(3) The specimen is of unacceptable quality or quantity for analysis. (Authorized by K.S.A. 65-101 and K.S.A. 2009 Supp. 65-180; implementing K.S.A. 2009 Supp. 65-180 and K.S.A. 65-181; effective, T-87-48, Dec. 19, 1986; effective May 1, 1987; amended April 14, 2000; amended Dec. 3, 2010.)

28-4-514. MSUD and PKU; financial assistance availability for certain related expenses. (a)(1) The following factors shall be used to determine each family's eligibility for financial assistance for necessary treatment products or medically necessary food treatment products, or both:

(A) Applicable income; and

(B) cash assets in excess of 15 percent of the applicable income.

(2) If a family seeking financial assistance under this regulation has more than one family member with MSUD or PKU, the family shall be considered eligible for financial assistance at a level that is 100 percent less than the eligibility level for a family with one family member.

(b) Each individual who applies for or who receives financial assistance under this regulation shall also meet the requirements in K.A.R. 28-4-401.

(c) The following eligibility requirements shall apply to each family:

(1) Each family with applicable income and cash assets less than or equal to 185 percent of the federal poverty level shall be eligible to receive 100 percent of the cost of necessary treatment products. This family shall be eligible each year for up to $1,000 of medically necessary food treatment products for family members who are 18 years of age and younger.

(2) Each family with applicable income and cash assets more than 185 percent but not more than 285 percent of the federal poverty level shall be eligible to receive 50 percent of the cost of necessary treatment products.

(3) Each family with applicable income and cash assets more than 285 percent but not more than 385 percent of the federal poverty level shall be eligible to receive 25 percent of the cost of necessary treatment products.

(4) No family with applicable income and cash assets over 385 percent of the federal poverty level shall be eligible to receive any of the cost of necessary treatment products.

(d) If a family's health insurance covers a portion of the cost of necessary treatment products, the family's financial responsibility for this cost shall be determined pursuant to subsection (c).

(e) If the department orders any necessary treatment products for a family that is responsible for part of the cost, that family shall receive a statement indicating the amount to be reimbursed to the department. If reimbursement is not received from the family within 60 days of the statement date, the placement of any future orders for necessary treatment products for that family shall no longer be processed by the department. (Authorized by K.S.A. 65-101 and K.S.A. 2009 Supp. 65-180; implementing K.S.A. 2009 Supp. 65-180; effective, T-28-7-5-06, July 5, 2006; effective Oct. 20, 2006; amended Dec. 3, 2010.)

28-4-520. Definitions. In addition to the definitions in K.S.A. 65-1,241 and amendments thereto, each of the following terms shall have the meaning assigned in this regulation:

(a) "Abnormal condition" means any condition established at conception or acquired in utero that results in a morphologic, metabolic, functional, or behavioral disorder requiring medical or other intervention.

(b) "Birth defects information system" means the Kansas birth defects reporting system, which collects, maintains, analyzes, and disseminates information regarding abnormal conditions, birth defects, and congenital anomalies of each stillbirth and of each child from birth to five years of age with a birth defect.

(c) "Congenital anomaly" means an error of morphogenesis that is established at conception or acquired during intrauterine life, which is also referred to as a birth defect.

(d) "ICD-9-CM" means the clinical modification of the "international classification of diseases," ninth revision, published by Ingenix inc., which is used to code and classify morbidity data from inpatient and outpatient records, physician offices, and most surveys from the national center for health statistics. The following portions of volume one of this document are hereby adopted by reference:

(1) "Genetic and metabolic conditions," codes 243 through 279.2 on pages 49 through 60;

(2) "sickle cell anemia and other hemoglobinopathies," codes 282.4 through 282.7 on pages 61 and 62;

(3) "congenital anomalies," codes 740 through 759 on pages 227 through 240; and

(4) "fetal alcohol syndrome," code 760.71 on page 241.

(e) "Primary diagnosis" means the principal disease or condition assigned to an infant by a licensed physician based on the history of the disease process, signs and symptoms, laboratory data, and special tests. (Authorized by and implementing K.S.A. 2009 Supp. 65-1,245; effective Dec. 3, 2010.)

28-4-521. Reporting abnormal conditions and congenital anomalies. (a) Reporting requirements. Each physician, hospital, and freestanding birthing center shall report to the birth defects information system, pursuant to K.S.A. 65-1,241 and amendments thereto, the abnormal conditions and congenital anomalies listed in the portions of ICD-9-CM adopted by reference in K.A.R. 28-4-520.

(b) Method of reporting. Each abnormal condition and congenital anomaly that is required to be reported under this regulation shall be reported to the birth defects information system on a form approved by the secretary.

(c) Removal of reported information. Any parent or legal guardian may request the removal of reported information from the birth defects information system by using the removal form in accordance with K.S.A. 65-1,244, and amendments thereto. (Authorized by K.S.A. 2009 Supp. 65-1,245; implementing K.S.A. 2009 Supp. 65-1,241, 65-1,244, and 65-1,245; effective Dec. 3, 2010.)

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Acting Secretary of Health
and Environment

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