

**September 2006**

**Provider Bulletin Number 664b**

# **Professional Providers**

## **Tuberculosis Updates**

Changes to the Tuberculosis section of the *Professional Provider Manual* have been made.

The benefits and limitations description of the tuberculosis benefit plan has been revised for clarification. See Section 8400, page 8-49, of the *Professional Provider Manual* for more details.

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 *Professional Provider Manual*, pages 8-49 and 8-50.

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

##### **Tuberculosis (TB):**

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

Inpatient hospitalization including physicians services for diagnostic evaluation of consumers 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 consumer and family members are provided at no cost by KDHE. Contact your local health department or KDHE at (785) 296-5600 (785) 296-2547.

##### **Vagal Nerve Stimulators:**

Vagal nerve stimulators (VNS) are covered for beneficiaries with epileptic disorders. With the exception of procedure codes 95970 and 95974, all services must be prior authorized.

VNS services must meet the following conditions:

- The beneficiary must have an epileptic disorder. VNS will not be covered for individuals with previous epileptic brain surgery, or individuals with progressive disorders.
- Mental retardation with epilepsy is not a contraindication for VNS but must be considered with other factors.
- The beneficiary must be over the age of 12, with documentation showing that the VNS will improve quality of life.
- All other courses of treatment must be documented, such as conventional and anticonvulsant drugs.

Refer to Appendix II for a list of covered codes.

**8400. Updated 09/06**

**Vision:**

The Kansas Medical Assistance Program offers a variety of optical benefits.

Complete eye examination every four years.

Eyeglasses with certain limitations, see the Vision Provider Manual

Many vision services have specific limitations. For further information a Vision Provider Manual may be requested (refer to Section 1100).