

## KanCare In Lieu Of Services Appendix A

In Lieu Of Services that KanCare MCOs May Provide Without Prior Approval

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children are not considered ILS, as all medically necessary services are covered for children regardless of whether such services are covered under the State Plan.

Service	Group Provided
Pet Scans	Adults. (Not covered in Kansas Medicaid) Oncologic PET Scans will be removed 1/1/23.
Sleep Studies, attended and unattended	Adults. (Not covered in Kansas Medicaid)
CPAP (Continuous positive airway pressure device), BiPAP (Bilevel Positive Airway Pressure) and all accessories	Adults. (Not covered in Kansas Medicaid)
Continuous Glucose Monitors (interstitial glucose monitoring systems) and accessories	Adults. (Not covered in Kansas Medicaid)
Incontinent Supplies	Adults, that exceed Kansas Medicaid limits.
Cochlear Implants and Supplies	Adults. (Not covered in Kansas Medicaid)
Waiver-Like Services	Adults, for members on waiting lists for HCBS Waivers. Also, for members on HCBS waivers that do not have those services in their assigned waiver.
Intensive Outpatient (S9480)/Partial Hospital Psychiatric Care (H0035)	Adults. (Not covered in Kansas Medicaid)
Assisted Living Rental	Adults. (Not Covered in Kansas Medicaid)
Intermittent Urinary Catheters and supplies	Adults, that exceed Kansas Medicaid limits.
Radiologic Procedures	Adults, radiologic procedure codes that are not covered in Kansas Medicaid.
Medical Nutrition Therapy	Adults. (Not covered in Kansas Medicaid)
Home Infusion Therapies	Adults. (Procedure codes that are not covered in Kansas Medicaid)
Waiver Services	Adults. Members on HCBS Waivers that require waiver services exceeding the State Plan limits to avoid a higher level of care.
Institutional Transition Assistance Funding	Adults. Direct costs for transitions out of institutional settings. This applies to the FE, IDD, PD and BI waivers. This will be reported using HCPCS codes: H2015 U3 Transition Coordination Services, per 15 minutes and H2016 U3 Community Transition Funds. MCOs will report the service provided in column E on the In Lieu Of Services report.
Parent Management Training-Oregon Model	PMTO without the member present coded as S5111 HS.
Diabetes Self-Management Training (DSMT)	Adults. Per policy E2020-009 guidelines and prior to its implementation.

<b>Service</b>	<b>Group Provided</b>
LVAD (Left Ventricular Assist Device) as Destination Therapy	Adults. (Not covered in Kansas Medicaid)
Coverage of Ferrous Sulfate Product NDCs	Adults. Ten, single agent ferrous sulfate product NDCs.
United Health Care SUD Psychosocial Rehabilitation Program	Adults. In Lieu of Residential Care for SUD.
Dental Services	Adults. Allowing Dentures and Partial