

Home Health Providers

Coverage of Ostomy Supplies

Effective with dates of service on and after June 1, 2006, coverage of the following ostomy codes will be as stated below.

- A4361 – Ostomy, faceplate, each
Limited to 3 units (1 unit = 1 faceplate) per 30 days
- A4362 – Skin barrier, solid, 4x4 or equivalent; each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4363 – Ostomy clamp, any type, replacement only, each
Limited to 10 units (1 unit = 1 clamp) per 30 days
- A4364 – Adhesive, liquid, or equal, any type, per oz.
Limited to no more than 4 units (1 unit = 1 ounce) per 30 days
- A4365 – Adhesive remover wipes, any type, per 50
Limited to no more than 3 units (1 unit = 1 box of 50) per 30 days
- A4366 – Ostomy vent, any type, each
Limited to no more than 2 units (1 unit = 1 vent) per 180 days
- A4367 – Ostomy belt, each
Limited to no more than 1 unit (1 unit = 1 belt) of belts per 30 days
- A4368 – Ostomy filter, any type, each
Limited to no more than 50 units (1 unit = 1 filter) per 30 days
- A4369 – Ostomy skin barrier, liquid (spray, brush, etc.) per oz.
Limited to no more than 2 units (1 unit = 1 ounce) per 30 days
- A4371 – Ostomy skin barrier, powder, per oz.
Limited to no more than 10 units (1 unit = 1 ounce) per 30 days

- A4372 – Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4373 – Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4375 – Ostomy pouch, drainable, with faceplate attached, plastic, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4376 – Ostomy pouch, drainable, with faceplate attached, rubber, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4377 – Ostomy pouch, drainable, for use on faceplate, plastic, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4378 – Ostomy pouch, drainable, for use on faceplate, rubber, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4379 – Ostomy pouch, urinary, with faceplate attached, plastic, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4380 – Ostomy pouch, urinary, with faceplate attached, rubber, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4381 – Ostomy pouch, urinary, for use on faceplate, plastic, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4382 – Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4383 – Ostomy pouch, urinary, for use on faceplate, rubber, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days

- A4384 – Ostomy faceplate equivalent, silicone ring, each
Limited to 3 unit (1 unit = 1 faceplate) per 30 days
- A4385 – Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4387 – Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4388 – Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4389 – Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4390 – Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4391 – Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4392 – Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4393 – Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4394 – Ostomy deodorant for use in ostomy pouch, liquid, per fluid oz.
Limited to no more than 8 units (1 unit = 1 ounce) per 30 days
- A4395 – Ostomy deodorant for use in ostomy pouch, solid, per tablet
Limited to no more than 100 units (1 unit = 1 tablet) per 90 days

- A4396 – Ostomy belt with peristomal hernia support
Limited to no more than 1 unit (1 unit = 1 belt) of belts per 30 days
- A4397 – Irrigation supply; sleeve, each
Limited to no more than 4 units (1 unit = 1 sleeve) per 30 days
- A4398 – Ostomy irrigation supply; bag, each
Limited to no more than 2 units (1 unit = 1 bag) per 30 days
- A4399 – Ostomy irrigation supply; cone/catheter, including brush
Limited to no more than 2 units (1 unit = 1 cone/catheter) per 30 days
- A4400 – Ostomy irrigation set
Limited to no more than 2 units (1 unit = 1 set) per 30 days. Irrigation set is not allowed if sleeve, bag, and cone/catheter is billed separately
- A4402 – Lubricant, per oz.
Limited to no more than 4 units (1 unit = 1 ounce) per 30 days
- A4404 – Ostomy ring, each
Limited to no more than 10 units (1 unit = 1 ring) per 30 days
- A4405 – Ostomy skin barrier, non-pectin based, paste, per oz.
Limited to no more than 4 units (1 unit = 1 item) per 30 days
- A4406 – Ostomy skin barrier, pectin-based, paste, per oz.
Limited to no more than 4 units (1 unit = 1 item) per 30 days
- A4407 – Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4x4 in. or smaller, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4408 – Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4x4 in. each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4409 – Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4x4 in. or smaller, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days

- A4410 – Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4x4 in., each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4411 – Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4412 – Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece), without filter, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4413 – Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece), with filter, each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4414 – Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4x4 in. or smaller, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4415 – Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4x4 in., each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A4416 – Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4417 – Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4418 – Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4419 – Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (2 piece), each

Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days

- A4420 – Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4421 – Ostomy supply, miscellaneous
NONCOVERED
- A4422 – Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
Limited to no more than 60 units (1 unit = 1 sheet/pad/packet) per 30 days
- A4423 – Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A4424 – Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4425 – Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4426 – Ostomy pouch, drainable; for use on barrier with locking flange (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4427 – Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4428 – Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type with valve (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4429 – Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each

Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days

- A4430 – Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap, with valve (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4431 – Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4432 – Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4433 – Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A4434 – Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5051 – Ostomy pouch, closed; with barrier attached (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A5052 – Ostomy pouch, closed; without barrier attached (1 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A5053 – Ostomy pouch, closed; for use on faceplate, each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A5054 – Ostomy pouch, closed; for use on barrier with flange (2 piece), each
Limited to no more than 60 units (1 unit = 1 pouch) of closed ostomy pouches per 30 days
- A5055 – Stoma cap
Limited to no more than 31 units (1 unit = 1 plug/cap) of stoma caps/plugs per 30 days

- A5061 – Ostomy pouch, drainable; with barrier attached, (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5062 – Ostomy pouch, drainable, without barrier attached (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5063 – Ostomy pouch, drainable, for use on barrier with flange (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5071 – Ostomy pouch, urinary; with barrier attached (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5072 – Ostomy pouch, urinary; without barrier attached (1 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5073 – Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
Limited to no more than 20 units (1 unit = 1 pouch) of drainable/urinary ostomy pouches per 30 days
- A5081 – Continent device; plug for continent stoma
Limited to no more than 31 units (1 unit = 1 plug/cap) of stoma caps/plugs per 30 days
- A5082 – Continent device; catheter for continent stoma
Limited to no more than 1 unit (1 unit = 1 catheter) per 30 days
- A5093 – Ostomy accessory; convex insert
Limited to no more than 10 units (1 unit = 1 insert) per 30 days
- A5120 – Skin barrier, wipes or swabs, each
Limited to no more than 150 units (1 unit = 1 wipe or swab) per 30 days
- A5121 – Skin barrier, solid, 6x6 or equivalent, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days
- A5122 – Skin barrier, solid, 8x8 or equivalent, each
Limited to no more than 20 units (1 unit = 1 item) of solid skin barriers per 30 days

- A5126 – Adhesive or nonadhesive; disk or foam pad
Limited to no more than 20 units (1 unit = 1 pad) per 30 days
- A5131 – Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
Limited to no more than 1 unit (1 unit = 1 16oz. bottle) per 30 days
- A5200 – Percutaneous catheter/tube anchoring device, adhesive skin attachment
Limited to no more than 10 units (1 unit = 1 device) per 30 days

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 *Home Health Provider Manual*, pages 8-15 through 8-23 and AII-9 through AII-12.

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 5/06

Home Health Aide (continued):

Home Health Aide duties **do not** include the following:

- Set-up of medications
- Ordering or having medications refilled
- Performing blood sugars
- Whirlpool treatments for vascular or wound conditions
- Warm moist packs
- Physical assessments beyond vital signs
- Sterile, wet to dry, or complex dressing changes
- Packing or debridement of wounds
- Health related teaching

Medical Supplies:

Medical supplies are allowed when they:

- 1) Are necessary and reasonable for treatment of the patient's illness or injury
- 2) Are used in the patient's home
- 3) Are properly prescribed, **and**
- 4) Are a covered service

Prescriptions for medical supplies are **only** accepted from the following professionals:

- 1) Doctors of Medicine (M.D.)
- 2) Doctors of Osteopathy (D.O.)
- 3) Doctors of Podiatric Medicine (D.P.M.)
- 4) Chiropractors (may prescribe cervical collars and "soft type" spinal supports only)

NOTE: 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 of the General Special Requirements Manual.)

Ostomy Adhesives

Ostomy adhesives are limited to 1 type every 30 days. Liquid adhesive is limited to 4 units every 30 days and disk or foam pad is limited to 20 units every 30 days.

Ostomy Belts

Purchase of ostomy belts (all kinds) is limited to 1 unit every 30 days.

Ostomy Deodorants

Ostomy deodorants are limited to 1 type every 30 days. Liquid deodorant is limited to 8 units every 30 days and solid deodorant is limited to 100 units every 30 days.

Ostomy Skin Barriers

Only one selection of the following skin barriers is allowed within a 30 day time frame with the following limits, regardless of provider:

- Ostomy skin barrier, liquid is limited to 2 units every 30 days
- Ostomy skin barrier, powder is limited to 10 units every 30 days
- Ostomy skin barrier, nonpectin-based, paste is limited to 4 units every 30 days

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Ostomy Skin Barriers (continued)

- Ostomy skin barrier, pectin-based, paste is limited to 4 units every 30 days
- Skin barrier, wipes or swabs, is limited to 150 units every 30 days

(1 unit = 1 wipe or swab)

The following items (or combinations of these items) are limited to a combined total of 20 units every 30 days, regardless of provider:

- Ostomy skin barrier, solid 4x4 or equivalent
- Ostomy skin barrier, with flange
- Skin barrier, solid, 6x6 or equivalent
- Skin barrier, solid, 8x8 or equivalent

Ostomy Pouches

Drainable and urinary ostomy pouches are limited to a combined total of 20 units every 30 days.

Closed ostomy pouches are limited to a combined total of 60 units every 30 days.

Miscellaneous Ostomy Supplies

Stoma caps and continent device stoma plugs are limited to a combined total of 31 units every 30 days.

The following individual items are limited to the amount stated every 30 days:

- Percutaneous catheter/tube anchoring device, adhesive skin attachment – 10 units
- Appliance cleaner, incontinence and ostomy appliances – 1 unit
- Ostomy accessory, convex insert – 10 units
- Continent device, catheter for continent stoma – 1 unit
- Ostomy absorbent material (sheet/pad/crystal packet) – 60 units
- Ostomy ring – 10 units
- Ostomy lubricant – 4 units
- Ostomy irrigation supply, bag – 2 units
- Ostomy irrigation set – 2 units
- Ostomy irrigation supply, cone/catheter – 2 units
- Ostomy irrigation supply, sleeve – 4 units
- Ostomy faceplate equivalent, silicone ring – 3 units
- Ostomy filters (any type) – 50 units
- Adhesive remover wipes – 3 units
- Ostomy faceplate – 3 units
- Ostomy clamps – 10 units

Miscellaneous Ostomy Supplies (continued)

Ostomy vents are limited to 2 units every 180 days.
Ostomy supply, miscellaneous is noncovered (A4421).

Other Medical Supplies:

Humidifying filters are limited to 36 filters per calendar month.

Disposable underpads (A4554) are limited to three units per month (1 unit = 50 pads).

Pain Management:

Providers are encouraged to use the Pain Management Guidelines developed by The Federation of State Medical Boards of the United States, Inc. and adopted by the Adult and Medical Services Commission. The guidelines are the following:

Evaluation of the Patient

1. A complete medical history and physical examination must be conducted and documented in the medical records.
2. The medical records should document the nature and intensity of the pain, evaluate underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse.
3. **The medical record should also document the presence of one or more recognize medical indications for the use of a controlled substance.**

Treatment Plan

1. The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned.
2. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment

1. The physician should discuss the risks and benefits of the use of controlled substances with the patient, significant other(s) or guardian.
2. The patient should receive prescriptions from one physician and one pharmacy where possible.
3. If the patient is determined to be at high risk for medication abuse or have a history of substance abuse, the physician may employ the use of a written agreement between physician and patient outlining patient responsibilities including:
 - urine/serum medication levels screening when requested
 - number and frequency of all prescription refills, and

Pain Management (continued):

- reasons for which drug therapy may be discontinued (i.e. violation of agreement)

Periodic Review

1. At reasonable intervals based upon the individual circumstance of the patient, the physician should review the course of opioid treatment and any new information about the etiology of the pain.
2. Continuation or modification of opioid therapy should depend on the physician's evaluation of progress toward stated treatment objectives such as improvement in patient's pain intensity and improved physical and/or psychosocial function, such as ability to work, need of health care resources, activities of daily living and quality of social life.
3. If reasonable treatment goals are not being achieved, despite medication adjustments, the physician should re-evaluate the appropriateness of continued opioid treatment.
4. The physician should monitor patient compliance in medication usage and related treatment plans.

Consultation

1. The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives.
2. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangement pose a risk for medication misuse or diversion.
3. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

Medical Records

1. The physician should keep accurate and complete records to include:
 - a. the medical history and physical examination
 - b. diagnostic, therapeutic and laboratory results
 - c. evaluations and consultations
 - d. treatment objectives
 - e. discussion of risks and benefits
 - f. treatments
 - g. medications (including date, type, dosage, and quantity prescribed)
 - h. instructions and agreements
 - i. periodic reviews
2. Records should remain current and be maintained in an accessible manner and readily available for review.

Compliance with Controlled Substances Law and Regulations

1. To prescribe controlled substances, the physician must be licensed in the State of Kansas, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions.
2. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration (and any regulations issued by the State Medical Board) for specific rules governing issuance of controlled substance prescriptions as well as applicable state regulations.

Definitions

For the purposes of the pain management guidelines for Kansas Medicaid, the following terms are defined as follows:

Acute Pain - Acute pain is the normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma, and acute illness. It is generally time limited and is responsive to opioid therapy, among other therapies.

Addiction - Addiction is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as "drug dependence" and "psychological dependence". Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

Chronic Pain - A pain state that is persistent and in which the cause of the pain cannot be removed or otherwise treated and which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

Physical Dependence - Physical dependence is a physiologic state of neuroadaptation to an opioid which is characterized by the emergence of a withdrawal syndrome if the opioid use is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the opioid. Physical dependence appears to be an inevitable result of opioid use. Physical dependence, by itself, does not equate with addiction.

Substance Abuse - Substance abuse is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.

Tolerance - Tolerance is a physiologic state resulting from regular use of a drug in which an increase dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

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.

8400. Updated 5/06

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.

Services/Supplies for Medicare-Eligible Individuals:

Modifier GY is to be used to designate those services/supplies provided to a Medicare beneficiary when the service is reasonably believed by the provider to be non-covered by Medicare. Use modifier GY with the following procedure codes and codes listed in Appendix II when filing claims to Medicaid for Medicare eligible individuals:

G0154, G0156, S9128, S9129, S9131, T1002, T1003, T1004, T1021, 99601

Note: Medicare must be billed first if there is a possibility they will allow payment on a claim. **If Medicare does not allow payment, the claim may be submitted to Medicaid along with the Medicare denial.**

Skilled Nursing:

Skilled nursing services must be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). Skilled nursing services are those services requiring substantial and specialized nursing skill. **Skilled nursing services require a physician's order.** Skilled nursing services must be prior authorized for home and community based (HCBS) consumers.

Use procedure code G0154 for the first 15 minutes of a skilled nurse (RN or LPN) in a home health setting. Use procedure code T1002 for subsequent 15 minute intervals of an RN visit, and procedure code T1003 for subsequent 15 minute intervals of an LPN visit. G0154 is limited to one unit per day. T1002 or T1003 are limited to a combined total of three units per day for non-HCBS waiver beneficiaries. Additional units must be prior authorized.

Skilled nursing responsibilities by an **RN** include but are not limited to the following:

- Initial and ongoing assessments
- Initiating and updating care plans
- Communication with physicians
- Supervision of aides
- Medication set-up
- IV/IM medication administration requiring the skill level of a nurse
- Invasive procedures requiring the skill level of a nurse
- Individualized teaching as outlined by the care plan
- Diabetic nail care
- Treatment and evaluation of wounds

Skilled nursing responsibilities by an **LPN** include but are not limited to the following:

- Ongoing assessments
- Updating care plans

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Skilled Nursing (continued)

- Communication with physicians
- Medication set-up.
- **Venipuncture for blood draws**
- Individual teaching as outlined by the care plan excluding teaching related to parenteral procedures (e.g., IVs, Hickman catheters).
- Diabetic nail care
- Treatment and evaluation of wounds
- **Medication administration requiring the skill level of a nurse, excluding IVs.***

*LPNs who have successfully completed an intravenous fluid therapy course may, under the supervision of a registered professional nurse, engage in a limited scope of intravenous fluid treatment, including the following: 1) Monitoring; 2) maintaining; 3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and 4) changing dressing for intravenous access devices not exceeding three inches in length in peripheral sites only.

Combination of services:

- A skilled nursing visit and a supervisory visit when performed at the same time constitutes one visit
- An RN performing both aide and skilled nursing duties constitutes a skilled visit
- A non-skilled visit performed by an RN or LPN constitutes a home health aide visit

Note: Only one home health aide or restorative aide visit to the same individual may be reimbursed for the same date of service.

If services in excess of the following limitations on skilled nursing services are desired, documentation of medical necessity is required:

- Medication set-up - once a week
- Insulin syringes filling - once a week for a stable patient
- General assessment - every 60 days for a stable patient
- Supervisory visits
 - no more often than every two weeks if the patient is **also** receiving skilled services
 - at least every 60 days if the patient is receiving **non-skilled** services only

Tele-Medicine:

Tele-Medicine uses face-to-face video contact to monitor consumers in the home setting as opposed to a nurse going out to visit the home. This technology may be used to monitor consumers' medications, vital signs, and self-administered injections.

Tele-Medicine services must be provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). **Agencies may bill skilled nursing services on the same date of service as tele-medicine services.**

8400. Updated 5/06

Therapy:

Therapy treatments are not covered for psychiatric diagnosis.

Habilitative - Therapy is covered for any birth defects/developmental delays only when approved and provided by an Early Childhood Intervention (ECI), Head Start or Local Education Agency (LEA) program. Therapy treatments performed in the Local Education Agency (LEA) settings may be habilitative or rehabilitative for disabilities due to birth defects or physical trauma/illness. Therapy of this type is covered only for participants age 0 to under the age of 21. Therapy **must** be medically necessary. The purpose of this therapy is to maintain maximum possible functioning for children.

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.

All therapy services are limited to one unit per day. Therapy services provided by a home health agency for home and community based services (HCBS) consumers must be prior authorized.

Occupational:

Services must be prescribed by a physician and provided by a registered occupational therapist or by a Certified Occupational Therapy Assistant working under the supervision of a Registered Occupational Therapist. Supervision must be clearly documented. This may include, but is not limited to, the registered occupational therapist initializing each treatment note written by the certified occupational therapy assistant, or the registered occupational therapist writing "Treatment was supervised" followed by their signature.

Physical:

All physical therapy services must be initially prescribed by a physician and performed by either a registered physical therapist or by a Certified Physical Therapy Assistant working under the supervision of a Registered Physical Therapist. Supervision must be clearly documented. This may include, but is not limited to, the registered physical therapist initializing each treatment note written by the certified physical therapy assistant, or the registered physical therapist writing "Treatment was supervised" followed by their signature.

Restorative Aide:

Restorative aide service is only covered for physical therapy. Services must be restorative and rehabilitative physical therapy provided by a restorative aide under an outpatient physical therapy plan of care developed by a registered physical therapist. Services can not be billed on the same date of service as a home health aide service. Use T1021.

8400. Updated 5/06

Speech:

Services must be prescribed by a physician and provided by a certified speech pathologist.

Respiratory:

Respiratory therapy is covered for KAN Be Healthy participants only.

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 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.

- 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.

Updated 5/06

<u>COV.</u>	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>
		<u>GLUCOSE MONITORING SUPPLIES</u>
C	A4253 KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
C	A4253 KX	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
C	A4255 KS	Platforms for home blood glucose monitor, 50 per box
C	A4255 KX	Platforms for home blood glucose monitor, 50 per box
C,INV	A4256 KS	Normal low and high calibrator solution/chips
C,INV	A4256 KX	Normal low and high calibrator solution/chips
C	A4258	Spring-powered device for lancet, each
C	A4259 KS	Lancets, per box (100)
C	A4259 KX	Lancets, per box (100)
C	E2100	Blood glucose monitor with integrated voice synthesizer
C	S5560	Insulin delivery device, reusable pen; 1.5 ml size
C	S5561	Insulin delivery device, reusable pen; 3 ml size

****KS Modifier = Noninsulin dependent

****KX Modifier = Insulin dependent

NEEDLES/SYRINGES

C	A4206	Syringe with needle, sterile 1 cc, each
C	A4207	Syringe with needle, sterile 2 cc, each
C	A4208	Syringe with needle, sterile 3 cc, each
C	A4209	Syringe with needle, sterile 5 cc or greater, each
C	A4212	Non-coring needle
C	A4213	Syringe, sterile 20 cc or greater, each
C	A4215	Needles only, sterile, any size, each
C	S8490	Insulin syringes (100 syringes, any size)
C	A4657	Syringe, with or without needle, each

OSTOMY SUPPLIES

C	A4366	Ostomy vent, any type, each
C	A4361	Ostomy faceplate, each
C	A4384	Ostomy faceplate equivalent, silicone ring, each
C	A4362	Skin barrier, solid, 4x4 or equivalent, each (1 unit = 1 barrier)
C	A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per oz.
C	A4371	Ostomy skin barrier; powder, per oz.
C	A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each
C	A4385	Ostomy skin barrier; solid 4x4 or equivalent, extended wear, without built-in convexity, each
C	A4373	Ostomy skin barrier; with flange (solid, flexible, or accordion), with built-in convexity, any size, each
C	A4363	Ostomy clamp, any type, replacement only, each
C	A4364	Adhesive, liquid, or equal, any type, per oz.
C	A4368	Ostomy filter, any type, each
C	A4367	Ostomy belt, each

<u>COV.</u>	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>
		<u>OSTOMY SUPPLIES</u>
C	A4396	Ostomy belt with peristomal hernia support
C	A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid oz.
C	A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
C	A4397	Irrigation supply; sleeve, each
C	A4398	Ostomy irrigation supply; bag, each
C	A4399	Ostomy irrigation supply; cone/catheter, including brush
C	A4400	Ostomy irrigation set
INV	A4402	Lubricant, per oz.
C	A4404	Ostomy rings, each
C	A4421	Ostomy supply, miscellaneous
C	A4365	Adhesive remover wipes, any type, per 50
C	A4455	Adhesive remover or solvent (for tape, cement or other adhesive)
C	A4405	Ostomy skin barrier, non-pectin based, paste, per oz.
C	A4406	Ostomy skin barrier, pectin-based, paste, per oz.
C	A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in. or smaller, each
C	A4408	Ostomy skin barrier, with flange (solid flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
C	A4409	Ostomy skin barrier, with flange (solid flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
C	A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4x4 inches each
C	A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
C	A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
C	A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each
C	A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each
C	A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
C	A4416	Ostomy pouch, closed; with barrier attached, with filter (1 piece), each
C	A4417	Ostomy pouch, closed, with barrier attached, with built in convexity, with filter (1 piece), each
C	A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
C	A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
C	A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
C	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
C	A4424	Ostomy pouch, drainable; with barrier attached, with filter (1 piece), each
C	A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
C	A4426	Ostomy pouch, drainable; for use on barrier with locking flange, (2 piece system), each
C	A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
C	A4428	Ostomy pouch, urinary; with extended wear barrier attached, with faucet-type tap with valve (1 piece), each

PROCEDURE		
COV.	CODE	NOMENCLATURE
C	A4429	Ostomy pouch, urinary; with barrier attached, with built in convexity, with faucet-type tap with valve (1 piece), each
C	A4430	Ostomy pouch, urinary; with extended wear barrier attached, with built in convexity, with faucet-type tap with valve (1 piece), each
C	A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
C	A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
C	A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
C	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
C	A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
C	A4450	Tape, non-waterproof, per 18 square inches
C	A4452	Tape, waterproof, per 18 square inches
C	A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each
C	A5051	Ostomy pouch, closed, with barrier attached (1 piece), each
C	A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
C	A5053	Ostomy pouch, closed; for use on faceplate each
C	A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
C	A5055	Stoma cap
C	A5061	Ostomy pouch, drainable, with barrier attached (1 piece), each
C	A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
C	A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
C	A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
C	A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
C	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
C	A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
C	A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
C	A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
C	A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
C	A5071	Ostomy pouch, urinary, with barrier attached (1 piece), each
C	A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
C	A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
C	A5081	Continent device; plug for continent stoma
C	A5082	Continent device; catheter for continent stoma
C	A5093	Ostomy accessory; convex insert
C	A5120	Skin barrier, wipes or swabs, each
C	A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
C	A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
C	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
C	A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
C	A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each

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PROCEDURE		
COV.	CODE	NOMENCLATURE
C	A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
C	A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
C	A4393	Ostomy 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; disk or foam pad
C	A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
C	A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
OTHER MEDICAL SUPPLIES		
C	A7018	Water, distilled, used with large volume nebulizer, 1000 ml
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	A4216	Sterile water, saline and/or dextrose (diluent), 10 ml
C	A4217	Sterile water/saline 500 ml
C	A4623	Tracheostomy, inner cannula
C	A4624	Tracheal suction catheter, any type other than closed system, each
C	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
C	A4628	Oropharyngeal suction catheter, each
C	A4629	Tracheostomy care kit for established tracheostomy
C	A4663	Blood pressure cuff only
PA	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
C	A4614	Peak expiratory flow rate meter, hand held
C	A4561	Pessary, rubber, any type
C	A4562	Pessary, non-rubber, any type
C	A4267	Contraceptive supply, condom, male, each
C	A4268	Contraceptive supply, condom, female, each
C	A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
C	A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
C	A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
C	A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
C	A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
C	A7525	Tracheostomy mask, each
C	A7526	Tracheostomy tube collar/holder, each
C	S8096	Portable peak flow meter
C	S8185	Flutter device
C	S8186	Swivel adaptor
C	S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
PASSIVE MOTION EXERCISE DEVICE		
C	E0935	Continuous passive motion exercise device for use on knee only