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SUPPLEMENT 3 to ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KANSAS

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Medical necessity refers to a medical necessary item or service prescribed or provided by a physician or other medical practitioner for a specific result. This includes all covered and some noncovered items and services and medical transportation for those medically necessary items or services. Final determination of medical necessity is the responsibility of Division of Medical Programs staff.

The following items are excluded from being considered medically necessary:

1. A sex change operation, cosmetic surgery, reversal of sterilization, acupuncture and most transplant surgery (corneal, kidney and bone marrow transplants are covered).
2. Household items that can be used for nonmedical purposes such as air conditioners, humidifiers/dehumidifiers, water beds, food scales, weight scales, blenders, sunglasses, heat lamps, vaporizers, heating pads, mattresses and exercise bicycles.
3. Services provided by adult care homes which are not Medicaid-certified facilities.
4. Services determined to be inappropriate or not medically needed by a medical team or utilization review or a community based screening team.
5. Community based services not provided by a medical practitioner or Medicaid-certified facility (for example, overnight attendant, congregate care home), which have not been approved through the community based screening team.
6. Over-the-counter drugs not prescribed by a physician.
7. Charges in a Medicaid-certified facility in excess of SRS reimbursement rates.

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