

February 2006

Provider Bulletin Number 611

Durable Medical Equipment 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. Cochlear device implantation (69930) is allowed without prior authorization.

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 date of service on and after March 1, 2006, the following respiratory supply codes are covered.

- A4611 – Battery, heavy duty; replacement for patient owned ventilator
- A4612 – Battery cables; replacement for patient owned ventilator
- A4613 – Battery charger; replacement for patient owned ventilator
- A4614 – Peak expiratory flow rate meter, hand held
- A4623 – Tracheostomy, inner cannula
- A4624 – Tracheal suction catheter, any type other than closed system, each
- A4627 – Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
- A4628 – Oropharyngeal suction catheter, each
- A7000 – Canister, disposable, used with suction pump, each
- A7001 – Canister, non-disposable, used with suction pump, each
- A7002 – Tubing, used with suction pump, each
- A7013 – Filter, disposable, used with aerosol compressor
- A7014 – Filter, non disposable, used with aerosol compressor or ultrasonic generator
- A7520 – Tracheostomy/Laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
- A7521 – Tracheostomy/Laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
- A7522 – Tracheostomy/Laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
- A7525 – Tracheostomy mask, each
- A7526 – Tracheostomy tube, collar/holder, each
- E0445 – Oximeter device for measuring blood oxygen levels non-invasively
- E0550 – Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
- E0555 – Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
- E0560 – Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
- E0561 – Humidifier, non-heated, used with positive airway pressure device
- E0562 – Humidifier, heated, used with positive airway pressure device
- E0565 – Compressor, air power source for equipment which is not self contained or cylinder driven
- E0570 – Nebulizer, with compressor
- E0571 – Aerosol compressor, battery powered, for use with small volume nebulizer
- E0572 – Aerosol compressor, adjustable pressure, light duty for intermittent use
- E0600 – Respiratory suction pump, home model, portable or stationary, electric
- L8501 – Tracheostomy speaking valve
- S8096 – Portable peak flow meter
- S8100 – Holding chamber or spacer for use with an inhaler or nebulizer; without mask
- S8101 – Holding chamber or spacer for use with an inhaler or nebulizer; with mask
- S8185 – Flutter device
- S8186 – Swivel adaptor
- S8999 – Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)

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 *Durable Medical Equipment Provider Manual*, pages 8-18 through 8-28, AI-2, AI-4 through AI-11, AII-1, AII-2, and AII-13.

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.

Incontinence supplies cont.

The following reasons are not sufficient justification for approval:

- Behavioral incontinence
- Encopresis
- Toilet training
- Toilet regulation
- Enuresis

Beneficiaries must meet the following criteria to receive protective underwear/pull-on style

- Be incontinent
- Be a KAN Be Healthy participant
- Be age 5 or older
- Provide prescription for incontinence products from the attending physician
- Provide letter of medical necessity from the beneficiary's physician including height, weight, medical diagnosis, neurological or physiological damage to body that directly is the cause of the incontinence, all attempts that have been made to toilet train and prognosis for future toilet training.
- Beneficiary must have the ability to elevate and lower briefs without assistance
- Toilet regulation is not justification for approval
- Beneficiary must be attending school outside the home environment
- Toilet training must be consistently provided at home and school
- Medical plan of care demonstrating toilet training in all environments must be submitted
- Beneficiary must be toilet trainable with the end result being the beneficiary reaching total continence in a reasonable amount of time
- Amounts allowed are restricted as stated above

No authorizations obtained prior to March 15, 2003 will be valid. All beneficiaries must resubmit all necessary documentation and obtain a new PA.

KMAP will allow only one size and one type of product with each PA.

KMAP will not allow combinations of sizes and types in one period

Oxygen:

Oxygen refill for portable gaseous system requires medical necessity documentation and is limited to ten units (one unit = five cubic feet) per month. Rental of the E cylinder portable vessel also requires medical necessity documentation and is limited to two units per month. E0443 and E0444 will not be allowed when billed with E0424RR, E0439RR, E1390RR, or E1391RR.

Parenteral and Enteral Infusion Pumps:

KMAP requires that the provider of the pump:

- 1) provide necessary educational services, and
- 2) become the sole provider of the nutrients, cleansing/dressing supplies and fluid administration supplies.

8410. Updated 2/06

Passive Motion Exercise:

Rental of Passive Motion Exercise Device is covered for outpatient use for a maximum period of fourteen (14) consecutive days post operatively. Use procedure code E0935RR.

Phototherapy:

Phototherapy is covered for newborns with a total bilirubin level above 12/dL. Use procedure code E0202RR for phototherapy (bilirubin) light or blanket with photometer. When billing E0202RR, one unit = one day and limited to 10 consecutive days per lifetime.

Respiratory Supplies

Suction Pumps:

Purchase of suction pumps (all types) is limited to one unit every two years with prior authorization. Purchase includes batteries, charger, filter, non-disposable canister, and tubing.

Rental of suction pumps (all types) is limited to six units (one unit = one month rental) per lifetime without prior authorization. Rental may be extended if requested by the DME provider and approved by KMAP. Rental includes all canisters (any type), tubing, and filters. These supply items cannot be billed separately when suction pump is rented.

Supply items for beneficiary-owned suction pumps can be obtained without prior authorization. These supplies are limited to:

- Disposable canisters – two units every 30 days
- Nondisposable canisters – one unit every 180 days
- Tubing – 24 units every 180 days

Nebulizers:

Purchase of nebulizers and aerosol compressors (all types) is limited to a combined total of one unit every three years (E0570, E0571, and E0572). Prior authorization is not required.

Rental of aerosol compressors and nebulizers (all types) is limited to a combined total of two units (one unit = one month rental) per lifetime (E0570RR, E0571RR, and E0572RR). Prior authorization is not required.

Air Compressors:

Purchase of air compressors (all types) is limited to one unit every two years with prior authorization.

Rental of air compressors (all types) is limited to three units (one unit = one month rental) every 365 days without prior authorization. Rental may be extended if requested by the DME provider and approved by KMAP. Rental includes all tubing, filters, connectors, and hoses. These supply items cannot be billed separately when air compressor is rented.

8410. Updated 2/06

Humidifiers:

Purchase of humidifiers (all types) is limited to a combined total of one unit every two years (E0550, E0555, E0560, E0561, and E0562). Please check the appendix for prior authorization requirements.

Rental of humidifiers (all types) is limited to a combined total of six units (one unit = one month rental) per lifetime without prior authorization (E0550RR, E0555RR, E0560RR, E0561RR, and E0562RR). Rental includes tubing, connectors, filters, canisters, and hoses. These supply items cannot be billed separately when humidifier is rented. Rental may be extended if requested by the DME provider and approved by KMAP.

Pulse Oximeters:

Purchase of pulse oximeters (all types) is limited to one unit every three years with prior authorization. Purchase is only covered for KBH eligible beneficiaries.

Rental of pulse oximeters (all types) is limited to three units (one unit = one month rental) with prior authorization. Rental is only covered for KBH eligible beneficiaries.

Tracheostomy Supplies:

Tracheostomy supplies are covered without prior authorization. These supplies are limited to:

- Inner cannula – 48 units every 180 days
- Tracheostomy tube – three units every 180 days
- Tracheostomy mask – four units every 30 days
- Tracheostomy tube/collar holder – 24 units every 180 days
- Speaking valve – one unit every 180 days

Suction Catheters:

Suction catheters are limited to a combined total of 100 units every 30 days (A4624 and A4628).

Peak Flow Meters:

Peak flow meters are limited to a combined total of one unit every 180 days (A4614 and S8096).

Holding Chambers:

Holding chambers or spacers (all kinds) for use with inhalers or nebulizers, with or without a mask, are limited to a combined total of one unit every 90 days (S8100 and S8101).

8410. Updated 2/06

Miscellaneous Respiratory Supplies:

Flutter devices are limited to one unit every 365 days.

Swivel adaptors are limited to six units every 365 days.

Resuscitation bags are limited to one unit every 365 days.

Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler is limited to two units every 180 days.

Disposable filters for use with purchased aerosol compressors are limited to six units every 180 days. If compressor is rented, filters are content of service and should not be billed separately.

Nondisposable filters for use with purchased aerosol compressors are limited to one unit every 180 days. If compressor is rented, filters are content of service and cannot be billed separately.

Batteries, cables, and battery chargers for beneficiary-owned ventilators are limited to one unit every 365 days with prior authorization. If ventilator is rented, these items are content of service and cannot be billed separately.

Specialized Seating Equipment:

Specialized seating equipment is covered with approved PA for **non-institutionalized** KAN Be Healthy participants. (Refer to Section 4300.) Documentation of medical necessity, from an approved KMAP seating clinic, must be attached to the PA request.

A sign-off statement from the prescribing seating clinic will be required, indicating the seating clinic's recommended system has been provided. If statement is not received, claims will be subject to recoupment.

Used Equipment:

Rental of "used" DME is covered. Used DME may be purchased when it is determined by **DHPF** to be more economical and in the best interest of **DHPF**. Purchase of "used" DME will require PA.

Wheelchair Purchase:

Wheelchair purchase is limited to one per five years when repair to an existing wheelchair will exceed 75% of the allowance for a similar new model. **KAN Be Healthy** participants are exempt from this limitation.

Wheelchair Prior Authorization:

Approved HCPCS code must be used for all requests.

When requesting PA for wheelchair purchase or rental, please supply the following information:

Manual Wheelchair

- Diagnosis code
- Date, Height, Weight
- Consumer's condition
- Manufacturer and Model
- Manufacturer retail pricing including wheelchair options (or invoice if renting a used in stock wheelchair.
- Warranty information
- Signed/dated prescription including medical necessity for any wheelchair options being requested.
- Wheelchair is being requested for: Purchase or Rental
- Length of time the wheelchair will be needed
- Is the consumer mobile?
- Distance the consumer can ambulate
- Does consumer reside in an Adult Care Home?
- Hours per day the manual wheelchair is used
- Type of current wheelchair
- Age of the current wheelchair
- Estimated repair costs or an explanation of why wheelchair can not be repaired
- How has the consumer been managing without a wheelchair up until now?
- Plans/options for consumer if wheelchair is not provided
- If Rental - Is consumer receiving a new or used in-stock wheelchair?
- If Rental - Purchase price information is needed if provider is willing to consider rental towards purchase.

The reimbursement approved includes the assembly of the wheelchair and all components of the wheelchair. Wheelchair rental includes all repairs or modifications needed.

Power Wheelchair Rental

- Diagnosis code
- Date, Height, Weight
- Is condition stable?
- Manufacture and Model
- Manufacture retail pricing including wheelchair options (or invoice if renting a used in stock wheelchair.
- Signed/dated prescription including medical necessity for any wheelchair options being requested.
- Signed/dated verification of school or work including the number of hours attending or working.
- Does the consumer need the wheelchair to be mobile?
- What distance can the consumer ambulate?
- Will the power wheelchair eliminate the need for a Para-professional or an attendant?
- How many hours per day will the power wheelchair be used?
- Does the consumer have a manual wheelchair? Age
- How many hours per day is the manual wheelchair used?
- Can consumer operate the manual without the help of attendant?
- How long will the power wheelchair be needed?
- Does consumer reside in an Adult Care Home?
- What type of work does consumer do? (employment, volunteer, sheltered workshop-therapy)
- Can consumer operate the power wheelchair controls independently?
- How does the use of a manual vs. power wheelchair prevent school attendance or the ability of consumer to work?
- How has the consumer been managing without a power wheelchair up until now?
- What are the plans/options for the consumer if wheelchair is not provided?

The reimbursement approved includes the assembly of the wheelchair and all components of the wheelchair. Wheelchair rental includes all repairs or modifications needed.

Wheelchair Cushions:

Seating cushions for wheelchairs are covered with PA. A prescription from a physician or physical therapist is required to be maintained in the provider's files. For beneficiaries residing in a nursing home or head injury facility wheelchair cushions are considered part of the per diem rate and is the responsibility of the facility.

Batteries:

Power wheelchair batteries require PA and are considered content of service if the wheelchair is rented. Power wheelchair batteries are limited to two per year.

Tires:

Wheelchair tire replacement requires PA and is considered content of service if the wheelchair is rented. Tire replacement is limited to one set every six months.

8420. MEDICAL SUPPLY BENEFITS AND LIMITATIONS: Updated 2/06

Coverage of medical supply items is designated by criteria given in the coverage column to the left of the procedure code in Appendix II of this manual. Some items require KAN Be Healthy participation, PA, medical necessity documentation, and/or an itemized retail invoice. This list represents all medical supplies covered by the Kansas Medical Assistance Program.

Supplies of a routine nature used in an ACH are **not** billable by a DME/Medical Supply dealer. (Refer to Appendix III for specific criteria relating to Adult Care Home residents.)

If it is medically necessary to dispense more than the amount allowed for a particular item, document the reason for additional units on a Medical Necessity form and attach to your claim. (Refer to Section 4100.)

Batteries:

Hearing aid batteries are limited to six batteries per month for monaural aids and 12 per month for binaural aids. Batteries for use with cochlear devices are limited to lithium ion (three per 30 days) or zinc air (six per 30 days). Batteries for cochlear devices are covered for KAN Be Healthy eligible beneficiaries only. Only one type of battery is allowed every 30 days.

Enteral/Parenteral Therapy:

Services provided for parenteral administration of **total** nutritional replacements in the consumer's home require participation and inclusion of nursing services from a local home health agency. In areas not serviced by a home health agency, services may be utilized through the local health department or an advanced registered nurse practitioner (ARNP). PA requests are to include the name of the agency or individual that will provide the nursing services. Post payment reviews of DME provider charges and reimbursement for such services will include, as a review component, verification that appropriate nursing services were provided. Enteral nutritional formulas in addition to those listed below may be covered with PA (refer to Section 4300).

Enteral Nutrition:

Any new or existing enteral product that has been reviewed by HCFA and assigned a category is covered by the Kansas Medical Assistance Program when the consumer meets PA criteria.

The provider must identify the category and the HCFA assigned procedure code when requesting PA. PA can be obtained by calling the Medical Assessment Unit at 1-800-285-4978. (Out-of-state providers should call 1-785-291-4870.)

Enteral products that have not been reviewed by HCFA and assigned a category and procedure code are considered non-covered by the Kansas Medical Assistance Program.

8420. Updated 2/06

Enteral nutritional products provided to KAN Be Healthy participants do not require PA. PA **must** be obtained for enteral nutritional products provided to non-KAN Be Healthy or adult consumers. However, food thickener, of any kind, always requires PA for all beneficiaries.

Alimentum formula (B4156) is covered for KAN Be Healthy participants having a diagnosis of cystic fibrosis. KMAP will only reimburse for Alimentum formula required in excess of the WIC supplies (25 cans per month for patients under one year of age; 28 cans per month for patients one year old and older).

Oral Supplemental Nutrition:

Oral supplemental nutrition is covered for KAN Be Healthy participants only.

Supplemental nutrition is not covered for adults and non-KAN Be Healthy participants.

Total Parenteral Nutrition:

Total parenteral nutrition (TPN) in conjunction with enteral or oral feedings is covered for KAN Be Healthy participants when:

- Enteral/oral nutrition constitutes a small portion of the consumer's dietary intake and/or
- Consumer is being weaned from TPN feedings.

Nutrients and supply items are to be billed for quantities expected to supply the consumer for one month. Enteral feeding supply kits are limited to a total of 15 per month.

Nasogastric tubing, with or without stylet or a combination of the two, are limited to a combined total of two tubes per month, regardless of provider. Medical necessity will not override this limitation.

Stomach and Gastrostomy tubing or a combination of the two, are limited to a total of six tubes per year, regardless of provider. Medical necessity will not override this limitation.

Button G-Tubes are covered with PA for KAN Be Healthy participants up to a maximum of six per consumer per 365 day period.

NOTE: Parenteral kits and their components are generally considered all inclusive items necessary to administer therapy. Payment will not be made to suppliers or beneficiaries for additional components billed separately. Usual items in the different kits include but are not limited to these items:

A4221 -SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER-PER WEEK:

Gloves	Heparin Flush
Alcohol Wipes	Micropore Tape
Iso. Alcohol	Plastic Tape
Acetone	Injection Caps
Providone Iodine Scrub	Syringes
Providone Iodine Ointment	Needles
Providone Swabs	Ketodistix
Providone Sticks	Destructip
Gauze Sponges	

B4222 -PARENTERAL NUTRITION SUPPLY KIT; HOME MIX-PER DAY:

Containers	Heparin Flush
Gloves	Injection Caps
Alcohol Wipes	Micropore Tape
Iso. Alcohol	Plastic Tape
Acetone	Needles
Providone Iodine Scrub	Syringes
Providone Iodine Ointment	Ketodistix
Providone Sticks	Destructip
Gauze Sponges	

A4222 INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)

Admin Sets/Leur Lock &	Clamps
Micron Filter	Extension Sets
Pump Cassettes	2 or 3-way connectors

A4223 INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)

Admin Sets/Leur Lock &	Clamps
Micron Filter	Extension Sets
Pump Cassettes	2 or 3-way connectors

Ostomy Supplies:

The following items are limited to 30 per calendar month:

- Disposable closed ostomy pouches (A5052, A5053, A5054, A4387)
- Disposable Urostomy and Loop-ostomy pouches (A5072, A5073)
- Urinary pouch for use on faceplate (A4382, A4383)
- Urinary pouch with barrier attached (A4391, A4392, A4393)
- Stoma cap

Drainable pouches with faceplate are limited to five per six months (A4375, A4376).

Urinary pouches with faceplate attached are limited to five per six months (A4379, A4380).

Night drainage bags are limited to three per year.

Drainable pouches are limited to a total of 15 pouches per month for non-KAN Be Healthy beneficiaries. KAN Be Healthy beneficiaries are allowed a total of 30 per month (A5062, A5063, A4377, A4378, A4388, A4389, A4390).

Skin barriers (solid) are limited to 10 per month.

Skin barriers, liquid, powder or paste, are limited to two units per month (one unit = one ounce).

Ostomy faceplates are limited to one per month.

Other Medical Supplies:

Humidifying filters are limited to 36 filters per calendar month.

Disposable underpads (A4554) are limited to three units per month (one unit = 50 pads).

8420. Updated 2/06

Urinary Equipment:

External catheters are limited to one per day.

External urethral clamps or compression devices are limited to one per month.

The following items (or combinations of these items) are limited to a combined total of two per month, regardless of provider. Medical necessity will not override this limitation.

- Indwelling catheters
- Intermittent urinary catheters

EXCEPTION: A4351 is limited to 4 per month.

The following items (or combinations of these items) are limited to a combined total of two per month, regardless of provider. Medical necessity will not override this limitation.

- Urinary drainage bags
- Urinary leg bag
- Bedside drainage bag

The following item is limited to a combined total of two per month, regardless of provider. Medical necessity will not override this limitation.

- Catheter insertion tray

The following items (or combinations of these items) are limited to 15 per month, regardless of provider:

- Irrigation tray for bladder irrigation with bulb or piston syringe
- 3-way irrigation tubing set for a Foley catheter
- Irrigation syringe, ball or piston.

<u>COV.</u>	<u>RENTAL COV.</u>	<u>PROC. CODE</u>	<u>PURCH. COV.</u>	<u>Updated 2/06 NOMENCLATURE</u>
<u>DECUBITUS CARE EQUIPMENT</u>				
	NC	E0185	C	Gel or gel-like pressure pad for mattress, standard mattress length and width
	NC	E0188	C	Synthetic sheepskin pad
	NC	E0189	C	Lambs wool sheepskin pad, any size
	NC	E0197	C	Air pressure pad for mattress, standard mattress length and width
	NC	E0199	C	Dry pressure pad for mattress (e.g., egg crate), standard mattress length and width
<u>ENTERAL PUMP</u>				
	PA	B9000	NC	Enteral nutrition infusion pump, without alarm - 1 unit=1 month
<u>PARENTERAL PUMPS</u>				
	C	B9004	NC	Parenteral nutrition infusion pump, portable - 1 unit=1 month
	C	E0780	NC	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours - Parenteral use only
	C	E0781	NC	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient - 1 unit=1 month - Parenteral use only
	C	E0791	NC	Parenteral infusion pump, stationary, single or multi-channel - 1 unit=1 month
<u>HELMETS</u>				
	NC	E0701	C	Helmet with face guard and soft, interface material, refrabricated.
<u>NEBULIZERS</u>				
	C	E0570	C	Nebulizer, with compressor e.g., Devilbiss Pulmo-Aid
	NC	A7004	C	Small volume non-filtered pneumatic nebulizer, disposable
	NC	A7007	C	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
	NC	A7008	C	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
	NC	A7013	C	Filter, disposable, used with aerosol compressor
	NC	A7014	C	Filter, disposable, used with aerosol compressor or ultrasonic generator
	NC	A7017	C	Nebulizer, durable, glass, or autoclavable plastic, bottle type, not used with oxygen

KANSAS MEDICAL ASSISTANCE
DURABLE MEDICAL EQUIPMENT PROVIDER MANUAL
APPENDIX I

<u>COV.</u>	<u>RENTAL</u> <u>COV.</u>	<u>PROC.</u> <u>CODE</u>	<u>PURCH.</u> <u>COV.</u>	Updated 2/06 <u>NOMENCLATURE</u>
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INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINE

PA	E0500	NC	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source.
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PHOTOTHERAPY

C	E0202	NC	Phototherapy (bilirubin) light with photometer.
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RACKS OR STANDS

NC	E1355	C	Stand/rack
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RESPIRATORY/CARDIAC EQUIPMENT

NC	A4611	PA	Battery, heavy duty; replacement for patient owned ventilator
NC	A4612	PA	Battery cables; replacement for patient owned ventilator
NC	A4613	PA	Battery charger; replacement for patient owned ventilator
PA,KBH	E0445	PA,KBH	Oximeter device for measuring blood oxygen levels non-invasively
C	E0450	NC	Volume control ventilator without pressure support mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
C	E0461	NC	Volume control ventilator without pressure control support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
C	E0463	NC	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
C	E0464	NC	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. mask)
KBH PA	E0470	NC	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
KBH PA	E0471	NC	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
KBH PA	E0472	NC	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
KBH NC	E0480	PA	Percussor, electric or pneumatic, home model
KBH PA	E0483	PA	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
KBH PA	E0484	PA	Oscillatory positive expiratory pressure device, non-electric, any type, each

				Updated 2/06
<u>COV.</u>	<u>RENTAL COV.</u>	<u>PROC. CODE</u>	<u>PURCH. COV.</u>	<u>NOMENCLATURE</u>
RESPIRATORY/CARDIAC EQUIPMENT cont				
	C	E0550	PA	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
	C	E0555	PA	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
	C	E0560	C	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
	C	E0561	C	Humidifier, non-heated, used with positive airway pressure device
	C	E0562	C	Humidifier, heated, used with positive airway pressure device
	C	E0565	PA	Compressor, air power source for equipment which is not self contained or cylinder driven
	C	E0571	C	Aerosol compressor, battery powered, for use with small volume nebulizer
	C	E0572	C	Aerosol compressor, adjustable pressure, light duty for intermittent use
KBH	C	E0618	PA	Apnea monitor, without recording feature
KBH	C	E0619	PA	Apnea monitor with recording feature
KBH	PA	E0601	NC	Nasal continuous airway pressure (CPAP) device
KBH	PA	E0561	NC	Humidifier, non-heated, used with positive airway pressure device
KBH	PA	E0562	NC	Humidifier, heated, used with positive airway pressure device
KBH	NC	A4604	PA	Tubing with integrated heating element for use with positive airway pressure device
KBH	NC	A4606	PA	Oxygen probe for use with oximeter device, replacement
	NC	A4614	C	Peak expiratory flow rate meter, hand held
KBH	NC	A7025	PA	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
KBH	NC	A7026	PA	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
KBH	NC	A7030	PA	Full face mask used with positive airway pressure device, each
KBH	NC	A7031	PA	Face mask used with positive airway pressure device, each
KBH	NC	A7032	PA	Cushion for use on nasal mask interface, replacement only, each
KBH	NC	A7033	PA	Pillow for use on nasal cannula type interface, replacement only, pair
KBH	NC	A7034	PA	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
KBH	NC	A7035	PA	Headgear used with positive airway pressure device
KBH	NC	A7036	PA	Chinstrap used with positive airway pressure device
KBH	NC	A7037	PA	Tubing used with positive airway pressure device
KBH	NC	A7038	PA	Filter, disposable, used with positive airway pressure device
KBH	NC	A7039	PA	Filter, non disposable, used with positive airway pressure device
KBH	NC	A7044	PA	Oral interface used with positive airway pressure device, each

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<u>RESPIRATORY/CARDIAC EQUIPMENT cont</u>				
KBH	NC	A7045	PA	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
KBH	NC	A7046	PA	Water chamber for humidifier, used with positive airway pressure device, replacement each

<u>SPECIALIZED SEATING EQUIPMENT</u>				
KBH	NC	E2291	PA	Back, planar, for pediatric size wheelchair including fixed attaching hardware
KBH	NC	E2292	PA	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
KBH	NC	E2293	PA	back, contoured, for pediatric size wheelchair including fixed attaching hardware
KBH	NC	E2294	PA	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
KBH	NC	E0956	PA	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
KBH	NC	E0957	PA	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
KBH	NC	E0966	PA	Manual wheelchair accessory, headrest extension, each
KBH	NC	K0108	PA	Other accessories

<u>SUCTION AND TRACHEOSTOMY EQUIPMENT/SUPPLIES</u>				
C		E0600	PA	Respiratory suction pump, home model, portable or stationary, electric
C		E2000	NC	Gastric suction pump, home model, portable or stationary, electric
NC		A4623	C	Tracheostomy, inner cannula
NC		A4624	C	Tracheal suction catheter, any type other than closed system, each
NC		A4628	C	Oropharyngeal suction catheter, each
NC		A4629	C	Tracheostomy care kit for established tracheostomy
NC		A7000	C	Canister, disposable, used with suction pump, each
NC		A7001	C	Canister, non-disposable, used with suction pump, each
NC		A7002	C	Tubing, used with suction pump, each
NC		A7520	C	Tracheostomy/Laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each
NC		A7521	C	Tracheostomy/Laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each
NC		A7522	C	Tracheostomy/Laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
NC		A7525	C	Tracheostomy mask, each
NC		A7526	C	Tracheostomy tube collar/holder, each
NC		A4605	PA	Tracheal suction catheter, closed system, each

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<u>WALKERS</u>				
	NC	E0130	C	Walker, rigid (pickup), adjustable or fixed height
	NC	E0135	C	Walker, folding (pickup), adjustable or fixed height
	PA	E0148	PA	Walker, heavy duty, without wheels, rigid or folding, any type, each (Rental-per month)
	PA	E0149	PA	Walker, heavy duty, wheeled, rigid or folding any type
<u>COMMODORE CHAIRS</u>				
	PA	E0168	PA	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (Rental-per month)
<u>WHEELCHAIRS, MANUAL</u>				
	PA	K0001	PA	Standard wheelchair
	PA	K0002	PA	Standard hemi (low seat) wheelchair
	PA	K0003	PA	Lightweight wheelchair
	PA	K0004	PA	High strength, lightweight wheelchair
	PA	K0005	PA	Ultra lightweight wheelchair
	PA	K0006	PA	Heavy duty wheelchair
	PA	K0007	PA	Extra heavy duty wheelchair
	PA	K0009	PA	Other manual wheelchair base
KBH	NC	E1037	PA	Transport Chair, Pediatric size
KBH	PA	E1038	PA	Transport Chair, Adult size, patient weight capacity up to and include 300 pounds
KBH	PA	E1161	PA	Manual Adult size wheelchair, includes tilt in space
KBH	PA	E1231	PA	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
KBH	PA	E1232	PA	Wheelchair, pediatric size, tilt-in-space, folding adjustable with seating system
KBH	PA	E1233	PA	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable without seating system
KBH	PA	E1234	PA	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
KBH	PA	E1235	PA	Wheelchair, pediatric size, rigid, adjustable, with seating system
KBH	PA	E1236	PA	Wheelchair, pediatric size, folding, adjustable, with seating system
KBH	PA	E1237	PA	Wheelchair, pediatric size, rigid, adjustable, without seating system
KBH	PA	E1238	PA	Wheelchair, pediatric size, folding, adjustable, without seating system

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<u>WHEELCHAIRS, POWER</u>				
PA		K0010	NC	Standard-weight frame motorized/power wheelchair
PA		K0011	NC	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjusting, tremor dampening, acceleration control and braking
PA		K0012	NC	Lightweight portable motorized/power wheelchair
PA		K0014	NC	Other motorized/power wheelchair base
PA		E1230	NC	Power operated vehicle (three of four wheel non-highway) specify brand name and model number.
NC		E2368	PA	Power wheelchair component, motor, replacement only
NC		E2369	PA	Power wheelchair component, gear box, replacement only
NC		E2370	PA	Power wheelchair component, motor and gear box combination, replacement only

<u>WHEELCHAIR ACCESSORIES</u>				
NC		K0056	PA	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultra lightweight wheelchair
NC		E2211	PA, INV	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
NC		E2212	PA, INV	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
NC		E2213	PA, INV	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
NC		E2214	PA, INV	Manual wheelchair accessory, pneumatic caster tire, any size, each
NC		E2215	PA, INV	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
NC		E2216	PA, INV	Manual wheelchair accessory, foam filled propulsion tire, any size, each
NC		E2217	PA, INV	Manual wheelchair accessory, foam filled caster tire, any size, each
NC		E2218	PA, INV	Manual wheelchair accessory, foam propulsion tire, any size, each
NC		E2219	PA, INV	Manual wheelchair accessory, foam caster tire, any size, each
NC		E2220	PA, INV	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
NC		E2221	PA, INV	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
NC		E2222	PA, INV	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
NC		E2223	PA, INV	Manual wheelchair accessory, valve, any type, replacement only, each
NC		E2224	PA, INV	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each

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WHEELCHAIR ACCESSORIES, (continued)

	NC	E2225	PA, INV	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
	NC	E2226	PA, INV	Manual wheelchair accessory, caster fork, any size, replacement only, each
	NC	K0065	PA, INV	Spoke protectors, each
	NC	E0981	PA	Wheelchair accessory, seat upholstery, replacement only, each
	NC	E0982	PA	Wheelchair accessory, back upholstery, replacement only, each
KBH	NC	E1011	PA	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
KBH	PA	E1014	PA	Reclining back, addition to pediatric size wheelchair
KBH	PA	E1020	PA	Residual limb support system for wheelchair
KBH	PA	E1802	PA	Dynamic adjustable forearm pronation/supination device Includes soft interface material
	NC	E2601	PA	General use wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2602	PA	General use wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2603	PA	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2604	PA	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2605	PA	positioning wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2606	PA	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2607	PA	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2608	PA	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2609	PA	Custom fabricated wheelchair seat cushion, any size
	NC	E2611	PA	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
	NC	E2612	PA	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
	NC	E2613	PA	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
	NC	E2614	PA	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
	NC	E2615	PA	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware

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WHEELCHAIR ACCESSORIES, (continued)

NC	E2616	PA	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
NC	E2617	PA	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
NC	E2619	PA	Replacement cover for wheelchair seat cushion or back cushion, each
NC	E2620	PA	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
NC	E2621	PA	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware

SAFETY BELTS AND HARNESES

NC	E0978	C	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
NC	E0980	C	Safety vest, wheelchair
NC	E0960	PA	Wheelchair Accessory, shoulder harness/straps or chest strap, including any type of mounting hardware

SPEECH DEVICES

NC	E1902	PA	Communication board, non-electronic augmentative or alternative communication device
NC	E2500	MN, PA	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
NC	E2502	MN, PA	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
NC	E2504	MN, PA	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
NC	E2506	MN, PA	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
NC	E2508	MN, PA	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
NC	E2510	MN, PA	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
NC	E2511	MN, PA	Speech generating software program, for personal computer or personal digital assistant

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SPEECH DEVICES, (continued)

NC	E2512	MN, PA	Accessory for speech generating device, mounting system
NC	E2599	MN, PA	Accessory for speech generating device, not otherwise classified

MISCELLANEOUS DME

NC	E0607	C	Home blood glucose monitor
NC	E2100	PA	Blood glucose monitor with integrated voice synthesizer
PA, INV	E1399	PA, INV	Durable Medical Equipment, Miscellaneous
NC	S8999	C	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
NC	A4230	PA	Infusion set for external insulin pump, non needle cannula type
NC	A4231	PA	Infusion set for external insulin pump, needle type
NC	A4232	PA	Syringe with needle for external insulin pump, sterile, 3 cc
PA	E0784	PA	External ambulatory infusion pump, insulin
NC	A4253-KS C		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
NC	A4253-KXC		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
NC	A4255-KS C		Platforms for home glucose monitor, 50 per box
NC	A4255-KXC		Platforms for home glucose monitor, 50 per box
NC	A4256-KS C		Normal, low, and high calibrator solution/chips
NC	A4256-KXC		Normal, low, and high calibrator solution/chips
NC	A4258	C	Spring-powered device for lancet, each
NC	A4259-KS C		Lancets, per box of 100
NC	A4259-KXC		Lancets, per box of 100
NC	E0607	C	Home blood glucose monitor
NC	E2100	C	Blood glucose monitor with integrated voice synthesizer
NC	S5560	PA	Insulin delivery device, reusable pen, 1.5 ml size
NC	S5561	PA	Insulin delivery device, reusable pen, 3 ml size
PA, INV	E0911	PA, INV	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
PA, INV	E0912	PA, INV	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar

****KS Modifier = Non-insulin dependent

****KX Modifier = Insulin dependent

REPAIR/DELIVERY/INSTALLATION/MAINTENANCE

NC	E1340	PA	Repair or non-routine service (e.g., breaking down sealed components) requiring the skill of a technician, labor component, per 15 minutes
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MEDICAL SUPPLY PROCEDURE CODES AND NOMENCLATURE

The following procedure codes represent an all inclusive list of Medical Supply services billable to the Kansas Medical Assistance Program. Procedures not listed here are considered non-covered.

COVERAGE INDICATORS

C	-	Covered. No special requirements.
MN	-	Medical Necessity documentation required.
PA	-	PA is required.
INV	-	An itemized retail invoice must be kept available in provider's files.
KBH	-	Service covered for KAN Be Healthy participants only.
NC	-	Non-covered Kansas Medical Assistance Program service.

Refer to Section 4300 for additional PA information and Section 8420 for specific benefits and limitations.

<u>COV.</u>	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>
<u>ANTISEPTIC PRODUCTS</u>		
C	A4244	Alcohol or peroxide, per pint
C	A4245	Alcohol wipes, per box
INV	A4246	Betadine or phisoex solution, per pint
INV	A4247	Betadine or iodine swabs/wipes, per box
<u>BATTERIES</u>		
PA	E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
PA	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
PA	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
PA	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell absorbed glassmat)
PA	E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
PA	E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each, (e.g. gel cell absorbed glassmat)
PA	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each
PA	E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
C	V5266	Battery for use in hearing device
KBH	L8621	Zinc air battery for use with cochlear implant device, replacement, each

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BATTERIES, (continued)

KBH	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
KBH	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
KBH	L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each

BRACES

C	L1800	KO, elastic stays, prefabricated, includes fittings and adjustments
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CERVICAL COLLARS

C	L0120	Cervical, flexible, nonadjustable (foam collar)
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DRESSINGS/PADS

C	A4554	Disposable underpads, all sizes (50 pads = 1 unit) (e.g., Chux's)
C	A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
C	A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16, but less than or equal to 48 sq. in., each dressing
C	A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches
C	A6021	Collagen dressing, pad size 16 sq. in. or less, each
C	A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
C	A6023	Collagen dressing, pad size more than 48 sq. in., each
C	A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
C	A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
C	A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
C	A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
C	A6204	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
C	A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
C	A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
C	A6210	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing
C	A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
C	A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

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<u>COV.</u>		<u>CODE</u>	<u>NOMENCLATURE</u>
		<u>OSTOMY SUPPLIES cont</u>	
C	A4379		Pouch, urinary, with faceplate attached, plastic, each
C	A4380		Pouch, urinary, with faceplate attached, rubber, each
C	A4381		Pouch, urinary, for use on faceplate, plastic, each
C	A4382		Pouch, urinary, for use on faceplate, heavy plastic, each
C	A4383		Pouch, urinary, for use on faceplate, rubber, each
C	A4391		Ostomy Pouch, urinary, with extended wear barrier attached,
C	A4392		Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
C	A4393		Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
C	A5120		Skin barrier, wipes or swabs, each
C	A5121		Skin barrier; solid, 6x6 or equivalent, each
C	A5122		Skin barrier; solid, 8x8 or equivalent, each
C	A5126		Adhesive or non-adhesive; disc or foam pad
		<u>OTHER MEDICAL SUPPLIES</u>	
C	A7018		Water, distilled, used with large volume nebulizer, 1000 ml
C	J7051		Sterile saline or water up to 5cc
C	S8100		Holding chamber or spacer for use with an inhaler or nebulizer; without mask
C	S8101		Holding chamber or spacer for use with an inhaler or nebulizer; with mask
C	A4627		Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
C	A4216		Sterile water, saline and/or dextrose (diluent), 10 ml
C	A4217		Sterile water/saline 500 ml
C	A4590		Special casting material (e.g., fiberglass)
C	A4663		Blood pressure cuff only
C	A4660		Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
PA	A4483		Moisture exchanger, disposable, for use with invasive mechanical ventilation
C	A4561		Pessary, rubber, any type
C	A4562		Pessary, non-rubber, any type
C	A4261		Cervical cap for contraceptive use
C	J7302		Levonorgestrel Releasing Intrauterine Contraceptive System, 52 mg
C	A4266		Diaphragm for contraceptive use
PA	A4267		Contraceptive supply, condom, male, each
PA	A4268		Contraceptive supply, condom, female, each
PA	A4269		Contraceptive supply, spermicide (E.G., foam, gel), each
C	L8501		Tracheostomy speaking valve
C	S8096		Portable peak flowmeter
C	S8185		Flutter device
C	S8186		Swivel adaptor

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