

Title 23: Division of Medicaid

Part 209: Durable Medical Equipment and Medical Supplies

Chapter 1: Durable Medical Equipment

Rule 1.15: Breast Pumps

- A. The Division of Medicaid defines a breast pump as a device used to extract breast milk from a lactating mother.
- B. The Division of Medicaid covers the following types of breast pumps for nursing mother beneficiaries when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO) and ordered by a physician, physician assistant, or nurse practitioner.
 - 1. The Division of Medicaid defines a manual breast pump as a single-user device manually operated to express breast milk from a lactating mother and is covered for purchase when:
 - a) Used to promote lactation when natural breastfeeding has been insufficient in maintaining adequate nutritional needs of the infant, or
 - b) Used to provide lactation support when natural breastfeeding is not possible.
 - 2. The Division of Medicaid defines an electric breast pump as an electronic device used to express breast milk from a lactating mother and is covered for rental up to purchase amount, or for purchase when one (1) of the following is met:
 - a) The infant:
 - i) Is preterm or term and requires hospitalization longer than the mother,
 - ii) Has a cleft palate or cleft lip,
 - iii) Has cranial-facial abnormalities,
 - iv) Is unable to suck adequately,
 - v) Is Failure to Thrive,
 - vi) Has a low birth weight, or
 - vii) Has other medical conditions that interfere with breastfeeding.
 - b) The mother:

- i) Has a breast abscess,
- ii) Has mastitis,
- iii) Is hospitalized due to illness or surgery on short term basis,
- iv) Is unable to effectively use a manual pump to promote or maintain lactation due to a medical condition or physical limitation,
- v) Is undergoing treatment with short-term medications which requires the pumping and discarding of breast milk, or
- vi) Has other medical conditions that interfere with breastfeeding.

C. All prior authorization requests must:

- 1. Be in the mother beneficiary's name,
- 2. Include the mother beneficiary's Medicaid ID number, and
- 3. Include an estimate of how many weeks or months the mother will require the electric breast pump.

Source: 42 CFR §§ 440.60, 440.166, 440.210, 440.220, PHSA§ 2713; SSA §§ 1834, 1905; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2014.

Rule 1.28: Hospital Beds

A. The Division of Medicaid defines a hospital bed as a medical device with:

- 1. An articulating frame allowing adjustment of the head and foot of the bed,
- 2. A headboard,
- 3. A footboard,
- 4. A mattress, and
- 5. Side rails.

B. The Division of Medicaid covers hospital beds when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO) and ordered by a physician, physician assistant or nurse practitioner for purchase or rental up to the

purchase amount.

1. The Division of Medicaid defines a manual fixed-height hospital bed as one with manual head and leg elevation adjustments but no height adjustment and is covered when a beneficiary meets one (1) of the following:
 - a) Requires positioning of the body in ways not feasible with a non-hospital bed in order to alleviate pain,
 - b) Requires the head of the bed to be elevated thirty (30) degrees or more due to a medical condition including, but not limited to, congestive heart failure, chronic pulmonary disease, or risk of aspiration,
 - c) Has failed to achieve the desired clinical outcome, with pillows or wedges,
 - d) Requires equipment that can only be attached to a hospital bed,
 - e) Has a disease, injury, or condition causing paralysis, immobility, or severe malaise and weakness requiring the performance of bathing, bodily functions, and other treatment or care while in bed, or
 - f) Is semi-comatose or comatose.
2. The Division of Medicaid defines a manual variable-height hospital bed as one with manual height, head and leg elevation adjustments and is covered when a beneficiary:
 - a) Meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and
 - b) Requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
3. The Division of Medicaid defines a semi-electric hospital bed as one with manual height adjustment and with electric head and leg elevation adjustments and is covered when a beneficiary:
 - a) Meets one (1) of the criteria in Miss. Admin. Code Part 209, Rule 1.28.B.1.a) through e) and B.2.b),
 - b) Is able to operate the bed controls, and
 - c) Lives alone or with assistance of a caregiver, but without continuous twenty-four (24) hours per day caregiver support.
4. The Division of Medicaid defines bariatric hospital beds as heavy duty extra wide and extra-heavy duty extra wide hospital beds used for beneficiaries whose weight and/or

body measurements exceed the manufacturer's limit for size or weight of a standard hospital bed and is covered when:

1. The beneficiary meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and
2. Documentation includes current weight and body measurements that exceed the manufacturer's limit for size and weight of a standard hospital bed which is obtained within thirty (30) days of request.

C. The Division of Medicaid does not cover:

1. A total-electric hospital bed defined as one with electric height, head and leg elevation adjustments.
2. Institutional type hospital beds, including but not limited, to:
 - a) Oscillating beds,
 - b) Circulating beds, or
 - c) Stryker frame beds.
3. Pressure reducing hospital beds, including but not limited to,
 - a) Powered air flotation beds (low air loss therapy), or
 - b) Air fluidized beds.

Source: SSA § 1834; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2014.

Part 209 Chapter 2: Medical Supplies

Rule 2.2: Covered Medical Supplies

- A. Alcohol preps, swabs, wipes and bottle are covered for quantity or number of pints appropriate for the plan of care for all beneficiaries for injection site cleanings, for self-administration, or care giver administration of IM or sub injections ordered by a practitioner.
- B. Apnea Monitor supplies for beneficiaries who have an apnea monitor.
 1. Electrodes,
 2. Lead wires, and

3. Battery pack.

C. Diabetic supplies for all beneficiaries who meet criteria for glucometer.

1. Test strips,
2. Lancets,
3. Insulin syringes,
4. Control solutions,
5. Replacement battery,
6. Spring lancet device,
7. Autoclix lancets (spring), and
8. Urine test or reagent strips.

D. Dressing supplies for all beneficiaries.

1. 4x4 non-sterile gauze pads,
2. 4x4 sterile gauze pads, including drain sponges,
3. Tape,
4. Sterile normal saline solution, 1000 ml, and
5. Gloves, sterile and non-sterile.

E. Biofeedback/EMG supplies for all beneficiaries who meet criteria for Biofeedback/EMG.

1. Lead wires, and
2. Electrodes.

F. Enteral Feeding supplies for all beneficiaries who meet criteria for enteral feeding pump.

1. 4x4 non-sterile gauze,
2. 4x4 sterile gauze, including drain sponges,
3. Tape,

4. Sterile solution, 1000ml,
5. Gloves, sterile and non-sterile,
6. Feeding bag(s),
7. Feeding syringe, and
8. Sterile water, 1000ml.

G. Elbow and Heel protectors for all beneficiaries when one (1) of the following criteria is met:

1. The beneficiary is bed/chair confined and has a history of decubitus ulcers on a heel or elbow.
2. The patient is bed/chair confined and currently has a decubitus ulcer on a heel or elbow.
3. The beneficiary exhibits signs of redness or discomfort at bony prominences or other areas of potential breakdown

H. Hydrogen peroxide for all beneficiaries who have a tracheostomy and a wound.

I. Insulin Pen Needles or Prefilled Insulin Syringe Needles for all beneficiaries receiving a prefilled insulin injection device through the pharmacy program. Needles are covered through the medical supply program only if one (1) of the following criteria is met:

1. The patient has very poor eyesight and is unable to read the markings on a standard insulin syringe.
2. The patient has a condition of the hands that will not allow them to manipulate a vial and syringe to draw up their insulin.

J. Insulin Pump Supplies for all beneficiaries who meet criteria for insulin pump.

1. Cartridges,
2. Infusion sets with cannula,
3. Skin cleanser,
4. Skin prep,
5. Alcohol prep,
6. Adhesive remover,

7. Replacement batteries, and
 8. Gloves, sterile.
- K. IV Pump, also Known as an Infusion Pump, supplies for all beneficiaries who meet criteria for IV pump.
1. Cassette appropriate for pump type, and
 2. Replacement batteries.
- L. IV Supplies for all beneficiaries who meet criteria for IV pump or IV pole.
1. Central line supplies,
 2. Administration set,
 3. Tubing and clamp,
 4. Extension set,
 5. IV start kit,
 6. Butterfly needles, all sizes,
 7. IV catheters, all sizes,
 8. Non-coring needles,
 9. 2x2 gauze, sterile,
 10. Tape, all types,
 11. Syringe, any size without needles,
 12. Syringe, any type with needle,
 13. INT,
 14. Flush kit,
 15. Iodine prep,
 16. Alcohol preps,

17. Dial-a-flow,
 18. Sterile normal saline for injection - 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50ml supplied in bottles, ampules or vials, and
 19. Gloves, sterile.
- M. Nebulizer supplies for all beneficiaries when criteria for nebulizer are met.
1. Administration set, disposable, non-filtered,
 2. Administration set, non-disposable, non-filtered,
 3. Administration set, filtered,
 4. Aerosol mask, and
 5. Tubing.
- N. Neuromuscular Electrical Stimulator (NMES) supplies for all beneficiaries who meet criteria for neuromuscular electrical stimulator.
1. Electrodes, and
 2. Lead wires.
- O. Ostomy supplies for all beneficiaries who have a surgically established opening, or stoma to divert urine, feces, or illegal contents outside the body. The medical supply provider may bill Medicaid for ostomy supplies provided to beneficiaries in a nursing facility if the item is not covered by Medicare and the nursing facility does not include the cost of the item in their annual cost report.
- P. Oxygen and oxygen related supplies are covered for all beneficiaries who meet criteria for oxygen.
1. E cylinders, including delivery,
 2. H or K Cylinders, including delivery,
 3. Tubing,
 4. Face masks,
 5. Nasal cannulas, and
 6. Regulators.

- Q. Pulse oximeter supplies, which include an oxygen probe, is covered for all beneficiaries who meet criteria for pulse oximeter.
- R. Sling for all beneficiaries who 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. 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.
- S. Suction Pump Supplies (Respiratory or Gastric)
1. Respiratory suction supplies include:
 - a) Catheter kit, sterile,
 - b) Suction catheter, 8-15 FR,
 - c) Yankauer type respiratory suction,
 - d) Respiratory suction tubing,
 - e) Canister, disposable, and
 - f) Gloves, any type.
 2. Gastric suction supplies include:
 - a) Gastric suction catheter kit,
 - b) Gastric suction catheter, 8-15 FR,
 - c) Gastric suction whistle tip, with valve,
 - d) Gastric suction tubing,
 - e) Canister, disposable,
 - f) Gloves, any type, and
 - g) Gastric suction tube
- T. Supplies for maintenance of drug infusion catheter, per week, for all beneficiaries who meet criteria for IV pump.
1. Catheter insertion devices,

2. Dressing for catheter site,
 3. Flush solutions not directly related to drug infusion,
 4. Cannulas,
 5. Needles,
 6. Infusion supplies, excluding the insulin reservoir, and
 7. Gloves, sterile.
- U. Supplies for external drug infusion pump, per cassette or bag, for all beneficiaries who meet criteria for IV pump.
1. Cassettes,
 2. Bags,
 3. Diluting solution,
 4. Tubing,
 5. Other administration supplies,
 6. Port charges, not used for syringe-type reservoir,
 7. Gloves, sterile.
- V. Syringes and needles are covered for self-administration of intramuscular and/or subcutaneous injectable medication for all beneficiaries that are performing the administration of injections in the home. Medicaid does not cover for caregivers to be hospice, home health, respite and/or other provider types.
- W. Transcutaneous Electrical Nerve Stimulator (TENS) supplies for all beneficiaries who meet criteria for Transcutaneous Electric Nerve Stimulator.
1. Electrodes, and
 2. Lead wires.
- X. Tracheostomy supplies for all beneficiaries who have a tracheostomy with documentation of specific respiratory condition.
1. Trach mask or collar,

2. Trach or laryngectomy tube,
3. Trach, inner cannula,
4. Replacement tracheal suction catheter, any type,
5. Trach care kit, for new trach,
6. Trach care kit, for established trach,
7. Suction catheter kit, sterile,
8. Sterile water, 1000 ml,
9. Sterile normal saline for instillation, supplied in 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50 ml bottle, ampule, or vial.
10. Trach ties,
11. Trach cleaning brush,
12. Heat/Moisturizer Exchange System (HME),
13. Trach shower protector,
14. Tracheostomy/laryngectomy, tube plug/stop,
15. Tracheostoma filter,
16. Gauze, and
17. Gloves, sterile.

Y. Urinary Catheters

1. Urinary catheters are covered for all beneficiaries when one (1) of the following criteria is met:
 - a) Beneficiary must have an acute condition which requires intermittent catheterization for measuring residual, instilling medication, or other medically necessary indication,
 - b) Beneficiary has an acute condition which requires the short-term use of an indwelling catheter,

- c) Beneficiary has a chronic condition which incontinence is exacerbating pressure sores that will not heal,
- d) Beneficiary has a condition that requires accurate measurement of intake and output on a short-term basis, or
- e) Beneficiary has urinary retention that cannot be relieved by medication.

2. Supplies include:

- a) Insertion tray,
- b) Irrigation tray, with bulb or piston syringe,
- c) Irrigation syringe, bulb or piston,
- d) Sterile solution for irrigation,
- e) Female external collection device,
- f) Indwelling catheter, foley, two-way,
- g) Indwelling catheter, three-way,
- h) Male external catheter, with or without adhesive,
- i) Intermittent catheter, straight tip,
- j) Bedside drainage bag,
- k) Leg bag with or without strap,
- l) Gloves, sterile.

3. Medicaid requires the beneficiary and/or caregiver to be capable of performing the catheterization procedure and report results and have been instructed in the procedure and properly demonstrated the ability to perform the procedure.

4. Medicaid covers condom catheters for beneficiaries with paraplegia, neurogenic bladder, or other medically necessary indications when requested with appropriate documentation.

Z. The Division of Medicaid covers supplies for manual and electric breast pumps.

Source: SSA § 1834; Miss. Code Ann. § 43-13-117, 43-13-121.

History: Added Miss. Admin. Code Part 209, Rule 2.2.Z., eff. 05/01/2014; Revised eff. 01/01/2013.

Rule 2.3: Non-Covered Medical Supplies

Oral Hygiene supplies that include tooth brushes, dental floss, toothpaste, toothettes, lemon glycerin swabs and other non-specific oral hygiene items.

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

History: Removed Miss. Admin. Code Part 209, Rule 2.3.B., eff. 05/01/2014.

Title 23: Division of Medicaid

Part 209: Durable Medical Equipment and Medical Supplies

Chapter 1: Durable Medical Equipment

Rule 1.15: Breast Pumps, ~~Electric~~

Manual Breast Pumps

A. The Division of Medicaid defines a breast pump as a device used to extract breast milk from a lactating mother.

B. The Division of Medicaid covers the following types of breast pumps for nursing mother beneficiaries when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO) and ordered by a physician, physician assistant, or nurse practitioner.

A.1. The Division of Medicaid defines a manual breast pump as a single-user device used manually operated to express withdraw breast milk from the female breast a lactating mother and is covered for purchase when: operated by squeezing a handle in a repetitive fashion, allowing the user to directly control the pressure and frequency of pumps.

~~B. Medicaid covers manual breast pumps for all beneficiaries when prior authorized.~~

~~C. a). Medicaid does not cover manual breast pumps when a beneficiary's mother is unsuccessful with established milk supply. Used to promote lactation when natural breastfeeding has been insufficient in maintaining adequate nutritional needs of the infant, or~~

~~b) Used to provide lactation support when natural breastfeeding is not possible.~~

Electric Breast Pump

A2. The Division of Medicaid defines an electric breast pump as a an electronic device used to withdraw express breast milk from a the female breast lactating mother and is covered for rental up to purchase amount or for purchase when one (1) of the following is met:

~~B. Medicaid covers electric breast pumps for all beneficiaries when prior authorized, for rental up to the purchase amount, or purchase when indicated when all the following criteria is met:~~

~~1.a) Ordered by a physician, nurse practitioner, or physician assistant, The infant:~~

~~2.i) Infant Is preterm or term and requires hospitalization longer than the mother,~~

~~3.ii) Infant hH as a cleft palate or cleft lip,~~

~~4.iii) Infant hH~~ as cranial-facial abnormalities,

~~5.iv) Infant iI~~ s unable to suck adequately,

~~6.v) Infant has Is~~ Failure to Thrive,

vi. Has low birth weight, or

vii. Has other medical conditions that interfere with breastfeeding.

b) The mother:

~~7.i) Mother hH~~ as a breast abscess,

~~8.ii) — Mother hH~~ as mastitis,

~~9.iii) Mother iI~~ s hospitalized due to illness or surgery on short term basis,

~~10.iv) A hand pump or manual expression has been tried for two (2) days without success with established milk supply, and Is unable to effectively use a manual pump to promote or maintain lactation due to a medical condition or physical limitation,-~~

~~11.v) Mother iI~~ s undergoing treatment with short-term medications which requires the pumping and discarding of breast milk, -and mother cannot breast feed because drugs may be transmitted to the baby., or

vi) Has other medical conditions that interfere with breastfeeding.

C. All prior ~~approval~~ authorization requests must:

1. Be in the infant-mother beneficiary's name, ~~and~~

2. Include the ~~appropriate-mother~~ beneficiary's Medicaid ID number, ~~and-must~~

3. include an estimate of how many weeks or months the mother will ~~need~~ require the electric breast pump.

Source: 42 CFR §§ 440.60, 440.166, 440.210, 440.220, PHSA§ 2713; SSA §§ 1834, 1905; Miss. Code Ann. §§ 43-13-117, 121.

History: Revised eff. 05/01/2014.

Rule 1.28: Hospital Beds

A. The Division of Medicaid defines a hospital bed as a medical device with:

1. An articulating frame allowing adjustment of the head and foot of the bed,
2. A headboard,
3. A footboard,
4. A mattress, and
5. Side rails.

B. The Division of Medicaid covers hospital beds when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO) and ordered by a physician, physician assistant or nurse practitioner for purchase or rental up to the purchase amount.

A1. The Division of Medicaid defines a manual fixed-height hospital bed as one with manual head and leg elevation adjustments but no height adjustment and is covered when a beneficiary meets one (1) of the following:

~~1. Medicaid covers hospital beds for all beneficiaries when prior authorized, for rental up to purchase amount or for purchase when indicated and ordered by a physician, nurse practitioner or physician assistant and when one (1) of the following criteria is met:(strike and moved to B.)~~

- a) ~~A beneficiary R~~requires positioning of the body in ways not feasible with ~~an ordinary non-hospital~~ bed in order to alleviate pain~~;~~
- b) ~~A beneficiary R~~requires the head of the bed to be elevated ~~more than~~ thirty (30) degrees ~~or more most of the time~~ due ~~to a medical condition including, but not limited to,~~ congestive heart failure, chronic pulmonary disease, or ~~problems with risk of~~ aspiration~~;~~
- c) ~~Pillows or wedges must have been tried and~~ Has failed to achieve the desired clinical outcome~~;~~ with pillows or wedges.
- d) ~~A beneficiary R~~requires ~~traction~~ equipment that can only be attached to a hospital bed~~;~~
- e) Has a disease, injury, or condition causing paralysis, immobility, or severe malaise and weakness requiring the performance of bathing, bodily functions, and other treatment or care while in bed, or
- f) ~~A beneficiary who~~ Is semi-comatose or comatose.

~~2. The above criteria for coverage applies to a hospital bed with side rails and a mattress regardless if the hospital bed is fixed or variable height, semi/total electric or a specialty bed.~~

~~B2. The Division of Medicaid defines a manual variable-height hospital bed as one with manual height, ~~adjustment and manual~~ head and leg elevation adjustments and is covered when a beneficiary:~~

~~1. The beneficiary's disease, injury, or condition must be such that because of paralysis, immobility, or severe malaise and weakness, bed care is required to take care of body functions, bathing and other treatment or care. (Strike and moved to B.1.e)).~~

~~a) Meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and~~

~~2. b) A variable height hospital bed is covered when the beneficiary Rrequires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position, and one (1) of the following criteria is met:~~

~~a) The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.~~

~~b) The beneficiary requires the head of the bed to be elevated more than thirty (30) degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.~~

~~c) Pillows or wedges must have been tried and failed.~~

~~d) The beneficiary requires traction equipment that can only be attached to a hospital bed.~~

~~e) The beneficiary is semi-comatose or comatose.~~

~~E3. The Division of Medicaid defines a semi-electric hospital bed as one with manual height adjustment and with electric head and leg elevation adjustments: and is covered Medicaid covers when if the beneficiary can operate the controls, lives alone with no caregiver, and one (1) of the following criteria is met a beneficiary:~~

~~1. A beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.~~

~~2. A beneficiary requires the head of the bed to be elevated more than thirty (30) degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.~~

~~3. Pillows or wedges must have been tried and failed to achieve the desired clinical outcome.~~

~~4. A beneficiary requires traction equipment which can only be attached to a hospital bed.~~

~~a) Meets one (1) of the criteria in Miss. Admin. Code Part 209, Rule 1.28 B.1.a) through e) and B.2.b),~~

~~b) Is able to operate the bed controls, and~~

~~c) Lives alone or with assistance of a caregiver, but without continuous twenty-four (24) hour per day caregiver support.~~

~~D4. The Division of Medicaid defines bariatric hospital beds as Heavy duty and/or extra wide beds, and extra-heavy duty extra wide hospital beds such as bariatric beds, for the morbidly obese, are covered used for beneficiaries whose weight three hundred (300) pounds or more and/or body measurements ~~do not meet~~ exceed the manufacturer's limit criteria for size or weight of a standard hospital bed and is covered when:~~

~~1. The beneficiary meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and~~

~~2. Documentation must indicate includes current weight and body measurements that exceed the manufacturer's limit for size and weight of a standard hospital bed and is obtained within thirty (30) days of request. ~~to justify a bariatric bed.~~~~

~~E.C. The Division of Medicaid does not cover: defines~~

~~1. A total-electric hospital bed defined as one with electric height, adjustment and with electric head and leg elevation adjustments. ~~Medicaid does not cover an electric bed for height adjustment.~~~~

~~F.2. Medicaid does not cover specialized Institutional type hospital beds that are designed to meet varying levels of beneficiary needs for pressure reduction. The beneficiary must be managed with more cost effective means that will also meet the beneficiary's needs, including, but not limited, to:~~

~~a) Oscillating beds,~~

~~b) Circulating beds, or~~

~~c) Stryker frame beds.~~

~~3. Pressure reducing hospital beds, including but not limited to,~~

~~a) Powered air flotation beds (low air loss therapy), or~~

b) Air fluidized beds.

Source: SSA § 1834; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2014.

Part 209 Chapter 2: Medical Supplies

Rule 2.2: Covered Medical Supplies

- A. Alcohol preps, swabs, wipes and bottle are covered for quantity or number of pints appropriate for the plan of care for all beneficiaries for injection site cleanings, for self-administration, or care giver administration of IM or sub injections ordered by a practitioner.
- B. Apnea Monitor supplies for beneficiaries who have an apnea monitor.
 - 1. Electrodes,
 - 2. Lead wires, and
 - 3. Battery pack.
- C. Diabetic supplies for all beneficiaries who meet criteria for glucometer.
 - 1. Test strips,
 - 2. Lancets,
 - 3. Insulin syringes,
 - 4. Control solutions,
 - 5. Replacement battery,
 - 6. Spring lancet device,
 - 7. Autoclix lancets (spring), and
 - 8. Urine test or reagent strips.
- D. Dressing supplies for all beneficiaries.
 - 1. 4x4 non-sterile gauze pads,
 - 2. 4x4 sterile gauze pads, including drain sponges,

3. Tape,
 4. Sterile normal saline solution, 1000 ml, and
 5. Gloves, sterile and non-sterile.
- E. Biofeedback/EMG supplies for all beneficiaries who meet criteria for Biofeedback/EMG.
1. Lead wires, and
 2. Electrodes.
- F. Enteral Feeding supplies for all beneficiaries who meet criteria for enteral feeding pump.
1. 4x4 non-sterile gauze,
 2. 4x4 sterile gauze, including drain sponges,
 3. Tape,
 4. Sterile solution, 1000ml,
 5. Gloves, sterile and non-sterile,
 6. Feeding bag(s),
 7. Feeding syringe, and
 8. Sterile water, 1000ml.
- G. Elbow and Heel protectors for all beneficiaries when one (1) of the following criteria is met:
1. The beneficiary is bed/chair confined and has a history of decubitus ulcers on a heel or elbow.
 2. The patient is bed/chair confined and currently has a decubitus ulcer on a heel or elbow.
 3. The beneficiary exhibits signs of redness or discomfort at bony prominences or other areas of potential breakdown
- H. Hydrogen peroxide for all beneficiaries who have a tracheostomy and a wound.
- I. Insulin Pen Needles or Prefilled Insulin Syringe Needles for all beneficiaries receiving a prefilled insulin injection device through the pharmacy program. Needles are covered through the medical supply program only if one (1) of the following criteria is met:

1. The patient has very poor eyesight and is unable to read the markings on a standard insulin syringe.
2. The patient has a condition of the hands that will not allow them to manipulate a vial and syringe to draw up their insulin.

J. Insulin Pump Supplies for all beneficiaries who meet criteria for insulin pump.

1. Cartridges,
2. Infusion sets with cannula,
3. Skin cleanser,
4. Skin prep,
5. Alcohol prep,
6. Adhesive remover,
7. Replacement batteries, and
8. Gloves, sterile.

K. IV Pump, also Known as an Infusion Pump, supplies for all beneficiaries who meet criteria for IV pump.

1. Cassette appropriate for pump type, and
2. Replacement batteries.

L. IV Supplies for all beneficiaries who meet criteria for IV pump or IV pole.

1. Central line supplies,
2. Administration set,
3. Tubing and clamp,
4. Extension set,
5. IV start kit,
6. Butterfly needles, all sizes,

7. IV catheters, all sizes,
8. Non-coring needles,
9. 2x2 gauze, sterile,
10. Tape, all types,
11. Syringe, any size without needles,
12. Syringe, any type with needle,
13. INT,
14. Flush kit,
15. Iodine prep,
16. Alcohol preps,
17. Dial-a-flow,
18. Sterile normal saline for injection - 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50ml supplied in bottles, ampules or vials, and
19. Gloves, sterile.

M. Nebulizer supplies for all beneficiaries when criteria for nebulizer are met.

1. Administration set, disposable, non-filtered,
2. Administration set, non-disposable, non-filtered,
3. Administration set, filtered,
4. Aerosol mask, and
5. Tubing.

N. Neuromuscular Electrical Stimulator (NMES) supplies for all beneficiaries who meet criteria for neuromuscular electrical stimulator.

1. Electrodes, and
2. Lead wires.

- O. Ostomy supplies for all beneficiaries who have a surgically established opening, or stoma to divert urine, feces, or illegal contents outside the body. The medical supply provider may bill Medicaid for ostomy supplies provided to beneficiaries in a nursing facility if the item is not covered by Medicare and the nursing facility does not include the cost of the item in their annual cost report.

- P. Oxygen and oxygen related supplies are covered for all beneficiaries who meet criteria for oxygen.
 - 1. E cylinders, including delivery,
 - 2. H or K Cylinders, including delivery,
 - 3. Tubing,
 - 4. Face masks,
 - 5. Nasal cannulas, and
 - 6. Regulators.

- Q. Pulse oximeter supplies, which include an oxygen probe, is covered for all beneficiaries who meet criteria for pulse oximeter.

- R. Sling for all beneficiaries who 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. 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.

- S. Suction Pump Supplies (Respiratory or Gastric)
 - 1. Respiratory suction supplies include:
 - a) Catheter kit, sterile,
 - b) Suction catheter, 8-15 FR,
 - c) Yankauer type respiratory suction,
 - d) Respiratory suction tubing,
 - e) Canister, disposable, and
 - f) Gloves, any type.

2. Gastric suction supplies include:

- a) Gastric suction catheter kit,
- b) Gastric suction catheter, 8-15 FR,
- c) Gastric suction whistle tip, with valve,
- d) Gastric suction tubing,
- e) Canister, disposable,
- f) Gloves, any type, and
- g) Gastric suction tube

T. Supplies for maintenance of drug infusion catheter, per week, for all beneficiaries who meet criteria for IV pump.

- 1. Catheter insertion devices,
- 2. Dressing for catheter site,
- 3. Flush solutions not directly related to drug infusion,
- 4. Cannulas,
- 5. Needles,
- 6. Infusion supplies, excluding the insulin reservoir, and
- 7. Gloves, sterile.

U. Supplies for external drug infusion pump, per cassette or bag, for all beneficiaries who meet criteria for IV pump.

- 1. Cassettes,
- 2. Bags,
- 3. Diluting solution,
- 4. Tubing,
- 5. Other administration supplies,

6. Port charges, not used for syringe-type reservoir,
 7. Gloves, sterile.
- V. Syringes and needles are covered for self-administration of intramuscular and/or subcutaneous injectable medication for all beneficiaries that are performing the administration of injections in the home. Medicaid does not cover for caregivers to be hospice, home health, respite and/or other provider types.
- W. Transcutaneous Electrical Nerve Stimulator (TENS) supplies for all beneficiaries who meet criteria for Transcutaneous Electric Nerve Stimulator.
1. Electrodes, and
 2. Lead wires.
- X. Tracheostomy supplies for all beneficiaries who have a tracheostomy with documentation of specific respiratory condition.
1. Trach mask or collar,
 2. Trach or laryngectomy tube,
 3. Trach, inner cannula,
 4. Replacement tracheal suction catheter, any type,
 5. Trach care kit, for new trach,
 6. Trach care kit, for established trach,
 7. Suction catheter kit, sterile,
 8. Sterile water, 1000 ml,
 9. Sterile normal saline for instillation, supplied in 2ml, 2.5ml, 3ml, 5ml, 10ml, 20ml, 30ml, and 50 ml bottle, ampule, or vial.
 10. Trach ties,
 11. Trach cleaning brush,
 12. Heat/Moisturizer Exchange System (HME),
 13. Trach shower protector,

14. Tracheostomy/laryngectomy, tube plug/stop,
15. Tracheostoma filter,
16. Gauze, and
17. Gloves, sterile.

Y. Urinary Catheters

1. Urinary catheters are covered for all beneficiaries when one (1) of the following criteria is met:
 - a) Beneficiary must have an acute condition which requires intermittent catheterization for measuring residual, instilling medication, or other medically necessary indication,
 - b) Beneficiary has an acute condition which requires the short-term use of an indwelling catheter,
 - c) Beneficiary has a chronic condition which incontinence is exacerbating pressure sores that will not heal,
 - d) Beneficiary has a condition that requires accurate measurement of intake and output on a short-term basis, or
 - e) Beneficiary has urinary retention that cannot be relieved by medication.
2. Supplies include:
 - a) Insertion tray,
 - b) Irrigation tray, with bulb or piston syringe,
 - c) Irrigation syringe, bulb or piston,
 - d) Sterile solution for irrigation,
 - e) Female external collection device,
 - f) Indwelling catheter, foley, two-way,
 - g) Indwelling catheter, three-way,
 - h) Male external catheter, with or without adhesive,
 - i) Intermittent catheter, straight tip,

- j) Bedside drainage bag,
 - k) Leg bag with or without strap,
 - l) Gloves, sterile.
3. Medicaid requires the beneficiary and/or caregiver to be capable of performing the catheterization procedure and report results and have been instructed in the procedure and properly demonstrated the ability to perform the procedure.
 4. Medicaid covers condom catheters for beneficiaries with paraplegia, neurogenic bladder, or other medically necessary indications when requested with appropriate documentation.

Z. The Division of Medicaid covers supplies for manual and electric breast pumps.

Source: ~~Miss. Code Ann. § 43-13-121; 43-13-117(17); Social Security Act § 1834 SSA § 1834;~~
Miss. Code Ann. § 43-13-117, 43-13-121.

History: Added Miss. Admin. Code Part 209, Rule 2.2.Z., eff. 05/01/2014; Revised eff.
 01/01/2013.

Rule 2.3: Non-Covered Medical Supplies

A.—Oral Hygiene supplies that include tooth brushes, dental floss, toothpaste, toothettes, lemon glycerin swabs and other non-specific oral hygiene items.

~~B.—Supplies or parts for manual breast pumps.~~

Source: Miss. Code Ann. § ~~43-13-121;117,~~ 43-13-~~117(17)~~121.

History: Removed Miss. Admin. Code Part 209, Rule 2.3.B., eff. 05/01/2014.