

Update on nasotracheal suctioning:

The following letter is the news that we finally received from Medicaid after almost a year of back and forth communications. The letter makes it look easy, but it took input from multiple sources to make it happen.

It started last season when we were ordering outpatient nasotracheal suction of infants with bronchiolitis through the RT department of our local hospital after clinic hours and on weekends. We were contacted by several patients that the service was not covered by Medicaid and they could not afford it. As a consequence, we had to admit one patient for treatment. When we contacted Medicaid, we were informed that they were not covering suction by an RT as an outpatient procedure. When we contacted our local hospital, Newton Med Center, they agreed to an initial fix of doing it for free for patients without coverage. In the interim we have had several back and forth communications between our office, the state Medicaid office and Newton Med Center until the communication below.

Letter from Melanie Hanna
Director, Patient Financial Services
Newton Medical Center

Subject: Bronchiolitis Clinic/Suctioning Good News

I am sure you will recall that Medicaid has not had any coverage for the suctioning of infants and pediatric patients by an RT during the cold and flu season months. They did allow coverage for this by a physician, but in reality, it works better for an RT to be available to do this during evening and other hours.

At your request, I took this issue with me to the KanCare TAG committee that I am a member of. We discussed it with KDHE staff members, including Mike Randol with the KDHE finance department.

Effective Jan 15, 2017, there will be Medicaid reimbursement of approximately 33.00 when done in a hospital setting by an RT or other provider.

At first, Mr. Randol had said there was no money in the budget for this and asked how the state would have funds to cover this. We told him that they should see savings with fewer inpatients for this population. I am guessing that they took a look at the number of infant and newborn inpatient admissions during winter months and approved this. I hope this proves to be true.