

KMAP DME BULLETIN 12114C

HCPCS 2013 Updates

Effective with dates of service on and after January 1, 2013, procedure code A4435 will be covered.

Breast Pumps and Replacement Parts

Effective with processing dates on and after January 7, 2011, breast pumps and replacement parts are covered for all KMAP female beneficiaries ages 12 through 55 as follows:

- Codes E0602 and E0603 are covered for all KMAP female beneficiaries ages 10 through 65. Breast pumps are limited to a combined total of no more than one pump every year. A prescription written by a physician must be kept in the beneficiary's file.
- The following breast pump replacement parts are limited to no more than two of each per year: A4281, A4282, A4283, A4285, and A4286.
- E0604 and A4284 are not covered.

Additional manual updates have been made in keeping with current policies, procedures, and wheelchair criteria. Unless otherwise noted, they are effective upon publication.

Note: Refer to the *CPT*[®] codebook for complete descriptions.

Use the following resources to determine coverage and pricing information. For accuracy, use your provider type and specialty as well as the beneficiary ID number or benefit plan.

- Information is available on the [public website](#).
- Information is available on the [secure website](#) under Pricing and Limitations.

A chart has been developed to assist providers in understanding how KMAP will handle specific modifiers. The [Coding Modifiers Table](#) is under Reference Codes on the Provider tab of the public website and Pricing and Limitations on the secure portion.

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For the changes resulting from this provider bulletin, view the updated *Durable Medical Equipment Provider Manual*, Section 8410, pages 8-11, 8-21, 8-61 through 8-64; Appendix I, page AI-7; and Appendix II, page AII-5.

KMAP

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