

KanCare In Lieu of Services  
1/1/2024

Name of ILOS	Definition of ILOS	Covered Medicaid State plan service or setting for which each ILOS is a substitute	Clinically oriented definition(s) for target population(s) for each ILOS for which the State has determined each ILOS to be a medically appropriate and cost-effective substitute.	Specific coding for each ILOS to be used on claims and encounter data;
Sleep Studies, Attended and Unattended	Home sleep testing unattended, oxygen saturation and cardiorespiratory measurements, and sleep time; Home sleep study unattended & recording performed in outpatient setting or at patient's home measurement of respiratory airflow and effort; Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	To avoid hospitalization for stroke or acute myocardial infarction, common adverse outcomes undiagnosed sleep apnea, DRGs: 067-069, DRGs: 280-285	Eligible population includes members of a high-risk population (e.g. CHF, Atrial fib, nocturnal dysrhythmias, stroke, obesity with BMI>35, etc.) and those with symptoms suggestive of OSA.	95800, 95801, 95806, 95805, 95807, G0399
CPAP (Continuous positive airway pressure device), BiPAP (Bilevel Positive Airway Pressure) and all Accessories	Tubing with integrated heating element for use with positive airway pressure device; Breathing circuits Full face mask used with positive airway pressure device-each; Face mask interface, replacement for full face mask-each; Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap; Headgear used with positive airway pressure device; Tubing used with positive airway pressure device; Filter, disposable, used with positive airway pressure device; Filter, non-disposable, used with positive airway pressure device; Water chamber for humidifier, used with positive airway pressure device, replacement, each; CPAP device; Humidifier, heated, used w positive airway pressure device; respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device	To avoid hospitalization for stroke or acute myocardial infarction, common adverse outcomes undiagnosed sleep apnea, DRGs: 067-069, DRGs: 280-285	Eligible population includes members with diagnosed OSA.	A4604, A4618, A7030, A7031, A7034, A7035, A7037, A7038, A7039, A7046, E0601, E0562, E0470, E0471

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	with continuous positive airway pressure device)			
Intensive Outpatient/ Partial Hospital Psychiatric Care	Structured outpatient treatment program which meets between 6-10 hours a week, incorporate group and individual therapy to treat MH diagnoses for mental health disorders such as depression, anxiety, bipolar, and eating disorders for those over age 21; mental health partial hospitalization, treatment, less than 24 hrs.	To avoid inpatient stay for DRGs such as 885 Psychoses, 886 Behavioral & developmental disorders, 887 Other mental disorder diagnoses	Eligible population includes members meeting medical necessity-MH-Adults, those at acute risk to self or others and/or necessitating more intensive oversight and acute treatment than what could be achieved through routine outpatient management.	S9480, H0035
Institutional Transition Assistance	Community and in-home training to develop, adapt and/or relearn skills necessary for daily life and to optimize independence; Comprehensive community support services, per 15 minutes; Transition Coordination Services per 15 min; Comprehensive community support services, per diem.	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes members needing direct costs for transitions out of institutional settings. This applies to the FE, IDD, PD 1915(c) waiver members only. (200 units/annually) This is a service on the BI 1915(c) waiver.	H2014, H2015 U3, H2016 U3
LVAD (Left Ventricular Assist Device) as Destination Therapy	Inserts an implantable ventricular assist device (VAD) into a patient's heart. The provider performs this procedure in patients who have weak hearts or heart failure. The code 33979 is applicable to a single ventricle.	To avoid (recurrent) hospitalization for severe heart failure, DRG: 291	Eligible population includes members with people with severe heart failure, as defined by NY heart failure class 4, meeting evidence-based criteria for LVAD placement.	33979
Disease Management Program Per Diem	Providers may monitor vital signs of members with equipment system daily; Remote monitoring system for individuals with one or more chronic diseases; Installation of the monitoring system in the home.	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes members enrolled on the PD or I/DD 1915(c) waivers only with a chronic condition (e.g. COPD, CHF, HTN, or Diabetes) This is a service on the FE 1915(c) waiver.	S0317, S0315,
Personal Care Services Per 15 Min.	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment.	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Non-waiver populations.	T1019
Home Delivered Meals	Home delivered meals, including prep; per meal (2	To avoid NF placement: Revenue code 120- billing for regular long-term care	Eligible population includes members with nutritional needs who have no access to	S5170

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	<p>meals/day delivered to home).</p> <p>Standard home delivered meals will not exceed 2 meals per day for seven days or 60 meals per month. Monthly documentation of member's receipt of meals is to be submitted by vendor and is to be on file with the Managed Care Organization. State may request this documentation from the MCO at any time during the State ILOS reviewal process.</p>	(LTC) room and board days	meals/food through other avenues. This is a service on the PD and BI 1915(c) waiver.	
Assistive Services & Home Modifications	Home modifications; per service	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD, BI, I/DD 1915(c) waiver members only. This is a service on the FE 1915(c) waiver.	S5165
Cognitive Therapy	Self-care/home management training (e.g. ADL training, compensatory training, going over safety procedures/instructions, meal prep, and instructions in the use of assistive technology devices/adaptive equipment); Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD, FE, or I/DD 1915(c) waiver members and non-waiver populations. This is a service on the BI 1915(c) waiver.	97535, 97537
Brain Disorders Treatment	Under Neurostimulators (Intracranial) Procedures on the Skull, Meninges, and Brain; Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative	To avoid hospital inpatient, stay for seizures, DRG: 101	Eligible population includes members with seizures with MCC or degenerative nervous system disorders with MCC.	61863, 61864, 61886

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	microelectrode recording; Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays.			
Compression Device	Pneumatic compressor, segmental home model without calibrated gradient pressure; segmental pneumatic appliance for use with, Pneumatic compressor full leg; segmental pneumatic appliance for use with pneumatic compressor, full arm	To avoid hospital inpatient, stay for deep vein thrombophlebitis, DRGs: 294, 295	Eligible population includes members with venous edema in extremities, varicosities, venous stasis and ulcerations	E0651 NU, E0667 NU, E0668
Tumor Treatment Field Therapy	Electrical stimulation device used for cancer treatment, includes all accessories, any type	To avoid hospital inpatient system disorders, DRG: 056; Craniotomy, DRG:025	Eligible population includes members with cancer newly diagnosed Glioblastoma Multiforme (GBM).	E0766 RR
Computed Tomographic (CT) Cardiac Angiography	Computed tomographic angiography, heart, coronary arteries, and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures); CT of the heart with contrast for evaluation of cardiac structure and morphology-aortic annulus only	To avoid cardiac cath. and associated procedures: 93454, 93455, 93456; Avoid coronary angiography and bypass grafts along with heart cath. 93457	Eligible population includes members with at risk for coronary artery disease at low risk for acute blockages requiring catheterization or at higher risk for traditional diagnostic cardiac catheterization procedures for assessing evidence of/extent of disease	75574, 75572
PET, Perfusion Cardiac Study	PET myocardial imaging scan, a type of nuclear imaging test, with CT transmission scan that reveals blood flow to and from the heart (perfusion). Ejection fraction and ventricular wall motion studies are included if performed. This code is for multiple studies at rest and with pharmacologic or exercise stress testing.	To avoid ER visits and hospital admissions for acute myocardial infarction, DRGs: 280-285	Eligible population includes members with symptoms and/or findings suggestive of coronary artery disease and myocardial perfusion abnormalities for whom SPECT myocardial perfusion has been equivocal or inconclusive or whose body characteristics commonly affect imaging quality (such as large breasts, breast implants, obesity)	78431

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Wheelchair Back Cushions	Positioning wheelchair back cushion posterior-lateral width less than 22 inches, any height, including any type mounting hardware.	To avoid hospital inpatient, stay for skin debridement without complication or comorbidity: DRG 572	Eligible population includes members with a manual or power wheelchair with special skin protection or positioning needs.	E2615, E2613, E2611, E2617, E2620, E2621
Adult Day Care	Adult day care, 1-5 hours(half-day); Adult day care per diem	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD or BI 1915(c) waiver members only. This is a service on the FE waiver.	S5101, S5102
Comprehensive Support	This service will provide one-on-one, nonmedical assistance, observation, and supervision for a cognitively impaired adult to meet his or her health and welfare needs. It does not involve hands-on nursing care. The primary focus of senior companion is supportive supervision. Adult care homes are excluded from providing this service; attendant care services, per 15 minutes.	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD 1915(c) waiver members only. This is a service on the FE waiver.	S5135
Wellness Monitoring	Wellness Monitoring requires an RN to evaluate the participant's level of wellness. The RN determines if the participant is properly using medical health services as recommended by the physician and if the participant is maintaining a stable health status in his or her place of residence without frequent skilled nursing intervention-includes the following-orientation to surroundings, skin characteristics, edema, personal hygiene, blood pressure, respiration, pulse, adjustments to medications; wellness assessment, performed by a non-physician	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD or BI 1915(c) waiver members and non-waiver populations. This is a service on the FE and I/DD 1915(c) waivers.	S5190
Specialized Medical Care	Private duty/independent nursing service (s)-licensed up to 15 min.	To avoid NF placement: Revenue code 120- billing for regular long-term care	Eligible population includes enrolled PD 1915(c) waiver members only. This is a service on the I/DD 1915(c) waiver.	T1000

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		(LTC) room and board days		
Nursing Evaluation Visit	The following Level II Personal Care Services Health Maintenance Activities require an initial Nurse Evaluation Visit: vital signs monitoring, supervision and/or training of nursing procedures, ostomy care, catheter care, enteral care, wound care, range of motion activities, change in functions or condition reporting, medication administration and assistance; Nursing assessment/evaluation	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days	Eligible population includes enrolled PD or BI waiver 1915(c) members only. This is a service on the FE 1915(c) waiver.	T1001
Pain Management Unit	Code for Electrical stimulator supplies, 2 leads, per month, (e.g., TENS, NMES); Generator, neurostimulator (implantable), with rechargeable battery and charging system; Lead, neurostimulator test kit (implantable)	Unnecessary ER visits for Chronic Pain, 99281, 99285	Eligible population includes adult members with acute or chronic pain.	A4595, C1820, C1897
Medication Reminder Device	Electronic medication compliance management device, includes all components and accessories; medication reminder/dispenser installation	To avoid NF placement: Revenue code 120- billing for regular long-term care (LTC) room and board days or ER for nonadherence or overdose of medications, 99281, 99285	Eligible population includes enrolled I/DD or FE 1915(c) waiver members only. This is a service on the PD and BI 1915(c) waivers.	T1505, T1505 U6