting problems are of moderate severity
99211	Office or other outpatient visit for the evaluation and management of an established patient, presenting problem(s) are minimal
99212	Office or other outpatient visit for the evaluation and management of an established patient, presenting problem(s) are self-limited or minor
99213	Office or other outpatient visit for the evaluation and management of an established patient, presenting problem(s) are low to moderate severity

Table 2 – Covered IHCP Chiropractic Codes for Manipulative Treatment

Chiropractic Manipulative Treatment	
CPT Code	**Description**
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	CMT, spinal, three to four regions
98942	CMT, spinal, five regions
98943	CMT, extraspinal, one or more regions

Chiropractors may perform laboratory tests that fall within their scope of practice for the State of Indiana, *IC 25-10-1* and *Title 846*, which include blood analysis and urinalysis.

Table 3 – Covered IHCP Chiropractic Codes for Radiology

Radiology	
CPT Code	**Description**
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; anteoposterior and lateral
72050	Minimum of four views
72052	Complete, including oblique and flexion and/or extension studies
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	Radiologic examination, spine, thoracic, anteroposterior and lateral
72072	Radiologic examination, spine, thoracic, anteroposterior and lateral, including swimmer's VI

(Continued)

Table 3 – Covered IHCP Chiropractic Codes for Radiology

Radiology	
CPT Code	**Description**
72074	Radiologic examination, spine, thoracic, complete, including obliques, minimum of four views
72080	Radiologic examination, spine, thoracolumbar, anteroposterior and lateral
72090	Radiologic examination, spine, scoliosis study, including supine and erect studies
72100	Radiologic examination, spine, lumbrosacral, anteroposterior and lateral
72110	Radiologic examination, spine, lumbrosacral, complete, with oblique views
72114	Radiologic examination, spine, lumbrosacral, complete, including bending view
72120	Radiologic examination, spine, lumbrosacral, bending view only, minimum of four views
72170	Radiologic examination, pelvis, one or two views
72190	Radiologic examination, pelvis, complete, minimum of three views
72200	Radiologic examination, sacroiliac joints, less than three views
72202	Radiologic examination, sacroiliac joints, three or more views
72220	Radiologic examination, sacrum and coccyx, minimum of two views
73000	Radiologic examination, clavicle, complete
73010	Radiologic examination, scapula, complete
73020	Radiologic examination, shoulder, one view
73030	Radiologic examination, shoulder, complete, minimum of two views
73050	Radiologic examination, acromioclavicular joints, bilateral, with or without weighted distraction
73060	Radiologic examination, humerus, minimum of two views
73070	Radiologic examination, elbow, anteroposterior and lateral views
73080	Radiologic examination, elbow, complete, minimum of three views
73090	Radiologic examination, forearm, anteroposterior and lateral views
73100	Radiologic examination, wrist, anteroposterior and lateral views
73110	Radiologic examination, wrist, complete, minimum of three views
73120	Radiologic examination, hand, two views
73130	Radiologic examination, hand, minimum of three views
73140	Radiologic examination, finger or fingers, minimum of two views
73500	Radiologic examination, hip, unilateral, one view
73510	Radiologic examination, hip, complete, minimum of two views
73520	Radiologic examination, hip, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73550	Radiologic examination, femur, anteroposterior and lateral views
73560	Radiologic examination, knee, anteroposterior and lateral views

(Continued)

Table 3 – Covered IHCP Chiropractic Codes for Radiology

Radiology	
CPT Code	**Description**
73562	Radiologic examination, knee, anteroposterior and lateral views, with oblique(s), minimum of three views
73564	Radiologic examination, knee, complete, including oblique(s), and/or tunnel, and/or patellar
73565	Radiologic examination, knee, both knees, standing, anteroposterior
73590	Radiologic examination, tibia and fibula, anteroposterior and lateral views
73600	Radiologic examination, ankle, anteroposterior and lateral views
73610	Radiologic examination, ankle, complete, minimum of three views
73620	Radiologic examination, foot, anteroposterior and lateral views
73630	Radiologic examination, foot, complete, minimum of three views
73650	Radiologic examination, calcaneus, minimum of two views
73660	Radiologic examination, toe or toes, minimum of two views

Table 4 – Covered Chiropractic Codes for Medicine Services

Medicine Services	
CPT Code	**Description**
95831	Muscle testing, manual, extremity or trunk, with report
95832	Muscle testing, manual (separate procedure); hand (with or without comparison with normal side)
97010	Physical medicine treatment to one area, hot or cold packs
97012	Physical medicine treatment to one area, traction, mechanical
97014	Physical medicine treatment to one area, electrical stimulation (unattended)
97016	Physical medicine treatment to one area, vasopneumatic devices
97018	Physical medicine treatment to one area, paraffin bath
97020	Physical medicine treatment to one area, microwave
97022	Physical medicine treatment to one area, whirlpool
97024	Physical medicine treatment to one area, diathermy
97026	Physical medicine treatment to one area, infrared
97028	Physical medicine treatment to one area, ultraviolet
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of modality to one or more areas; iontophoresis, each 15 minutes
97034	Application of modality to one or more areas; contrast baths, each 15 minutes
97035	Application of modality to one or more areas; ultrasound, each 15 minutes
97036	Application of modality to one or more areas; Hubbard tank, each 15 minutes

(Continued)

Table 4 – Covered Chiropractic Codes for Medicine Services

Medicine Services	
CPT Code	**Description**
97039	Physical medicine treatment to one area; unlisted modality (specify)
97110	Physical medicine treatment to one area; initial 15 minutes, therapeutic exercises
97112	Physical medicine treatment to one area; neuromuscular exercises
97113	Therapeutic procedure, one or more areas; aquatic therapy with therapeutic exercises
97116	Physical medicine treatment to one area, each visit, gait training
97124	Physical medicine treatment to one area; massage
97139	Physical medicine treatment to one area; unlisted procedure (specify)
97140	Manual therapy techniques (e.g. mobilization/manipulation, manual lymphatic drainage, manual traction), one of more regions, each 15 minutes

The following tables identify diagnosis codes appropriate for chiropractic services billed to the IHCP.

Table 5 – Diagnosis Codes for Chiropractic Services, Primary ICD-9-CM Codes

Primary ICD-9-CM Codes	
Diagnosis Codes	**Description**
739	Nonallopathic lesions, not otherwise classified
739.0	Occipitocervical (Occ-C1)
739.1	Cervical (C1-C7)
739.2	Thoracic (T1-T12)
739.3	Lumbar (L1-L5)
739.4	Sacrococcygeal (S)
739.5	Pelvic region
739.6	Lower extremities
739.7	Upper extremities
739.8	Rib cage

Table 6 – Diagnosis Codes for Chiropractic Services, Secondary ICD-9-CM Codes

Secondary ICD-9-CM Codes	
Diagnosis Codes	**Description**
307.81	Tension headache
333.83	Spasmodic torticollis
346.0	Classical migraine
346.00	Classical migraine without mention of intractable migraine
346.01	Classical migraine with intractable migraine, so stated
346.1	Common migraine
346.10	Common migraine without mention of intractable migraine
346.11	Common migraine with intractable migraine, so stated
346.2	Variants of migraine
346.20	Variants of migraine without mention of intractable migraine
346.21	Variants of migraine with intractable migraine, so stated
346.8	Other forms of migraine
346.80	Other forms of migraine without mention of intractable migraine
346.81	Other forms of migraine with intractable migraine, so stated
346.9	Migraine, unspecified
346.90	Migraine, unspecified, without mention of intractable migraine
346.91	Migraine, unspecified, with intractable migraine, so stated
353.0	Brachial plexus lesions
353.1	Lumbosacral plexus lesions
353.2	Cervical root lesions, not elsewhere classified
353.3	Thoracic root lesions, not elsewhere classified
353.4	Lumbosacral root lesions, not elsewhere classified
353.8	Other nerve root and plexus disorders
353.9	Unspecified nerve root and plexus disorder
354.4	Causalgia of upper limb
354.8	Other mononeuritis of upper limb
354.9	Mononeuritis of upper limb, unspecified
719.40	Pain in joint, site unspecified
719.48	Pain in joint, other specified site
719.49	Pain in joint, multiple site
720.0	Ankylosing spondylitis
720.1	Spinal enthesopathy
721.0	Cervical spondylosis without myelopathy

(Continued)

Table 6 – Diagnosis Codes for Chiropractic Services, Secondary ICD-9-CM Codes

Secondary ICD-9-CM Codes	
Diagnosis Codes	**Description**
721.1	Thoracic spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
721.6	Anklyosing vertebral hyperostosis
721.7	Traumatic spondylopathy
721.9	Spondylosis of unspecified site
721.90	Spondylosis of unspecified site without mention of myelopathy
722.0	Displacement of cervical intervertebral disc without myelopathy
722.1	Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.11	Displacement of thoracic intervertebral disc without myelopathy
722.2	Displacement of intervertebral disc, site unspecified, without myelopathy
722.3	Schmorl's nodes
722.30	Schmorl's nodes, unspecified region
722.31	Schmorl's nodes, thoracic region
722.32	Schmorl's nodes, lumbar region
722.4	Degeneration of cervical intervertebral disc
722.5	Degeneration of thoracic or lumbar intervertebral disc
722.51	Degeneration of thoracic or thoracolumbar intervertebral disc
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
722.6	Degeneration if intervertebral disc, site unspecified
722.8	Postlaminectomy syndrome
722.80	Postlaminectomy syndrome, unspecified region
722.81	Postlaminectomy syndrome, cervical region
722.82	Postlaminectomy syndrome, thoracic region
722.83	Postlaminectomy syndrome, lumbar region
722.9	Other and unspecified disc disorder
722.90	Other and unspecified disc disorder, unspecified region
722.91	Other and unspecified disc disorder, cervical region
722.92	Other and unspecified disc disorder, thoracic region
722.93	Other and unspecified disc disorder, lumbar region
723.0	Spinal stenosis in cervical region
723.1	Cervicalgia
723.2	Cervicocranial syndrome

(Continued)

Table 6 – Diagnosis Codes for Chiropractic Services, Secondary ICD-9-CM Codes

Secondary ICD-9-CM Codes	
Diagnosis Codes	**Description**
723.3	Cervicobrachial syndrome (diffuse)
723.4	Brachial neuritis or radiculitis, NOS
723.51	Torticollis, unspecified
723.8	Other syndromes affecting cervical region
723.9	Unspecified musculoskeletal disorders and symptoms referable to neck
724.0	Spinal stenosis, other than cervical
724.00	Spinal stenosis, unspecified region
724.01	Spinal stenosis, thoracic region
724.02	Spinal stenosis, lumbar region
724.09	Spinal stenosis of other region
724.1	Pain in thoracic spine
724.2	Lumbago
724.3	Sciatica
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.5	Backache, unspecified
724.6	Disorders of sacrum
724.7	Disorders of coccyx
724.70	Unspecified disorders of coccyx
724.79	Other disorders of coccyx, coccygodynia
724.8	Other symptoms referable to back, facet syndrome
724.9	Other unspecified back disorders
728.71	Plantar fascial fibromatosis
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
732.0	Juvenile osteochondrosis of spine
737.0	Adolescent postural kyphosis
737.1	Kyphosis (acquired)
737.10	Kyphosis (acquired) (postural)
737.12	Kyphosis (acquired), postlaminectomy
737.19	Kyphosis (acquired), other
737.2	Lordosis (acquired)
737.20	Lordosis (acquired) (postural)

(Continued)

Table 6 – Diagnosis Codes for Chiropractic Services, Secondary ICD-9-CM Codes

Secondary ICD-9-CM Codes	
Diagnosis Codes	**Description**
737.21	Lordosis (acquired), postlaminectomy
737.22	Lordosis (acquired), other postsurgical lordosis
737.29	Lordosis (acquired), other
737.3	Kyphoscoliosis and scoliosis
737.30	Kyphoscoliosis and scoliosis – scoliosis [and kyphoscoliosis], idiopathic
737.31	Kyphoscoliosis and scoliosis – resolving infantile idiopathic scoliosis
737.32	Kyphoscoliosis and scoliosis –progressive infantile idiopathic scoliosis
737.34	Kyphoscoliosis and scoliosis – thoracongenic scoliosis
737.39	Kyphoscoliosis and scoliosis – other
737.4	Curvature of spine associated with other conditions
737.40	Curvature of spine associated with other conditions – curvature of spine, unspecified
737.41	Curvature of spine associated with other conditions – kyphosis
737.42	Curvature of spine associated with other conditions – lordosis
737.43	Curvature of spine associated with other conditions – scoliosis
737.8	Other curvatures of spine
737.9	Unspecified curvature of spine
738.4	Acquired spondylolisthesis
754.1	Congenital torticollis
754.2	Certain congenital musculoskeletal deformities of spine (lordosis, scholiosis)
756.1	Anomalies of spine
756.11	Spondylolysis, lumbrosacral region
756.12	Spondylolisthesis
784.0	Headache
839.00	Cervical vertebra dislocation, closed – cervical vertebra, unspecified
839.01	Cervical vertebra dislocation, closed – first cervical vertebra
839.02	Cervical vertebra dislocation, closed – second cervical vertebra
839.03	Cervical vertebra dislocation, closed – third cervical vertebra
839.04	Cervical vertebra dislocation, closed – fourth cervical vertebra
839.05	Cervical vertebra dislocation, closed – fifth cervical vertebra
839.06	Cervical vertebra dislocation, closed – sixth cervical vertebra
839.07	Cervical vertebra dislocation, closed – seventh cervical vertebra
839.08	Cervical vertebra dislocation, closed – multiple cervical vertebra
839.20	Lumbar vertebra dislocation, closed

(Continued)

Table 6 – Diagnosis Codes for Chiropractic Services, Secondary ICD-9-CM Codes

Secondary ICD-9-CM Codes	
Diagnosis Codes	**Description**
839.21	Thoracic vertebra dislocation, closed
846.0	Sprains and strains of lumbosacral (joint) (ligament)
846.1	Sprains and strains of sacroiliac ligament
846.2	Sprains and strains of sacrospinatus (ligament)
846.3	Sprains and strains of sacrotuberous (ligament)
846.8	Sprains and strains of other specified sites of sacroiliac region
846.9	Sprains and strains of unspecified site of sacroiliac region
847.0	Sprains and strains of other and unspecified parts of back – neck
847.1	Sprains and strains of other and unspecified parts of back - thoracic
847.2	Sprains and strains of other and unspecified parts of back – lumbar
847.3	Sprains and strains of other and unspecified parts of back – sacrum
847.4	Sprains and strains of other and unspecified parts of back – coccyx
847.9	Sprains and strains of other and unspecified parts of back – unspecified site of back
907.3	Late effect of injury to nerve root(s), spinal plexus(es), and other nerves of trunk
953.0	Injury to cervical nerve root
953.1	Injury to dorsal nerve root
953.2	Injury to lumbar nerve root
953.3	Injury to sacral nerve root
953.4	Injury to brachial plexus
953.5	Injury to lumbrosacral plexus
956	Injury to sciatic nerve

Further Information

Please refer questions about the information in this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

For information purposes, a copy of the amendments to *405 IAC 5-12* is included with this bulletin.

TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

FINAL RULE

LSA DOCUMENT #02-49

DIGEST

Amends 405 IAC 5-12-2, 405 IAC 5-12-3, and 405 IAC 5-12-7 to limit Medicaid coverage for chiropractic services for all recipients. Repeals 405 IAC 5-12-6. Effective 30 days after filing with the secretary of state.
405 IAC 5-12-2
405 IAC 5-12-3
405 IAC 5-12-6
405 IAC 5-12-7

SECTION 1. 405 IAC 5-12-2 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-2 Office visits

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 2. Medicaid reimbursement is available for chiropractic office visits and **spinal manipulation treatments or physical medicine treatments,** ~~services associated with such visits,~~ subject to the following restrictions:

(1) Reimbursement is limited to ~~five (5)~~ **a total of fifty (50) office** visits **or treatments** per recipient per year **which includes a maximum reimbursement of no more than five (5) office visits per recipient per year.**

(2) Reimbursement is not available for the following types of extended or comprehensive office visits:
(A) New patient detailed
~~(A)~~ **(B)** New patient comprehensive
~~(B)~~ **(C)** Established patient detailed.
~~(C)~~ **(D)** Established patient comprehensive.

(3) New patient office visits are reimbursable only once per provider per lifetime of the recipient. As used in this section, "new patient" means one who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice within the past three (3) years.

~~(4) A total of fifty (50) therapeutic physical medicine treatments, as defined by applicable procedure code, are reimbursable per recipient, per year.~~

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3314; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 2. 405 IAC 5-12-3, IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-3 Chiropractic x-ray services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 16-39-1-2; IC 25-10-1-1

Sec. 3. Medicaid reimbursement is available for chiropractic x-ray services, subject to the following restrictions:

(1) Reimbursement is limited to one (1) series of full spine x-rays per recipient per year. Component x-rays of the series are individually reimbursable; however, if components are billed separately, total reimbursement is limited to the allowable amount for the series. Prior authorization is not required.

(2) Reimbursement for localized spine series x-rays, and for x-rays of the joints or extremities, is allowable only when the x-rays are necessitated by a condition-related diagnosis. Prior authorization is not required.

(3) Diagnostic radiological exams of the head and vascular system, as defined by the applicable procedure code, are not reimbursable.

(4) Diagnostic ultrasound exams, as defined by the applicable procedure code, are not reimbursable.

(5) X-rays that may be necessitated by the failure of another practitioner to forward, upon request, x-rays or related documentation to a chiropractic provider, are not reimbursable. ~~Under IC 16-39-1-2,~~ Chiropractors are entitled to receive x-rays from other providers at ~~the other providers' actual cost~~ **no charge to the recipient** upon a ~~patient's~~ **recipient's** written request to the other providers and upon reasonable notice.

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3314; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 3. 405 IAC 5-12-7 IS AMENDED TO READ AS FOLLOWS:

405 IAC 5-12-7 Durable medical equipment

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 7. Medicaid reimbursement is **not** available for durable medical equipment (DME), ~~subject to the following restrictions:~~ **provided by chiropractors.**

~~(1) DME items for which no reimbursement is allowed are those items specified by 405 IAC 5-19-1(b)(2).~~

~~(2) All items of DME provided by a chiropractor on a rental basis and having a first month rental charge of fifty dollars ($50) or greater require prior authorization in order to be reimbursable.~~

~~(3) All items of DME provided by a chiropractic provider on a rental basis require prior authorization for rental periods subsequent to the first month, irrespective of the rental charge.~~

~~(4) Items of DME provided by a chiropractic provider on a purchase basis and having a total charge of fifty dollars ($50) or greater require prior authorization in order to be reimbursable~~.

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-7; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3315; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)

SECTION 4. 405 IAC 5-12-6 IS REPEALED.

Other applicable sections of 405 IAC 5-12

405 IAC 5-12-4 Laboratory services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 4. Laboratory services are reimbursable only when such services are necessitated by a condition-related diagnosis. *(Office of the Secretary of Family and Social Services; 405 IAC 5-12-4; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3315; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)*

405 IAC 5-12-5 Muscle testing services

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3
Affected: IC 12-13-7-3; IC 12-15; IC 25-10-1-1

Sec. 5. Muscle testing services, either manual or electrical, are reimbursable only if prior authorization has been obtained.

(Office of the Secretary of Family and Social Services; 405 IAC 5-12-5; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3315; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822)