

August 18, 2020

## **Aetna Better Health® of Kansas**

### **Clinical Payment, Coding and Policy Changes**

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below communication of upcoming new policies.

Effective for dates of service beginning 11/1/2020:

### **Non-Covered DME Supplies**

According to Kansas Medicaid Durable Medical Equipment (DME) manual, the following supplies will be denied as non-covered as these items either are not determined to be medically necessary, cost effective or meet the definition of durable medical equipment which can withstand repeated use and is primarily used to service a medical purpose, is appropriate for home use and is not useful to a person without illness or injury.

Non-covered HCPCS Code List:

- A4284 (Breast shield and splash protector for use with breast pump, replacement)
- A4336 (Incontinence supply, urethral insert, any type, each),
- A4356 (External urethral clamp or compression device [not to be used for catheter clamp], each)
- A4360 (Disposable external urethral clamp or compression device, with pad and/or pouch, each)
- A4630 (TENS replacement batteries)
- A5105 (Urinary suspensory with leg bag, with or without tube, each)
- E0140, E0147, E0156-E0159 (Walker and accessories)

- E0170 (Commode chair with integrated seat lift mechanism, electric, any type)
- E0171 (Commode chair with integrated seat lift mechanism, non-electric, any type)
- E0172 (Seat lift mechanism placed over or on top of toilet, any type)
- E0273 (Bed board)
- E0274 (Over-bed table)
- E0280 (Bed cradle, any type)
- E0604 (Breast pump, hospital grade, electric, any type)
- E0635-E0636 (Patient lifts)
- E0731 (Form fitting conductive garment for delivery of TENS or NMES)