

**KMAP GENERAL BULLETIN 24278**

## Codes E0561 and E0562 are Covered for Rental and Purchase

Effective with dates of service retroactive to July 1, 2024, the codes E0561 and E0562 will be covered for rental and purchase. Kansas Medicaid will reimburse providers for up to the maximum of 10 months of rental with prior authorization (PA), at which time this will be considered purchased.

Purchase of Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BiPAP) humidifiers will be limited to one unit or one humidifier per 730 days. The current coverage criteria, PA requirement, and billing guidelines will remain the same.

The following are the reimbursement rates for rental and purchase:

Code	Rental	Purchase
E0561	\$6.58	\$65.84
E0562	\$12.90	\$128.85

**Note:** The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

**Note:** The effective date of the policy is July 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

**Customer Service**

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *DME/Medical Supply Dealer Fee-for-Service Provider Manual*, Section 8200, pages 8-4 and 8-5, Section 8410, page 8-61, and Appendix I, page AI-5.