~~Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:~~

___ ~~Beneficiaries under age 21~~

___ ~~Beneficiaries age 21 and over who are receiving services through the home health program~~

_X_ ~~All beneficiaries (no age restriction)~~

___ ~~Beneficiaries who are pregnant~~

~~The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.~~

~~**The following criteria for coverage apply to Cascade Heater:**~~

~~This item may be approved for :~~

___ ~~Rental only~~

___ ~~Purchase only~~

___ ~~Rental for X months, then recertification is required~~

_X_ ~~Rental up to the purchase amount or purchase when indicated~~

~~This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.~~

~~Cascade Heater is a device used to warm humidified air to be delivered to a ventilated patient. It consists of two parts – the heater and the humidifier chamber. It is most commonly used with patients who are ventilated more than 12 hours/day and have the complications of thick secretions.~~

~~Cascade heaters are for beneficiaries on a ventilator if one or more of the following apply:~~

- ~~The beneficiary is on a ventilator 12 hours or more in a 24 period.~~
- ~~There is documented evidence that the beneficiary is unable to tolerate cool air pressure support with the use of bi-level equipment.~~
- ~~Other conditions may be considered on an individual basis with appropriate documentation.~~

Section 10.22 is RESERVED FOR FUTURE USE.