

June 2006

Provider Bulletin Number 667

General Providers

Quarterly HCPCS Updates

Kansas Medical Assistance Program (KMAP) has made the following additions and deletions to the Healthcare Common Procedure Coding System (HCPCS) codes. The changes to the codes will be effective with dates of service on and after July 1, 2006. There is no overlapping grace period.

The following codes were added:

- C9229
- C9230
- K0733
- K0734
- K0735
- K0736
- K0737

The following codes were deleted:

- S0116
- S0198
- S8075
- S9022

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 *DME Provider Manual*, pages AI-10 through AI-12 and AII-1.

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.

<u>COV.</u>	<u>RENTAL COV.</u>	<u>PROC. CODE</u>	<u>PURCH. COV.</u>	<u>Updated 6/06 NOMENCLATURE</u>
<u>WHEELCHAIR ACCESSORIES, (continued)</u>				
	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
	NC	K0734	PA	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
	NC	K0735	PA	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
	NC	K0736	PA	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
	NC	K0737	PA	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
<u>SAFETY BELTS AND HARNESES</u>				
	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
<u>SPEECH DEVICES</u>				
	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

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>	<u>Updated 6/06</u> <u>NOMENCLATURE</u>
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SPEECH DEVICES, (continued)

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
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

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****KS Modifier = Non-insulin dependent

****KX Modifier = Insulin dependent

<u>REPAIR/DELIVERY/INSTALLATION/MAINTENANCE</u>				
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	

APPENDIX II Updated 6/06

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 phisohex 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
PA	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
	V5266	Battery for use in hearing device
KBH	L8621	Zinc air battery for use with cochlear implant device, replacement, each