

DME-RELATED SUPPLIES

SUPPLIES	AGE RESTRICTION	CRITERIA FOR COVERAGE
Alcohol (Isopropyl) <ul style="list-style-type: none"> • Preps, swabs or wipes • Bottle 	None <21 years <21 years	See Diabetic Supplies. See Insulin Pump Supplies. For injection site cleansing. The beneficiary must be self administering, or receiving from a care giver, physician prescribed IM or SubQ injections. The quantity or number of ounces requested must be appropriate for the plan of care.
Apnea Monitor Supplies <ul style="list-style-type: none"> • Electrodes • Lead wires • Battery Pack 	None None	Beneficiary must meet criteria for Apnea Monitors.
Bed Pan <ul style="list-style-type: none"> • Standard, metal or plastic • Fracture, metal or plastic 	< 21 years	The beneficiary must be bed-confined and unable to use a bedside commode or bathroom facilities. Limited to one per year.
Blue Pads/Under pads	>3 and <21 years	A medical condition must be present which causes incontinence of bowel and bladder. Blue pads are limited to a quantity of 6 per 24-hour period. For cases requiring more than 6 per day, refer to the criteria in the blue pad policy. They must be dispensed with appropriate documentation only at beneficiary request and cannot be shipped on an automatic basis. <u>Blue pads may not be provided for a beneficiary for incontinent care if they are receiving diapers. For these cases where there is full documentation justifying the need for the bluepads/underpads for beneficiaries whose medical condition is not expected to improve, recertification will only be required every 12 months</u>
BIPAP/CPAP Supplies	None	See policy on BI/PAP/CPAP for coverage criteria.
Breast Pump Supplies (patient- owned electric breast pump only)	None	Beneficiary must meet criteria for Electric Breast Pumps. Supplies or parts for manual breast pumps are not covered.

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Heel/Elbow Protectors	None	Heel/Elbow protectors are covered if one of the follow applies: * The beneficiary is bed/chair confined and has a history of decubitus ulcers on a heel or elbow. * The patient is bed/chair confined and currently has a decubitus ulcer on a heel or elbow. * The beneficiary exhibits signs of redness or discomfort at bony prominences or other areas of potential breakdown.
Humidifiers <ul style="list-style-type: none"> Distilled water, 1000 ml 	<21 years <u>None</u>	Beneficiary must meet criteria for Humidifiers.
Hydrogen Peroxide <ul style="list-style-type: none"> Bottle 	None <21 years	Beneficiary must meet criteria for Tracheostomy supplies. May be considered for children less than 21 years of age for wound care when the request is submitted with a plan of care. The quantity or number of ounces requested must be appropriate for the plan of care.
Infusion Pump Supplies	None	See IV Pump.
Insulin Pen Needles or Prefilled Insulin Syringe Needles	None	Beneficiary must be receiving a prefilled Novopen or cartridge through the pharmacy program. Needles will be covered through the DME program only if one of the following criteria is met: * The patient has very poor eyesight and is unable to read the markings on a standard insulin syringe. * The patient has a condition of the hands that will not allow them to manipulate a vial and syringe to draw up their insulin.
Insulin Pump Supplies <ul style="list-style-type: none"> Cartridges Infusion sets with cannula Skin Cleanser Skin prep Alcohol prep Adhesive remover Transparent dressing Replacement batteries 	< 21 years	Beneficiary must meet the criteria for an Insulin Pump. See policy on Batteries/Battery chargers.
IPPB Supplies <ul style="list-style-type: none"> Circuits, with mouthpiece Aerosol mask 	None	Beneficiary must meet criteria for IPPB.

SUPPLIES	AGE RESTRICTION	CRITERIA FOR COVERAGE
IV Pump (Infusion Pump) Supplies <ul style="list-style-type: none"> • Cassette appropriate for pump type • Replacement batteries 	None	Beneficiary must meet criteria for IV pump. See policy on Batteries/Battery Chargers.
IV Supplies (Includes central line supplies) <ul style="list-style-type: none"> • Administration set, (tubing and clamp) • Extension set • IV Start kit • Butterfly needles, all sizes • IV catheters, all sizes • Non-coring needles • 2 X 2 gauze, sterile • Tape, all types • Syringe, any size without needle • Syringe, any type with needle • INT • Flush kit • Iodine prep, alcohol pads • Dial-a-flow • Sterile normal saline for injection 2 ml, 2.5 ml, 3 ml, 5 ml, 10ml, 20 ml, 30 ml, and 50 ml bottles, ampules and vials 	None	Beneficiary must meet criteria for IV Pump or IV Pole.
Kits	See specific supply item for age restrictions. Ex. IV start kit, see IV supplies for age restriction.	See specific supply item for coverage criteria. Provider must supply information from the manufacturer listing and describing what items are included in the kit.
Lift <ul style="list-style-type: none"> • Sling seat, canvas or nylon 	< 21 years	Beneficiary must meet criteria for patient lift. Sling seats are covered as a separate item as a replacement only.
Nebulizer Supplies <ul style="list-style-type: none"> • Administration set, disposable, nonfiltered • Administration set, non disposable, nonfiltered • Administration set, filtered • Aerosol mask • Tubing 	None	Beneficiary must meet criteria for Nebulizer.
Neuromuscular Electrical Stimulator (NMES) Supplies <ul style="list-style-type: none"> • Electrodes • Lead wires 	< 21 years	Beneficiary must meet criteria for Neuromuscular Electrical Stimulator.

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Oral Hygiene Supplies <ul style="list-style-type: none"> • Tooth brushes • Dental floss • Toothpaste • Toothettes • Lemon Glycerin Swabs • Other non-specific oral hygiene items 	Not covered for any age	Oral hygiene supplies are not covered for any age.
Osteogenic/ Bone Growth Stimulator Supplies <ul style="list-style-type: none"> • Electrodes • Lead wires 	< 21 years	Beneficiary must meet criteria for Bone Growth or Osteogenic Stimulators.
Ostomy Supplies <ul style="list-style-type: none"> • As listed in current HCPCS codes 	None	Ostomy supplies are covered for beneficiaries who have a surgically established opening (stoma) to divert urine, feces, or ileal contents outside the body. Quantity is determined by medical necessity. These supplies may be dispensed only at patient request with appropriate documentation in quantities sufficient for one month's use and cannot be shipped on an automatic basis. A new prescription or letter of medical necessity is required at the end of each 12 month period.
Oxygen Related Supplies <ul style="list-style-type: none"> • E Cylinders, includes delivery • H or K Cylinders, includes delivery • Tubing • Face Masks • Nasal Cannulas • Regulators 	None	See criteria for Oxygen and Oxygen Related Equipment. Oxygen related supplies and refills may be billed to Mississippi Medicaid only if the beneficiary owns the equipment.
Paraffin Bath Supplies <ul style="list-style-type: none"> • Paraffin wax 	None	Beneficiary must meet criteria for Paraffin Bath.
Parenteral Nutrition Supplies	None	See IV Pumps, IV Poles and IV Supplies.
Pulse Oximeter Supplies <ul style="list-style-type: none"> • Oxygen probe 	<21 years-None	Beneficiary must meet criteria for Pulse oximeter
Sheepskin	< 21 years	The beneficiary must be exhibiting signs of redness or discomfort at bony prominences or other areas of potential skin breakdown.

SUPPLIES	AGE RESTRICTION	CRITERIA FOR COVERAGE
Sling	<21	<p>The beneficiary must 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.</p> <p>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.</p>
<p>Suction Pump Supplies (Respiratory)</p> <ul style="list-style-type: none"> • Suction catheter kit, sterile • Suction catheter, 8-15 FR • Suction, whistle tip, with valve • Suction, Yanker type • Suction tubing • Cannister, disposable, limit one per month • Gloves, any type • Gastric suction tube 	None	Beneficiary must meet criteria for Respiratory Suction Pump.
<p>Supplies for maintenance of drug infusion catheter, per week (list drug separately)</p> <ul style="list-style-type: none"> • Catheter insertion devices • Dressing for catheter site • Flush solutions not directly related to drug infusion • Cannulas • Needles • Infusion supplies (excluding the insulin reservoir) 	None	Beneficiary must meet criteria for Gastric Suction Pump
<p>Supplies for external drug infusion pump, per cassette or bag (list drug separately)</p> <ul style="list-style-type: none"> • Cassettes, bags • Diluting solution • Tubing • Other administration supplies • Port charges (not used for syringe-type reservoir) 	None	Beneficiary must meet criteria for IV pump.

SUPPLIES	AGE RESTRICTION	CRITERIA FOR COVERAGE
Syringes and needles for self administration of intramuscular and/or subcutaneous injectable medication.	None	Beneficiary or caregiver must be administering the injections in the home. Note: Caregiver does not include hospice, home health, respite and/or other provider types. Medical necessity must be documented by the prescribing physician.
Transcutaneous Electrical Nerve Stimulator (TENS) Supplies <ul style="list-style-type: none"> • Electrodes • Lead wires 	< 21 years	Beneficiary must meet the criteria for TENS.
Tracheostomy Supplies <ul style="list-style-type: none"> • Trach mask or collar • Trach or laryngectomy tube • Trach, inner cannula, replacement • Tracheal suction catheter, any type • Trach care kit, for new trach(no unnecessary unbundling) • Trach care kit, for established trach(no unnecessary unbundling) • Suction catheter kit, sterile • Sterile water, 1000 ml • Sterile normal saline for instillation. Supplied in 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50 ml bottle, ampule, or vial. • <u>Trach ties</u> • <u>Trach cleaning brush</u> • <u>Heat/Moisturizer Exchange System (HME)</u> • <u>Trach shower protector</u> • <u>Tracheostomy/ laryngectomy tube plug/stop</u> • <u>Tracheostoma filter</u> • <u>Gauze</u> 	None	Beneficiary must have a tracheostomy with documentation of specific respiratory condition.
Urinal, male or female, limit one per year	< 21 years	Beneficiary must be bed confined and unable to use a bedside commode or bathroom facilities.

SUPPLIES	AGE RESTRICTION	CRITERIA FOR COVERAGE
Urinary Catheters <ul style="list-style-type: none"> • Insertion tray • Irrigation tray (with bulb or piston syringe) • Irrigation syringe (bulb or piston) • Sterile solution for irrigation • Female external collection device • Indwelling catheter, Foley, two way • Indwelling catheter, three-way • Male external catheter, with or without adhesive • Intermittent catheter, straight tip • Bedside drainage bag • Leg bag with or without strap 	< 21 years	1) Beneficiary must have an acute condition which requires intermittent catheterization for measuring residual, instilling medication, or other medically necessary indication, <u>or</u> 2) Beneficiary has an acute condition which requires the short-term use of an indwelling catheter, <u>or</u> 3) Beneficiary has a chronic condition in which incontinence is exacerbating pressure sores that will not heal, <u>or</u> 4) Beneficiary has a condition that requires accurate measurement of intake and output on a short-term basis, <u>or</u> 5) Beneficiary has urinary retention that cannot be relieved by medication. The beneficiary and/or caregiver must be capable of performing the catheterization procedure and reporting results and have been instructed in the procedure and properly demonstrated the ability to perform the procedure. Condom catheters may be provided for individuals with paraplegia, neurogenic bladder, or other medically necessary indications when requested with appropriate documentation.
Urine Reagent Strips	None	Beneficiary has one of the chronic medical conditions listed below that require measurement of urine protein at least three (3) times a week for the monitoring of disease activity in order to initiate or modulate definitive therapy. <ul style="list-style-type: none"> • Minimal change disease • Focal Segmental Glomerulosclerosis • Membranoproliferative Glomerulonephritis
Vaporizer Supplies <ul style="list-style-type: none"> • Distilled water, 1000 ml 	<21 years	Beneficiary must meet criteria for Vaporizers.
Pressure Support Ventilator Supplies	None	See policy on Pressure Support Ventilators.

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Ventilator Supplies	None	<p>See policy on Ventilators.</p> <p>For Ventilator being rented supplies are included in the monthly rental allowance.</p> <p>For beneficiary owned ventilators, supplies may be billed separately using appropriate HCPCS codes.</p>