

## **Table of Contents**

**State/Territory Name: KANSAS**

**State Plan Amendment (SPA) #: KS-24-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

August 14, 2024

Christine Osterlund  
Medicaid Director  
Deputy Secretary of Agency Integration and Medicaid  
KDHE, Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

RE: **TN 24-0010**

Dear Medicaid Director Osterlund,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B KS-24-0010, which was submitted to CMS on July 31, 2024. This plan amendment updates the reimbursement rates for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

K S — 0 0 1 0

2. STATE

KS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 145,119  
b. FFY 2025 \$ 580,475

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B #12.c., Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B #12.c., Page 1

9. SUBJECT OF AMENDMENT

The reimbursement rates for the following are being added to the DMEPOS section of the state plan:

1. Positive air pressure (PAP) devices and accessories; and
2. Selected wheelchair cushion replacements.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Christine Osterlund is the  
Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME  
Christine Osterlund

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
July 31, 2024

15. RETURN TO

Christine Osterlund  
Medicaid Director  
Deputy Secretary of Agency Integration and Medicaid  
KDHE, Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

**FOR CMS USE ONLY**

16. DATE RECEIVED  
July 31, 2024

17. DATE APPROVED  
August 14, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

# KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#12 c  
Page 1

## 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 80% 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 80% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.
- (5) Effective May 1, 2020, the manual pricing rules for Total Parenteral Nutrition (TPN) solutions are replaced with a fee schedule of reimbursement codes.
- (6) Effective July 1, 2023, self-monitoring blood pressure devices are added to the DMEPOS list.
- (7) Effective January 1, 2024, subcutaneous continuous glucose monitors (CGM) are added to the DMEPOS list.
- (8) Effective July 1, 2024, positive air pressure (PAP) devices and accessories are added to the DMEPOS list.
- (9) Effective July 1, 2024, selected wheelchair cushion replacements are added to the DMEPOS list.
- (10) 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 July 1, 2024 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

This link will take the user to a page titled “Reference Copyright Notice.” Scroll to the bottom of the page and click on the word “Accept” to access the fee schedule. The next page that appears is titled “KMAP Fee Schedules.”

To access a fee schedule:

- a. Select the program from the drop-down list – TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KS 24-0010 Approval Date August 14, 2024 Effective Date 7/1/2024 Supersedes KS 23-0045