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,

   5. External mobile cardiovascular telemetry, and

   6. Continuous glucose monitors.

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. 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. Prior Authorization must include the following:

1. An order for remote patient monitoring services, signed and dated by the prescribing physician,

2. A plan of care, signed and dated by the prescribing physician, that includes transmission frequency and duration of monitoring requested,

3. Beneficiary's diagnosis and risk factors that qualify the beneficiary for remote patient monitoring,

4. Attestation that the beneficiary is cognitively intact and able to operate the equipment or has a willing and able person to assist in completing transmission of data, and

5. Attestation that the beneficiary is not receiving duplicative services via disease management.

D. 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. 07/01/2021, Revised eff. 01/01/2021; New eff. 07/01/2015.

Part 225 Chapter 4: Continuous Glucose Monitoring Services

Rule 4.3: Covered Services

A. The Division of Medicaid covers:

1. A continuous glucose monitoring (CGM) service when medically necessary, prior authorized by the UM/QIO, 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:

   a) Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined below:

      1) Unexplained hypoglycemic episodes,

      2) Nocturnal hypoglycemic episode(s),

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

      4) Suspected postprandial hyperglycemia,

5) Recurrent diabetic ketoacidosis, or

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

b) Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.

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

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

e) Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

f) Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

g) Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

2. CGM service only when the blood glucose data is obtained from a Federal Drug Administration (FDA) approved Class III, durable medical equipment (DME) medical device for home use.

B. The Division of Medicaid does not require the provider to have a face-to-face office visit with the beneficiary to download, review and interpret the blood glucose data.

Source: 42 U.S.C. § 1395x(n); Miss. Code Ann. § 43-13-121.

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

Rule 4.4: Non-Covered Services

A. The Division of Medicaid does not cover non-medically necessary non-durable medical equipment (DME) CGM devices that are not approved by the Food and Drug Administration (FDA) and do not comply with the FDA and American Diabetes Association (ADA) recommendations.

B. The Division of Medicaid does not cover non-DME devices including, but not limited to, smartphones, tablets, or personal computers.

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

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

Rule 4.6: Documentation

Continuous glucose monitoring (CGM) service documentation must include, but is not limited to:

A. The beneficiary and/or care giver is capable of operating the continuous glucose monitoring system,

B. The beneficiary:

1. Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined in Miss. Admin. Code Part 225, Rule 4.3.A.1.a),

2. Requires three (3) insulin injections per day, or use of an insulin pump, for maintenance of blood glucose control,

3. Requires regular self-monitoring of at least four (4) times a day,

4. Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

5. Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

6. Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

C. The CGM is Food and Drug Administration (FDA) Class III medical device and is capable of accurately measuring and transmitting beneficiary blood data.

Source: 42 U.S.C. § 1395x(n); Miss. Code Ann. §§ 43-13-117, 43-13-121.

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

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~~.~~, and

6. Continuous glucose monitors.

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

42. 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. Prior Authorization must include the following:

1. An order for remote patient monitoring services, signed and dated by the prescribing physician,

2. A plan of care, signed and dated by the prescribing physician, that includes transmission frequency and duration of monitoring requested,

3. Beneficiary's diagnosis and risk factors that qualify the beneficiary for remote patient monitoring,

4. Attestation that the beneficiary is cognitively intact and able to operate the equipment or has a willing and able person to assist in completing transmission of data, and

5. Attestation that the beneficiary is not receiving duplicative services via disease management.

D. 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. 07/01/2021; Revised eff. 01/01/2021; New eff. 07/01/2015.

Part 225 Chapter 4: Continuous Glucose Monitoring Services

Rule 4.3: Covered Services

A. The Division of Medicaid covers:

1. A continuous glucose monitoring (CGM) service ~~when using an FDA approved minimally invasive glucose monitoring system~~ when medically necessary, prior authorized by the UM/QIO, 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:

a) Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined below:

1) Unexplained hypoglycemic episodes,

2) Nocturnal hypoglycemic episode(s),

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

4) Suspected postprandial hyperglycemia,

5) Recurrent diabetic ketoacidosis, or

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

b) Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.

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

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

~~d~~e) Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

~~e~~f) Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

~~f~~g) Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

2. CGM service only when the blood glucose data is obtained from a Federal Drug Administration (FDA) approved Class III, durable medical equipment (DME) medical device for home use.

~~2. One (1) retrospective review and interpretation of blood glucose values per month.~~

~~3. A one (1) time device hook-up which includes beneficiary education.~~

B. The Division of Medicaid does not require the provider to have a face-to-face office visit with the beneficiary to download, review and interpret the blood glucose data.

Source: 42 U.S.C. § 1395x(n); Miss. Code Ann. § 43-13-121.

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

Rule 4.4: Non-Covered Services

~~The Division of Medicaid does not cover continuous glucose monitoring for:~~

A. ~~Non-diagnostic or personal use at home, or~~ The Division of Medicaid does not cover non-medically necessary non-durable medical equipment (DME) CGM devices that are not approved by the Food and Drug Administration (FDA) and do not comply with the FDA and American Diabetes Association (ADA) recommendations.

B. ~~Beneficiaries with type II diabetes mellitus.~~ The Division of Medicaid does not cover non-DME devices including, but not limited to, smartphones, tablets, or personal computers.

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

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

Rule 4.6: Documentation

Continuous glucose monitoring (CGM) service documentation must include, but is not limited to:

A. The beneficiary and/or care giver is capable of operating the continuous glucose monitoring system,

B. The beneficiary:

1. Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined in Miss. Admin. Code Part 225, Rule 4.3.A.1.a),

2. Requires three (3) insulin injections per day, or use of an insulin pump, for maintenance of blood glucose control,

~~3. Is compliant with the physician ordered diabetic treatment plan including, but not limited to:~~

3.~~a)~~Requires ~~R~~regular self-monitoring of at least four (4) times a day, and

~~b) Multiple alterations in insulin administration orders.~~

4. Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,

5. Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,

6. Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

C. The ~~monitoring equipment~~CGM is Food and Drug Administration (FDA) Class ~~II hospital-~~

~~grade~~III medical device and is capable of accurately measuring and transmitting beneficiary blood data.

Source: 42 U.S.C. § 1395x(n); Miss. Code Ann. §§ 43-13-117, 43-13-121.

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