

September 2006

Provider Bulletin Number 6101

Hospital Providers

Pancreas Transplants

Effective with dates of service on and after October 1, 2006, KMAP will cover pancreas transplants. Physicians billing this service should use procedure code 48554.

Pancreas transplants are only covered when performed simultaneously with or following a kidney transplant.

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, please view the *Hospital Provider Manual*, page 8-24.

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.

8400. Updated 09/06

Rehabilitative - All therapies **must** be physically rehabilitative. Therapies are covered only when rehabilitative in nature and provided following physical debilitation due to an acute physical trauma or physical illness and prescribed by the attending physician.

Therapy services are limited to 6 months for non-KAN Be Healthy participants (except the provision of therapy under HCBS), per injury, to begin at the discretion of the provider. There is no limitation for KAN Be Healthy participants.

Transplants:

Liver transplants for Medicaid beneficiaries will only be reimbursed at the University of Kansas Medical Center or at a hospital recommended by their staff.

Heart, lung, and heart/lung transplants performed in approved in-state or border city hospitals are covered for **KAN Be Healthy participants only**.

Heart transplants will be allowed at St. Luke's Hospital in Kansas City, Missouri or Via Christi (St. Francis Campus) in Wichita, Kansas, or at a hospital recommended by either of these facilities.

Bone marrow, cornea, kidney, and pancreas transplants performed in approved in-state or border city hospitals are covered and do not require prior authorization.

Pancreas transplants are only covered when performed simultaneously with or following a kidney transplant.

Tuberculosis:

Inpatient services related to a tuberculosis diagnosis, including physician and laboratory services, are covered for beneficiaries with the TB benefit plan.

Inpatient hospitalization, including physicians' services for diagnostic evaluation of beneficiaries highly suspected of tuberculosis, is covered for completion of the diagnosis.

~~Only inpatient treatment, including physician and laboratory services, will be covered for consumers whose SRS medical ID card indicates TB. Patients highly suspected of tuberculosis but presenting a diagnostic problem, shall be admitted for completion of the diagnosis.~~

Acute problems, which are present on admission or arise during hospitalization, and maintenance management of pre-existing chronic conditions are covered services. Hospitalization for monitoring toxicity of anti-tuberculosis drugs is covered.

Inpatient claims may be billed directly to KMAP.

Coverage and payment of inpatient or outpatient services are subject to compliance with infectious disease reporting requirements as directed by K.A.R. 28-1-2.

Coverage and payment of outpatient services are coordinated between Kansas Department of Health and Environment (KDHE) and KMAP in accordance with the current interagency agreement. Contact KDHE at (785) 296-0739 for determination of coverage.

Anti-tuberculosis drugs to treat the beneficiary and family members are provided at no cost by KDHE. Contact your local health department or KDHE at ~~(785) 296-5600~~ (785) 296-2547.