

KANSAS MEDICAID STATE PLAN

Attachment 4.19B
#12c

Methods and Standards for Establishing Payment Rates

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

(1) To satisfy the statute at 1903(i)(27) of the Social Security Act, if the item of DMEPOS is covered by Medicare, the Medicaid fee will be 65% of the Non-Rural Medicare fee schedule. State Only Funds will be used when access issues arise.

(2) For items of DMEPOS not paid at the Medicare fee, the fee will be set by the State Medicaid agency and will be determined from pricing information gathered from providers, manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.

(3) Manual pricing is reasonable when one procedure code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the procedure code, resulting in access-to-care issues. Examples include 1) procedure codes with a description of “not otherwise specified,” “unclassified,” or “other miscellaneous;” and 2) procedure codes covering customized items.

(4) The Medicaid fees for oxygen equipment, oxygen, and oxygen-related supplies will be 65% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.

(5) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency’s fee schedule rate was set as of January 1, 2019 and is effective for services provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at <https://www.kmap-state-ks.us>.