Kansas Medical Assistance Program





February 2006

Provider Bulletin Number 609

Prosthetic and Orthotic Providers

Cochlear Implants Coverage

Effective with dates of service on and after March 1, 2006, cochlear implants, devices, accessories, repairs, and batteries are a covered service for KAN Be Healthy (KBH) eligible beneficiaries. These services are no longer restricted to one provider.

All providers must request and receive prior authorization (PA) from KMAP before cochlear services are provided out of state.

Use of the left (LT) or right (RT) modifiers is **required** on all claims for cochlear implantation, original device, headset/headpiece, microphone, transmitting coil, transmitting cable, replacement processors, accessories, and repairs, regardless of the provider. Headset/headpiece, microphone, and transmitting coils may be replaced once per year for KBH eligible beneficiaries.

Cochlear external speech processor replacements are allowed no more than one time every four years with PA for KBH eligible beneficiaries. Cochlear external speech processor replacements will only be allowed if the current processor is malfunctioning out of warranty and cannot be repaired. Replacements for upgrades only will not be allowed. Replacements for lost cochlear external speech processors will be allowed one time during the four-year period for KBH eligible beneficiaries.

Lithium ion batteries for cochlear implant devices (L8623 and L8624) are allowed for KBH eligible beneficiaries at three per month. Zinc air batteries (L8621) and alkaline batteries (L8622) for cochlear implant devices are allowed for KBH eligible beneficiaries at six per month. Only one type of battery is allowed every 30 days.

Miscellaneous Respiratory Supplies

Effective with dates of service on and after March 1, 2006, procedure code L8501 (tracheostomy speaking valve) is covered.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Prosthetic and Orthotic Provider Manual*, page A-39.

For a hard copy of the revised manual pages, send a request to Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, KS 66611 or send an e-mail to publications@ksxix.hcg.eds.com. Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

PROCED COV.	URE Updated 2 CODE	/06 NOMENCLATURE
TRUSSES		
	L8300	Truss, single with standard pad
	L8310	Truss, double with standard pads
INV	L8320	Truss, addition to standard pad, water pad
INV	L8330	Truss, addition to standard pad, scrotal pad
PROSTHETIC SOCKS		
INV	L8400	Prosthetic sheath, below knee, each
INV	L8410	Prosthetic sheath, above knee, each
	L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee,
		each
	L8420	Prosthetic sock, wool, below knee, each
INV	L8430	Prosthetic sock, wool, above knee, each
INV	L8435	Prosthetic sock, multiple ply, upper limb, each
	L8440	Prosthetic shrinker, below knee, each
	L8460	Prosthetic shrinker, above knee, each
INV	L8465	Prosthetic shrinker, upper limb, each
INV	L8470	Stump sock, single ply, fitting, below knee, each
INV	L8480	Stump sock, single ply, fitting, above knee, each
INV	L8485	Stump sock, single ply, fitting, upper limb, each
MISCELLANEOUS		
	L8501	Tracheostomy speaking valve
KBH	L8614	Cochlear device/system
KBH	L8615	Headset/headpiece for use with cochlear implant device, replacement
KBH	L8616	Microphone for use with cochlear implant device, replacement
KBH	L8617	Transmitting coil for use with cochlear implant device, replacement
KBH	L8618	Transmitter cable for use with cochlear implant device, replacement
PA, KBH	L8619	Cochlear implant external speech processor, replacement