

RULE

Department of Health and Human Resources Office of Family Security

The Department of Health and Human Resources, Office of Family Security, hereby adopts the following policy.

RULE

Effective November 1, 1984, the Title XIX Medical Assistance Program shall reimburse providers for Kangaroo 220 infusion pumps and accessories supplied to eligible recipients under the age of 21. Accessories are considered to be the disposable bags used with the infusion pumps and shall not be construed to mean the liquid food substances.

This equipment is currently not a reimbursable item unless treatment is provided in a hospital setting. This action will provide for necessary care to eligible individuals in a home setting and will serve to enhance their quality of life.

The Chapter XIX Medical Assistance Manual, page 4 of 19-530 shall include the following information:

The Kangaroo 220 Infusion Pump shall be considered only with documented evidence that the recipient is unable to swallow. Requests for the Kangaroo Pump and accessories shall require prior authorization and shall be reviewed for medical necessity by a board certified pediatrician.

All requests must include the diagnosis, prognosis, any pertinent medical - social data, and the date the recipient was first infused. Also, the request shall include whether the recipient and/or caretaker has been trained to use the Kangaroo Pump and accessories, and a statement from the facility that the recipient and/or caretaker is capable of operating this equipment. In addition, the name of the provider and a prescription for the machine and accessories must be included on the request.

OFS will pay for the lease and/or rental, as well as delivery and set-up, of the Kangaroo 220 Infusion Pump and accessories. OFS shall not sign the lease and/or rental agreement. The recipient or legal guardian should sign these agreements. OFS will pay for repairs not covered by the warranty or lease agreement. State Office approval is required if the repair cost is over \$25 and the recipient is not covered under Medicare Part B.

This rule change is in concurrence with federal regulation 42 CFR 440.120.

Implementation of this rule is dependent upon the approval of the Health Care Financing Administration (HCFA). Disapproval of the change by HCFA will automatically cancel the provisions of this rule and current policy will remain in effect.

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Secretary and State Health Officer