

Title 23: Division of Medicaid

Part 225: Telemedicine

Part 225 Chapter 2: Remote Patient Monitoring Services

Rule 2.3: Covered Services

- A. The Division of Medicaid covers remote patient monitoring of devices when medically necessary, ordered by a physician, physician assistant or nurse practitioner which includes, but not limited to:
1. Implantable pacemakers,
 2. Defibrillators,
 3. Cardiac monitors,
 4. Loop recorders, and
 5. External mobile cardiovascular telemetry.
- B. The Division of Medicaid covers remote patient monitoring, for disease management when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid or designee, ordered by a physician, physician assistant, or nurse practitioner for a beneficiary who meets the following criteria:
1. Has been diagnosed with one (1) or more of the chronic conditions as defined by the Centers of Medicare and Medicaid Services (CMS) which include, but are not limited to:
 - a) Diabetes,
 - b) Congestive Heart Failure (CHF),
 - c) Chronic Obstructive Pulmonary Disease (COPD),
 - d) Heart disease,
 - e) Mental health, and
 - f) Sickle cell.
 2. Has had two (2) or more hospitalizations, including emergency room visits, in the previous twelve (12) months for one (1) of the chronic conditions.,
 3. Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the

two (2) or more hospitalizations requirement, and

4. Is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

C. Remote patient monitoring services must be provided in the beneficiary's private residence.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121, 83-9-353.

History: Revised eff. 01/01/2021; New eff. 07/01/2015.