**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.

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| **Service** | **Group Provided** |
| Pet Scans | Adults. (Not covered in Kansas Medicaid) |
| A9552 Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries | Adults. Diagnostic purposes in conjunction with positron emission tomography (PET) imaging. (Not covered in Kansas Medicaid) |
| 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 | Children/Adults. 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) | Children/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 | Children/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. |
| LVAD (Left Ventricular Assist Device) as Destination Therapy | Adults. (Not covered in Kansas Medicaid) |