

Coverage for GJ-Tube

Effective with dates of service on and after September 1, 2018, the gastrostomy and jejunostomy (GJ) low-profile tube (or “button”), any material and any type, should be billed using code B9998. When billing B9998, the following documentation must be submitted for consideration of payment:

- Prior authorization (PA) request for B9998
- Prescription from the ordering physician
- Invoice for the GJ-tube

Note: The effective date of the policy is September 1, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

Note: Refer to the CPT® codebook for complete descriptions.

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For the changes resulting from this provider bulletin, view the updated *Durable Medical Equipment Fee-for-Service Provider Manual*, Section 8420, page 8-71.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
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Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday