

Title 23: Division of Medicaid

Part 209: Durable Medical Equipment

Part 209 Chapter 1: Durable of Medical Equipment and Medical Supplies

Rule 1.9: Documentation

- A. The Division of Medicaid requires that the beneficiary and/or the legal guardian, with medically appropriate assistance from the ordering physician, have freedom of choice to select the durable medical equipment (DME) provider and must be informed of all DME, medical appliances, services and charges to be billed to the Division of Medicaid.

- B. The following must be available to the Division of Medicaid at all times:
 - 1. DME licenses,
 - 2. Permits,
 - 3. Ownership information,
 - 4. Employee roster of current and past employees,
 - 5. DME Surety Bond information, and
 - 6. Original purchase invoices for DME, medical appliances and supplies.

- C. DME providers must maintain a record for each beneficiary that is located at the DME's office or can be accessed from the DME provider's office and must contain, at minimum, the following information:
 - 1. Documentation by a physician which includes:
 - a) That a face-to-face encounter related to the primary reason the beneficiary requires DME and medical appliances occurred no more than six (6) months prior to the start of services,
 - b) The practitioner who conducted the encounter, and
 - c) The time and date of the encounter.
 - 2. If the face-to-face encounter is conducted by an allowed non-physician practitioner as defined in Miss. Admin Code Part 209, Rule 1.3:
 - a) The allowed non-physician practitioner performing the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering

physician.

- b) The clinical findings of the face-to-face encounter must be incorporated into a written or electronic document in the beneficiary's medical record.
3. A copy of the completed Certificate of Medical Necessity and Plan of Care for each item when required by the Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity, which must include:
 - a) Date of request,
 - b) Diagnosis of beneficiary,
 - c) Type(s) of DME and/or medical appliance, and
 - d) Anticipated length of need.
 4. A copy of the original prescription from the ordering physician for each item.
 5. The date of delivery, method of delivery, and proof of delivery (POD) for each DME item and/or medical appliance.
 - a) For each item sent directly by the DME provider, the proof of delivery (POD) signed and dated by the DME provider's technician or representative for each item which must include:
 - 1) Beneficiary's name,
 - 2) Delivery address,
 - 3) Detailed description of the DME, medical appliances and/or services provided at that time and Healthcare Common Procedure Coding System (HCPCS) codes that identify the item being delivered,
 - 4) Quantity delivered,
 - 5) Date of delivery which must be the date the beneficiary received the item, and
 - 6) Signature of beneficiary or designated representative.
 - a) During a national or statewide emergency, a signature is not required.
 - b) During a national or statewide emergency, the provider must document the emergency and confirmation of delivery by an alternate means including, but not limited to:

- (1) Telephone,
- (2) Text message, or
- (3) Other electronic communication.

b) For each item sent via a shipping service, the POD must include:

- 1) Beneficiary's name
 - 2) Delivery address,
 - 3) Delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents or purchase order to the delivery service's record,
 - 4) Detailed description with HCPCS codes that identify the item being delivered,
 - 5) Quantity delivered,
 - 6) Date shipped,
 - 7) Date of delivery,
 - 8) Evidence of delivery which must include a tracking log that identifies each individual package with a unique identification number and delivery address.
7. Record of the manufacturer or brand of each item, and quantity/units of each item supplied.
8. Reason or description and date for each and every repair or maintenance procedure on DME and/or medical appliance in the possession of the beneficiary or returned to the DME company for repair or maintenance; and if out of the possession of the beneficiary, the time period it was unavailable for his/her use and any arrangements made to accommodate the beneficiary during the time period.
9. A record for each item that indicates if the item is new or used, manufacturer's name, model number or name, serial number if marked on the device, any optional attachments, enhancements, or improvements added by the manufacturer or DME provider which results in an increased charge amount that supports the justification for and proves the delivery of the complete DME and/or medical appliance product as billed to and paid by The Division of Medicaid or Medicare.
10. Records of any maintenance supplies delivered and/or used.

11. For customized DME and/or medical appliances, the name(s), business name and address, and telephone number of the therapist or technician who determines the measurements necessary to modify, build, or complete the custom item.
 12. Copies of any specialized documents including but not limited to:
 - a) An environmental assessment if needed for potential accommodation of DME and/or medical appliance.
 - b) Any teaching, training or instruction given to beneficiary/caregiver and response.
 13. Documentation that the beneficiary's need for the DME and/or medical appliance is reviewed annually by a Medicaid enrolled physician.
- D. The physician ordering the DME, medical appliance, or medical supply must maintain documentation relating to the medical necessity for each item.
1. The information must be recorded in the beneficiary's medical record or on the appropriate Medicaid Certificate of Medical Necessity.
 2. The physician must retain a copy of the completed Certificate of Medical Necessity in the file.
- E. Records must be documented and maintained in accordance with requirements set forth in Miss. Admin Code Part 200, Chapter 1, Rule 1.3.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121, 43-13-129.

History: Revised eff. 03/30/2020; Revised eff. 09/01/2018.

Part 209 Chapter 2: Medical Supplies

Rule 2.1: General Provider Information

- A. The Division of Medicaid defines medical supplies as medically necessary health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury..
- 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.

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 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 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.
 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.
- G. When medical supplies are delivered to a beneficiary's home the provider must document:
- 1) Beneficiary's name,
 - 2) Delivery address,
 - 3) Detailed description of the medical supplies provided at that time and Healthcare

Common Procedure Coding System (HCPCS) codes that identify the item being delivered,

- 4) Quantity delivered,
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- 6) Signature of beneficiary or designated representative.
 - a) During a national or statewide emergency, a signature is not required.
 - b) During a national or statewide emergency, the provider must document the emergency and confirmation of delivery by an alternate means including, but not limited to:
 - (1) Telephone,
 - (2) Text message, or
 - (3) Other electronic communication.

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

History: Revised eff. 03/30/2020; Revised eff. 09/01/2018. 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, including but not limited to: [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 any non-institutional setting where the beneficiary's normal life activities take place.
- 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. The Division of 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. The Division of 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.

AA. Incontinence Garments

1. The Division of Medicaid covers the following disposable incontinence garments:
 - a) Diapers,
 - b) Pull-ons, and
 - c) Underpads.
2. The Division of Medicaid covers up to six (6) units of incontinence garments per day for beneficiaries aged three (3) and above only when certified as medically necessary and prior authorized by the Division of Medicaid or designee.
 - a) One (1) unit is equal to one (1) diaper or one (1) pull-on or one (1) underpad.
 - b) The six (6) units can consist of any combination of diapers, pull-ons and/or underpads.
3. A beneficiary must have a diagnosis of incontinence or must meet one (1) of the following criteria due to a documented medical condition in order for the incontinence garments to be considered medically necessary:
 - a) Inability to utilize regular toilet facilities.
 - b) Inability to physically turn self or reposition self.
 - c) Inability to transfer self from bed to chair or wheelchair without assistance.
4. The physician must order all incontinence garments and maintain documentation of the medical necessity and diagnosis of incontinence in the beneficiary's medical record.
5. The durable medical equipment (DME) provider must maintain in the beneficiary's record a current certificate of medical necessity (CMN), signed by the ordering physician and must include:
 - a) An initial physician's order,
 - b) The beneficiary's diagnosis along with associated diagnoses and code(s),

- c) The anticipated frequency and duration of need,
 - d) The requested quantity per month,
 - e) A detailed description of the item(s) including the type, size and corresponding Healthcare Common Procedure Coding System (HCPCS) code for each,
 - f) The ordering physician's signature and date of signature. Signature stamps, date stamps, or the signature of anyone other than the ordering physician is not acceptable.
6. The DME provider must have a current physician's order and CMN to initiate or continue the provision of incontinence garments to a beneficiary.
- a) The CMN must be renewed every six (6) months.
 - b) For those cases where there is documentation justifying the need for incontinence garments for beneficiaries whose medical condition is chronic, recertification is only required every twelve (12) months.
7. The DME provider must maintain documentation of proof of delivery of incontinence garments including:
- a) Beneficiary's name,
 - b) Date of delivery which must be the date the beneficiary received the item.
 - c) Delivery address,
 - d) Detailed description of incontinence garments delivered,
 - e) Quantity delivered, and
 - f) The signature of the beneficiary, caregiver, or family member who received the supplies.
 - 1) During a national or statewide emergency, a signature is not required.
 - 2) During a national or statewide emergency, the provider must document the emergency and confirmation of delivery by an alternate means including, but not limited to:
 - (a) Telephone,
 - (b) Text message, or
 - (c) Other electronic communication.

8. DME providers:

- a) Are allowed to deliver incontinence garments in quantities expected to last no more than a one (1) month's supply.
- b) Are not allowed to dispense items to a beneficiary who already has at least a one (1) month's supply on hand.
- c) Must make contact, either orally or in writing, with each beneficiary and/or their legal representative or guardian to confirm the current need before delivering additional incontinence garments.
- d) Must keep documentation of the monthly contact on file.

9. DME providers must supply size, waist, and weight appropriate incontinence garments based on the beneficiary's current measurements.

10. The DME provider must submit a new CMN form signed and dated by the ordering physician detailing changes and medical necessity to the Division of Medicaid or designee if DME provider needs to amend the initial order for incontinence garments being delivered due to a change in the beneficiary's size or underlying medical condition.

11. DME providers must maintain documentation of measurements and medical conditions in the beneficiary's record which supports reimbursement for the specific size of incontinence garments.

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

History: Revised eff. 03/30/2020; Revised eff. 10/01/2019; Revised eff. 07/01/2019; Revised eff. 09/01/2018. 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.

Title 23: Division of Medicaid

Part 209: Durable Medical Equipment

Part 209 Chapter 1: Durable of Medical Equipment and Medical Supplies

Rule 1.9: Documentation

- A. The Division of Medicaid requires that the beneficiary and/or the legal guardian, with medically appropriate assistance from the ordering physician, have freedom of choice to select the durable medical equipment (DME) provider and must be informed of all DME, medical appliances, services and charges to be billed to the Division of Medicaid.
- B. The following must be available to the Division of Medicaid at all times:
1. DME licenses,
 2. Permits,
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 6. Original purchase invoices for DME, medical appliances and supplies.
- C. DME providers must maintain a record for each beneficiary that is located at the DME's office or can be accessed from the DME provider's office and must contain, at minimum, the following information:
1. Documentation by a physician which includes:
 - a) That a face-to-face encounter related to the primary reason the beneficiary requires DME and medical appliances occurred no more than six (6) months prior to the start of services,
 - b) The practitioner who conducted the encounter, and
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 2. If the face-to-face encounter is conducted by an allowed non-physician practitioner as defined in Miss. Admin Code Part 209, Rule 1.3:
 - a) The allowed non-physician practitioner performing the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering

physician.

- b) The clinical findings of the face-to-face encounter must be incorporated into a written or electronic document in the beneficiary's medical record.
3. A copy of the completed Certificate of Medical Necessity and Plan of Care for each item when required by the Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity, which must include:
 - a) Date of request,
 - b) Diagnosis of beneficiary,
 - c) Type(s) of DME and/or medical appliance, and
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 - 8) Evidence of delivery which must include a tracking log that identifies each individual package with a unique identification number and delivery address.
7. Record of the manufacturer or brand of each item, and quantity/units of each item supplied.
8. Reason or description and date for each and every repair or maintenance procedure on DME and/or medical appliance in the possession of the beneficiary or returned to the DME company for repair or maintenance; and if out of the possession of the beneficiary, the time period it was unavailable for his/her use and any arrangements made to accommodate the beneficiary during the time period.
9. A record for each item that indicates if the item is new or used, manufacturer's name, model number or name, serial number if marked on the device, any optional attachments, enhancements, or improvements added by the manufacturer or DME provider which results in an increased charge amount that supports the justification for and proves the delivery of the complete DME and/or medical appliance product as billed to and paid by The Division of Medicaid or Medicare.
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 - b) Any teaching, training or instruction given to beneficiary/caregiver and response.
 13. Documentation that the beneficiary's need for the DME and/or medical appliance is reviewed annually by a Medicaid enrolled physician.
- D. The physician ordering the DME, medical appliance, or medical supply must maintain documentation relating to the medical necessity for each item.
1. The information must be recorded in the beneficiary's medical record or on the appropriate Medicaid Certificate of Medical Necessity.
 2. The physician must retain a copy of the completed Certificate of Medical Necessity in the file.
- E. Records must be documented and maintained in accordance with requirements set forth in Miss. Admin Code Part 200, Chapter 1, Rule 1.3.

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- 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.
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6) Signature of beneficiary or designated representative.

a) During a national or statewide emergency, a signature is not required.

b) During a national or statewide emergency, the provider must document the emergency and confirmation of delivery by an alternate means including, but not limited to:

(1) Telephone,

(2) Text message, or

(3) Other electronic communication.

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

History: Revised eff. 03/30/2020; Revised eff. 09/01/2018. 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, including but not limited to: [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 any non-institutional setting where the beneficiary's normal life activities take place.
- 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. The Division of 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. The Division of 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.

AA. Incontinence Garments

1. The Division of Medicaid covers the following disposable incontinence garments:
 - a) Diapers,
 - b) Pull-ons, and
 - c) Underpads.
2. The Division of Medicaid covers up to six (6) units of incontinence garments per day for beneficiaries aged three (3) and above only when certified as medically necessary and prior authorized by the Division of Medicaid or designee.
 - a) One (1) unit is equal to one (1) diaper or one (1) pull-on or one (1) underpad.
 - b) The six (6) units can consist of any combination of diapers, pull-ons and/or underpads.
3. A beneficiary must have a diagnosis of incontinence or must meet one (1) of the following criteria due to a documented medical condition in order for the incontinence garments to be considered medically necessary:
 - a) Inability to utilize regular toilet facilities.
 - b) Inability to physically turn self or reposition self.
 - c) Inability to transfer self from bed to chair or wheelchair without assistance.
4. The physician must order all incontinence garments and maintain documentation of the medical necessity and diagnosis of incontinence in the beneficiary's medical record.
5. The durable medical equipment (DME) provider must maintain in the beneficiary's record a current certificate of medical necessity (CMN), signed by the ordering physician and must include:
 - a) An initial physician's order,
 - b) The beneficiary's diagnosis along with associated diagnoses and code(s),

- c) The anticipated frequency and duration of need,
 - d) The requested quantity per month,
 - e) A detailed description of the item(s) including the type, size and corresponding Healthcare Common Procedure Coding System (HCPCS) code for each,
 - f) The ordering physician's signature and date of signature. Signature stamps, date stamps, or the signature of anyone other than the ordering physician is not acceptable.
6. The DME provider must have a current physician's order and CMN to initiate or continue the provision of incontinence garments to a beneficiary.
- a) The CMN must be renewed every six (6) months.
 - b) For those cases where there is documentation justifying the need for incontinence garments for beneficiaries whose medical condition is chronic, recertification is only required every twelve (12) months.
7. The DME provider must maintain documentation of proof of delivery of incontinence garments including:
- a) Beneficiary's name,
 - b) Date of delivery which must be the date the beneficiary received the item.
 - c) Delivery address,
 - d) Detailed description of incontinence garments delivered,
 - e) Quantity delivered, and
 - f) The signature of the beneficiary, caregiver, or family member who received the supplies.
 - 1) During a national or statewide emergency, a signature is not required.
 - 2) During a national or statewide emergency, the provider must document the emergency and confirmation of delivery by an alternate means including, but not limited to:
 - (a) Telephone.
 - (b) Text message, or

(c) Other electronic communication.

8. DME providers:

- a) Are allowed to deliver incontinence garments in quantities expected to last no more than a one (1) month's supply.
- b) Are not allowed to dispense items to a beneficiary who already has at least a one (1) month's supply on hand.
- c) Must make contact, either orally or in writing, with each beneficiary and/or their legal representative or guardian to confirm the current need before delivering additional incontinence garments.
- d) Must keep documentation of the monthly contact on file.

9. DME providers must supply size, waist, and weight appropriate incontinence garments based on the beneficiary's current measurements.

10. The DME provider must submit a new CMN form signed and dated by the ordering physician detailing changes and medical necessity to the Division of Medicaid or designee if DME provider needs to amend the initial order for incontinence garments being delivered due to a change in the beneficiary's size or underlying medical condition.

11. DME providers must maintain documentation of measurements and medical conditions in the beneficiary's record which supports reimbursement for the specific size of incontinence garments.

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

History: Revised eff. 03/30/2020; Revised eff. 10/01/2019; Revised eff. 07/01/2019; Revised eff. 09/01/2018. 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.