VIII Durable Medical Equipment

A. The payment for the purchase of Durable Medical Equipment (DME) is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.

B. The payment for rental of DME is made from a statewide uniform fee schedule based on 10 percent of the above purchase allowance not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid recipient unless otherwise authorized by the Division of Medicaid through specific coverage criteria.

C. The payment of purchase used DME is made from a statewide uniform fee schedule based not to exceed 50 percent of the above purchase allowance.

D. The payment for repair of DME is the cost, not to exceed 50 percent of the above purchase allowance.

E. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Durable Medical Equipment Reimbursement and Coverage Criteria are applicable.

Durable Medical Equipment (DME) for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to methodology in the above paragraphs.

Notwithstanding and other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The Federal match will be paid based on the reduced amount.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.

Medical Supplies

A. The payment for the purchase of Medical Supplies is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.

B. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Medical Supplies Reimbursement and Coverage Criteria are applicable.

Medical Supplies for EPSDT recipients, if medically necessary, that exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to methodology in the above paragraphs.

Notwithstanding and other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The Federal match will be paid based on the reduced amount.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.

Orthotics and Prosthetics for children under age 21, if medically necessary, are reimbursed as follows:

A. The payment for purchase of Orthotics and Prosthetics is made from a statewide uniform fee schedule not to exceed 80 percent of the rate established annually under Medicare (Title XVIII of the Social Security Act), as amended.
B. The payment for repair of Orthotics and Prosthetics is the cost, not to exceed 50 percent of the purchase amount.
C. The payment for other individual consideration items must receive prior approval from the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Orthotics and Prosthetics Reimbursement and Coverage Criteria are applicable.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.