Title 23: Division of Medicaid

Part 209: Durable Medical Equipment and Medical Supplies

Chapter 1: Durable Medical Equipment (DME)

Rule 1.26: Glucose Monitoring Devices

A. The Division of Medicaid defines glucose monitoring devices as equipment for home use to measure glucose levels which includes a:

1. Blood glucose monitor defined as a portable battery-operated meter used to determine the beneficiary's blood glucose level by exposing a reagent strip to a small blood sample resulting in the strip's colorimetric reaction to glucose concentrations, and

2. Continuous glucose monitoring system (CGMS) defined as equipment used to detect trends and patterns in the beneficiary's glucose levels in the interstitial or intracellular fluid.

a) The glucose levels are recorded by an external recorder that stores the data until it is downloaded for review or sent via a transmitter to an external monitor for beneficiary interaction.

b) These readings are intended to supplement the information obtained from beneficiary self-monitoring of blood glucose via a blood glucose monitor.

B. The Division of Medicaid covers a blood glucose monitor for rental up to amount of purchase, or purchase when indicated, when ordered by a physician, nurse practitioner or physician assistant and when all the following are criteria are met:

1. The beneficiary has one (1) of the following diagnoses:

a) Insulin dependent diabetes mellitus.

b) Non-insulin dependent diabetes mellitus:

1) With a documented history of blood glucose fluctuating outside the normal range as specified by the physician,

2) Requiring oral diabetes medication, and

3) Requiring a prescribed specialized diet.

c) Gestational diabetes mellitus requiring treatment.

2. The medical record contains documentation that the beneficiary or caregiver is able to demonstrate the ability to accurately perform the blood glucose testing and accurately report the results.

3. The blood glucose monitor is specifically designed for home use rather than clinical use.

C. The Division of Medicaid covers a minimally invasive CGMS for rental up to amount of purchase, or purchase when indicated, when approved by the Federal Drug Administration (FDA) for home use, medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designee, ordered by the physician who is actively managing the beneficiary's diabetes and the beneficiary meets all of the following criteria:

1. Has an established diagnosis of type I diabetes mellitus that is poorly controlled as defined below:

a) Unexplained hypoglycemic episodes,

b) Nocturnal hypoglycemic episode(s),

c) Hypoglycemic unawareness and/or frequent hypoglycemic episodes leading to impairments in activities of daily living,

d) Suspected postprandial hyperglycemia,

e) Recurrent diabetic ketoacidosis, or

f) Unable to achieve optimum glycemic control as defined by the most current version of the American Diabetes Association (ADA).

2. Has documented self-monitoring of blood glucose at least four (4) times per day.

3. Requires insulin injections three (3) or more times per day or requires the use of an insulin pump for maintenance of blood sugar control.

D. The Division of Medicaid does not cover the following for a CGMS:

1. Additional software or hardware required for downloading data to a device such as a personal computer or tablet to aid in self-management of diabetes,

2. Combination devices that include a glucose monitor combined with a cellular telephone or other device not specifically indicated for the management of diabetes mellitus,

3. Insulin pump and CGMS combined into one (1) unit that requires no beneficiary interaction, or

4. Non-invasive CGMS.

Source: 42 U.S.C. 1395m; Miss. Code Ann. §§ 43-13-117; 43-13-121.

History: Revised eff. 07/01/2015; Revised eff. 01/01/2013.

Part 209 Chapter 2: Medical Supplies

Rule 2.1: General Provider Information

A. The Division of Medicaid defines medical supplies as medically necessary disposable items, primarily serving a medical purpose, having therapeutic or diagnostic characteristics essential in enabling a beneficiary to effectively carry out a practitioner's prescribed treatment for illness, injury, or disease and are appropriate for use in the beneficiary's home.

B. Certification or prior authorization is not required for covered medical supplies except for diapers and underpads. Providers must submit the required documentation with their claim to the fiscal agent for manual pricing.

C. All medical supplies, including those required for operation of DME, must be prescribed by a licensed, qualified physician, nurse practitioner, or physician assistant.

1. A Medical Supply Certificate of Medical Necessity (CMN) form must be completed by the DME provider.

2. The Medical Supply CMN form must be signed by the ordering physician, nurse practitioner, or physician assistant within thirty (30) days of the date of delivery which can be used as the physician prescription.

3. The Medical Supply CMN form must be retained by the DME provider in the beneficiary's medical record and is subject to review by the Division of Medicaid

4. The DME provider must provide a copy of the Medical Supply CMN form to the ordering physician, nurse practitioner, or physician assistant for their records.

D. The DME provider is responsible for compliance with all the Division of Medicaid rules, including, but not limited to:

1. Use of the appropriate procedure code for the billed item(s),

2. Dispensing of the appropriate medically necessary quantities of supplies,

3. Ensuring accurate billing, and

4. Maintaining all documentation to show compliance with Miss. Admin. Code Part 209.

E. The provider must only dispense medical supplies in quantities to meet the beneficiary's needs for one (1) calendar month.

1. The beneficiary must request the supplies each month.

2. Supplies cannot be shipped on an automatic basis.

F. A prescription and/or Medical Supply CMN form must be completed and signed by the ordering physician, nurse practitioner, or physician assistant every twelve (12) months.

1. The prescription and/or Medical Supply CMN form is considered current up to twelve (12) months from the date it was signed by the physician, nurse practitioner, or physician assistant.

2. Medical supplies will be considered non-covered if there is no current prescription and/or Medical Supply CMN form in the beneficiary's medical record.

Source: 42 U.S.C. 1395m; Miss. Code Ann. §§ 43-13-117; 43-13-121.

History: Revised eff. 07/01/2015.

Rule 2.2: Covered Medical Supplies

The Division of Medicaid covers the following medical supplies when they are medically necessary and considered standard care for the treatment of a beneficiary's medical condition and dispensed in quantities that meet a beneficiary's medical needs without excessive utilization. [Refer to Miss. Admin. Code Part 207 for coverage of medical supplies in a long-term care facility.]

A. Alcohol preps, swabs, wipes and bottle are covered for quantity or number of pints appropriate for the plan of care for all beneficiaries for injection site cleanings, for self-administration, or care giver administration of intramuscular or subcutaneous injections ordered by a practitioner.

B. Apnea monitor supplies for beneficiaries who have an apnea monitor.

1. Electrodes,

2. Lead wires, and

3. Battery pack.

C. Diabetic supplies for all beneficiaries who meet the criteria for:.

1. Blood glucose monitors:

a) Test strips,

b) Lancets,

c) Insulin syringes,

d) Control solutions,

e) Replacement battery,

f) Spring lancet device,

g) Autoclix lancets (spring), and

h) Urine test or reagent strips.

2. Continuous glucose monitoring systems (CGMS):

a) Disposable sensors,

b) Receiver,

c) Transmitter, and

d) Replacement batteries.

D. Dressing supplies for all beneficiaries.

1. 4x4 non-sterile gauze pads,

2. 4x4 sterile gauze pads, including drain sponges,

3. Tape,

4. Sterile normal saline solution, 1000 ml, and

5. Gloves, sterile and non-sterile.

E. Biofeedback/Electromyography (EMG) supplies for all beneficiaries who meet criteria for biofeedback/EMG.

1. Lead wires, and

2. Electrodes.

F. Enteral Feeding supplies for all beneficiaries who meet criteria for enteral feeding pump.

1. 4x4 non-sterile gauze,

2. 4x4 sterile gauze, including drain sponges,

3. Tape,

4. Sterile solution, 1000ml,

5. Gloves, sterile and non-sterile,

6. Feeding bag(s),

7. Feeding syringe, and

8. Sterile water, 1000ml.

G. Elbow and heel protectors for all beneficiaries when one (1) of the following criteria is met:

1. The beneficiary is bed/chair confined and has a history of decubitus ulcers on a heel or elbow.

2. The patient is bed/chair confined and currently has a decubitus ulcer on a heel or elbow.

3. The beneficiary exhibits signs of redness or discomfort at bony prominences or other areas of potential breakdown

H. Hydrogen peroxide for all beneficiaries who have a tracheostomy and a wound.

I. Insulin pen needles or pre-filled insulin syringe needles for all beneficiaries receiving a pre-filled insulin injection device through the pharmacy program. Needles are covered through the medical supply program only if one (1) of the following criteria is met:

1. The patient has very poor eyesight and is unable to read the markings on a standard insulin syringe.

2. The patient has a condition of the hands that will not allow them to manipulate a vial and syringe to draw up their insulin.

J. Insulin pump supplies for all beneficiaries who meet criteria for insulin pump.

1. Cartridges,

2. Infusion sets with cannula,

3. Skin cleanser,

4. Skin prep,

5. Alcohol prep,

6. Adhesive remover,

7. Replacement batteries, and

8. Gloves, sterile.

K. Intravenous (IV) Pump, also referred to as an Infusion Pump, and supplies for all beneficiaries who meet criteria for an IV pump.

1. Cassette appropriate for pump type, and

2. Replacement batteries.

L. IV Supplies for all beneficiaries who meet criteria for an IV pump or an IV pole.

1. Central line supplies,

2. Administration set,

3. Tubing and clamp,

4. Extension set,

5. IV start kit,

6. Butterfly needles, all sizes,

7. IV catheters, all sizes,

8. Non-coring needles,

9. 2x2 gauze, sterile,

10. Tape, all types,

11. Syringe, any size without needles,

12. Syringe, any type with needle,

13. INT,

14. Flush kit,

15. Iodine prep,

16. Alcohol preps,

17. Dial-a-flow,

18. Sterile normal saline for injection - 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50ml supplied in bottles, ampules or vials, and

19. Gloves, sterile.

M. Nebulizer supplies for all beneficiaries when criteria for nebulizer are met.

1. Administration set, disposable, non-filtered,

2. Administration set, non-disposable, non-filtered,

3. Administration set, filtered,

4. Aerosol mask, and

5. Tubing.

N. Neuromuscular Electrical Stimulator (NMES) supplies for all beneficiaries who meet criteria for neuromuscular electrical stimulator.

1. Electrodes, and

2. Lead wires.

O. Ostomy supplies for all beneficiaries who have a surgically established opening, or stoma to divert urine, feces, or illegal contents outside the body.

P. Oxygen and oxygen related supplies are covered for all beneficiaries who meet criteria for oxygen therapy.

1. E cylinders, including delivery,

2. H or K Cylinders, including delivery,

3. Tubing,

4. Face masks,

5. Nasal cannulas, and

6. Regulators.

Q. Pulse oximeter supplies, which include an oxygen probe, are covered for all beneficiaries who meet criteria for pulse oximeter monitoring.

R. A sling for all beneficiaries who have an injury or diagnosis which requires support or immobilization of an upper extremity to control pain, restrict motion, prevent further deformity, or protect the limb following trauma or surgery. The request for coverage must be supported by the beneficiary's diagnosis, the goals for use of the sling, and the expected duration of use.

S. Suction pump supplies (respiratory or gastric) for all beneficiaries who meet criteria for a suction pump.

1. Respiratory suction supplies include:

a) Catheter kit, sterile,

b) Suction catheter, 8-15 FR,

c) Yankauer type respiratory suction,

d) Respiratory suction tubing,

e) Canister, disposable, and

f) Gloves, any type.

2. Gastric suction supplies include:

a) Gastric suction catheter kit,

b) Gastric suction catheter, 8-15 FR,

c) Gastric suction whistle tip, with valve,

d) Gastric suction tubing,

e) Canister, disposable,

f) Gloves, any type, and

g) Gastric suction tube.

T. Supplies for maintenance of drug infusion catheter, per week, for all beneficiaries who meet criteria for an IV pump.

1. Catheter insertion devices,

2. Dressing for catheter site,

3. Flush solutions not directly related to drug infusion,

4. Cannulas,

5. Needles,

6. Infusion supplies, excluding the insulin reservoir, and

7. Gloves, sterile.

U. Supplies for external drug infusion pump, per cassette or bag, for all beneficiaries who meet criteria for an IV pump.

1. Cassettes,

2. Bags,

3. Diluting solution,

4. Tubing,

5. Other administration supplies,

6. Port charges, not used for syringe-type reservoir,

7. Gloves, sterile.

V. Syringes and needles are covered for self-administration of intramuscular and/or subcutaneous injectable medication for all beneficiaries that are performing the administration of injections in the home. The Division of Medicaid does not cover for caregivers to be hospice, home health, respite and/or other provider types.

W. Transcutaneous Electrical Nerve Stimulator (TENS) supplies for all beneficiaries who meet criteria for Transcutaneous Electric Nerve Stimulator.

1. Electrodes, and

2. Lead wires.

X. Tracheostomy supplies for all beneficiaries who have a tracheostomy with documentation of the specific respiratory condition.

1. Trach mask or collar,
2. Trach or laryngectomy tube,
3. Trach, inner cannula,
4. Replacement tracheal suction catheter, any type,
5. Trach care kit, for new trach,
6. Trach care kit, for established trach,
7. Suction catheter kit, sterile,
8. Sterile water, 1000 ml,
9. Sterile normal saline for instillation, supplied in 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50 ml bottle, ampule, or vial.
10. Trach ties,
11. Trach cleaning brush,
12. Heat and Moisture Exchangers (HME),
13. Trach shower protector,
14. Tracheostomy/laryngectomy, tube plug/stop,
15. Tracheostoma filter,
16. Gauze, and
17. Gloves, sterile.

Y. Urinary catheters

1. Urinary catheters are covered for all beneficiaries when one (1) of the following criteria is met:

    a) Beneficiary must have an acute condition which requires intermittent catheterization for measuring residual, instilling medication, or other medically necessary indication,

b) Beneficiary has an acute condition which requires the short-term use of an indwelling catheter,

c) Beneficiary has a chronic condition which incontinence is exacerbating pressure sores that will not heal,

d) Beneficiary has a condition that requires accurate measurement of intake and output on a short-term basis, or

e) Beneficiary has urinary retention that cannot be relieved by medication.

2. Supplies include:

a) Insertion tray,

b) Irrigation tray, with bulb or piston syringe,

c) Irrigation syringe, bulb or piston,

d) Sterile solution for irrigation,

e) Female external collection device,

f) Indwelling catheter, foley, two-way,

g) Indwelling catheter, three-way,

h) Male external catheter, with or without adhesive,

i) Intermittent catheter, straight tip,

j) Bedside drainage bag,

k) Leg bag with or without strap,

l) Gloves, sterile.

3. Medicaid requires the beneficiary and/or caregiver to be capable of performing the catheterization procedure and report results and have been instructed in the procedure and properly demonstrated the ability to perform the procedure.

4. Medicaid covers condom catheters for beneficiaries with paraplegia, neurogenic bladder, or other medically necessary indications when requested with appropriate documentation.

Z. The Division of Medicaid covers supplies for manual and electric breast pumps.

Source: 42 U.S.C. 1395m; Miss. Code Ann. §§ 43-13-117; 43-13-121.

History: Added Miss. Admin. Code Part 209, Rule 2.2.C.2. eff. 07/01/2015; Revised Miss. Admin, Code Part 209, Rule 2.2.O eff. 01/02/2015; Added Miss. Admin. Code Part 209, Rule 2.2.Z., eff. 05/01/2014; Revised eff. 01/01/2013.

Rule 2.3: Non-Covered Medical Supplies

Oral Hygiene supplies that include tooth brushes, dental floss, toothpaste, toothettes, lemon glycerin swabs and other non-specific oral hygiene items.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Removed Miss. Admin. Code Part 209, Rule 2.3.B., eff. 05/01/2014.

Rule 2.4: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of Title 23, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.5: Diapers and Underpads

A. Diapers and underpads are covered for purchase only when prior authorized for beneficiaries ages three (3) and above when ordered by a physician, nurse practitioner, physician assistant and all the following criteria is met:

    1. Documentation of medical necessity is required for all incontinence supplies.

        a) The beneficiary must meet at least two (2) of the following:

        b) Unable to control bowel or bladder functions.

        c) Unable to utilize regular toilet facilities due to a documented medical condition.

        d) Unable to physically turn self or reposition self.

        e) Unable to transfer self from bed to chair or wheelchair without assistance.

    2. The clinical documentation for incontinence supplies must include a diagnosis of incontinence.

        a) The physician must maintain documentation of the medical necessity for all incontinence supplies in the beneficiary's medical record.

b) Only one (1) type of incontinence product is covered for any authorized period.

3. The DME supplier must maintain a signed practitioner's order in the beneficiary's record.

a) The order must include a start and stop date, and a detailed list of the incontinence supplies ordered.

b) The practitioner's order must be renewed every six (6) months.

c) The DME supplier must have a current practitioner's order to initiate or continue the provision of incontinence supplies to a beneficiary.

d) In addition to the signed practitioner's order, the DME supplier must maintain documentation of the specific quantity and description including the brand, type, and size of the incontinence supplies provided.

4. The DME supplier must maintain documentation of proof of delivery of incontinence supplies. Documentation must include the date of delivery, address of delivery, and signature of the beneficiary, caregiver, or family member who received the supplies.

B. Diapers or underpads are covered at a maximum quantity of six (6) per day.

1. In extenuating circumstances, where there is full documentation that justifies the medical necessity for more than six (6) per day, individual consideration will be given to the specific request.

2. Either diapers or underpads are covered during one authorized period but not at the same time.

C. Diapers or underpads may only be dispensed for a one (1) month supply at a time and may not be shipped on a regular basis regardless of need.

D. Providers must dispense size, waist and weight appropriate diapers based on the beneficiaries current weight. Should the DME provider need to change the size of the diaper due to a change in the beneficiary's size, the DME provider must submit a new Plan of Care.

E. For those cases where there is full documentation justifying the need for the diapers or underpads for beneficiaries whose medical condition is not expected to improve, recertification will only be required every twelve (12) months.

Source: 42 U.S.C. 1395m; Miss. Code Ann. §§ 43-13-117; 43-13-121.

History: Revised eff.01/01/2013.