

JANUARY 2025

KMAP GENERAL BULLETIN 25007

Pharmaceuticals with DME Billing Allowance – Vyjuvek[®] and Zolgensma[®]

Effective with dates of service retroactive to July 1, 2023, coverage for Vyjuvek[®] and Zolgensma[®] will be expanded to include Provider Type/Provider Specialty 25/250 (Durable Medical Equipment [DME]/Medical Supply Company). Healthcare Common Procedure Code System (HCPCS) codes J3490 and J3590 will be updated to allow coverage for DME providers retroactive to July 1, 2023, and through December 31, 2024, only.

Billing with a pure HCPCS code is required, once a pure HCPCS code has been established by Centers for Medicare & Medicaid Services (CMS). All other medical billing rules apply.

Pure Codes:

- J3399 (Effective date 7/1/2020)
- J3401 (Effective date 1/1/2024)

For Fee-For-Service (FFS) providers, a separately billed non-drug service fee for drug handling will be allowed.

- Code 99199 with modifier U1 should be used to bill for reimbursement for the handling fee for drugs that are a one-time treatment and will be reimbursed a one-time amount of \$250. (Zolgensma[®])
- Code 99199 with modifier U3 should be used to bill for reimbursement for the handling fee for drugs with a more frequent administration and will be reimbursed a \$50 handling fee for each administration of the drug. (Vyjuvek[®]).

Managed Care Organization (MCO) providers will follow the Kansas Medical Assistance Program (KMAP) [UPDATED General Bulletin 24232](#) for handling fee guidance.

KMAP

[Kansas Medical Assistance Program](#)

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

Customer Service

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

Pharmaceuticals with DME Billing Allowance – Vyjuvek® and Zolgensma® continued

Billing Guidelines:

- The provider that prepares the product for administration may bill the handling fee.
- The provider that administers the product may bill the administration fee.

Coverage for 96999 U1:

A physician’s office may bill code 96999 with modifier U1 for administration of Vyjuvek® if they are not billing for the drug. Reimbursement will be \$30 per visit. Billing of the drug and the administration fee should be on the same date of service, but up to three days’ time will be allowed between the billing of the drug and the billing of the administration fee, when the entity billing for the drug is not the same entity that is administering the drug.

Allowable provider types/specialties are as follows:

09/093	09/094	09/095	09/096	10/100	13/131
13/181	30/300	31/310	31/311	31/312	31/313
31/314	31/315	31/316	31/317	31/318	31/319
31/320	31/321	31/322	31/323	31/324	31/325
31/326	31/327	31/328	31/329	31/330	31/331
31/332	31/333	31/334	31/335	31/336	31/337
31/338	31/339	31/340	31/341	31/342	31/343
31/344	31/345	31/347	31/348	31/349	31/350

Note: The effective date of the policy is July 1, 2023. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (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