

NOTICE OF RULE ADOPTION—FINAL RULE

**STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID**

Miss. Division of Medicaid
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Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Provider Policy Manual Update Section 10.

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
AP 2006-42. This Provider Policy Manual Updates Sections 10.10, 10.27, 10.73, and 10.101 regarding
Durable Medical Equipment.

The Agency Rule Making Record for this rule including any written comments received during the comment period
and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form
rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of
the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could
be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule:


Executive Director

Signature and Title of Person Submitting Rule for Filing

Division of Medicaid State of Mississippi Provider Policy Manual	New:	Date:
	Revised: X	Date: 05/01/06
	Current:	11/01/06
Section: Durable Medical Equipment	Section: 10.10	
Subject: Apnea Monitors	Pages: 2	
	Cross Reference:	
	Reimbursement 10.02	
	Documentation 10.07	

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
- 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 apnea monitors:

This item may be approved for :

- Rental only
- Purchase only
- Rental up to 10 months or purchase when medically indicated as documented by the physician, nurse practitioner, or physician assistant. Rental for an initial 3 month trial period, then recertification is required (the 3 month rental trial period will apply toward the maximum reimbursement for purchase)
- 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, and 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.

An apnea monitor is a device used to monitor respiratory movements. This may be accomplished by use of an apnea alarm mattress or by use of alarm sensitive devices to measure thoracic and abdominal movement and heart rate.

Apnea monitors will not be approved for terminally ill beneficiaries or for those who have "do not resuscitate" orders.

Following an initial three (3) month certification, apnea monitors may be recertified up to seven (7) additional months with a new prescription or letter of medical necessity. Medicaid will not pay for a three (3) month trial period then pay full purchase price. Supplies, such as battery pack, safety lead wires, electrodes, electrode belts, remote alarms (if ordered), etc., are included in the rental fee. Event

Recording (Download) is also covered in the rental fee. The apnea monitor should be returned to the DME provider after it is no longer required if the rental period is less than ten (10) months.

The parent or caregiver will be required to sign a Parent Responsibility List prior to placement of the apnea monitor. Noncompliance with any policy criteria will result in the discontinuation of the apnea monitor.

Apnea monitors are covered if at least one of the following applies:

- The beneficiary is an infant who has a diagnosis of apnea of prematurity.
- The beneficiary is a preterm infant with continued symptomatic apnea past 36 weeks gestational age.
- The beneficiary has been observed having or has a recorded episode of prolonged apnea (>20 seconds or bradycardia episodes <60 bpm for > 5 seconds) within the last three months that is documented by medical personnel and associated with bradycardia, reflux, cyanosis, or pallor.
- The beneficiary is an infant who is a sibling of a child with sudden infant death syndrome (SIDS), or has two (2) siblings with a diagnosis of apnea.
- The beneficiary has had an event or events requiring vigorous stimulation or resuscitation within the past three (3) months.
- The beneficiary has a tracheotomy.
- The beneficiary is an infant with bronchopulmonary dysplasia who requires oxygen and displays medical instability.
- The beneficiary, adult or child, has demonstrated symptomatic apnea due to neurological impairment, craniofacial malformation, central hyperventilation syndrome, or is secondary to gastrointestinal reflux.

Diagnoses not included above may be considered on an individual basis with appropriate documentation.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 05/01/06 11/01/06
Section: Durable Medical Equipment	Section: 10.27 Pages: 3	
Subject: Continuous Positive Airway Pressure (CPAP) with or without an In-Line Heated Humidifier	Cross Reference: Reimbursement 10.02 Documentation 10.07	

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
- 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 Continuous Positive Airway Pressure:

This item may be approved for :

- Rental only
- Purchase only
- Rental for initial 3 months trial period, then recertification is required for purchase (the 3 month rental trial period will apply toward the maximum reimbursement for purchase)
- 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.

CPAP is a non-invasive provision of air pressure through nasal administration and a flow generator system to prevent collapse of the oropharyngeal walls during sleep.

All related supplies are considered an integral part of the rental or purchase allowance of the CPAP unit and separate charges for supplies or respiratory services are not payable.

An in-line heated humidifier, when used in conjunction with and attached to the CPAP unit, may be billed separately.

If a beneficiary owns the CPAP unit, the DME supplier may bill for the supplies listed in the following table. The table represents the usual maximum amount of accessories expected to be medically necessary. The claims for more than the usual maximum replacement amount will be denied as not medically necessary unless the claim is accompanied by documentation that justifies a larger quantity in

the individual case.

HCPCS Code	Description	Frequency
A7030	Full face mask used with positive airway pressure device, each	1 every 3 months
A7031	Face mask interface, replacement for full face mask, each	1 every 3 months
A7032	Replacement pillows for nasal application device, each	1 every month
A7033	Replacement pillows for nasal application device, pair	1 pair every month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 every 3 months
A7035	Headgear used with positive airway pressure device	1 every 6 months
A7036	Chin strap used with positive airway pressure device	1 every 6 months
A7037	Tubing used with positive airway pressure device	1 every month
A7038	Filter, disposable, used with positive airway pressure device	2 every month
A7039	Filter, non-disposable, used with positive airway pressure device	1 every 6 months
A7044	Oral interface used with positive airway pressure device, each	1 every 3 months

For Mississippi Medicaid purposes, apneas and hypopneas physiologically represent the same compromise, will be considered as equivalents, and will be referred to as "respiratory events".

A CPAP unit is covered when the beneficiary has one or more of the following:

- The beneficiary is an adult and the polysomnogram demonstrates a minimum recording time of 6-7 hours with an average of five or more respiratory events per hour, each lasting a minimum of 10 seconds or more.
- The beneficiary is a prepubescent child and the polysomnogram demonstrates an average of one or more respiratory events per hour.
- The beneficiary is a child who has documented measurements of increased end-tidal CO₂ values that confirm the presence of obstructive sleep apnea.
- The beneficiary has a diagnosis of upper airway resistance syndrome with the presence of at least 10 respiratory related EEG arousals per hour of sleep accompanied by a history of clinically significant daytime sleepiness (or documented excessive daytime sleepiness as determined by a Multiple Sleep Latency Test), with a significant reduction in EEG arousals following administration of CPAP.

CPAP may be considered for coverage with appropriate documentation for the following medical conditions:

- Persistent hypoxemia (SaO₂ < 90%) during sleep even in the absence of obstructive sleep apnea
- Central sleep apnea
- Chronic alveolar hypoventilation syndrome
- Intrinsic lung disease
- Neuromuscular disease

~~After the three month trial period, the provider must submit a plan of care requesting purchase or the equipment must be returned to the vendor. Continued rental beyond the initial 3 month trial period will not be approved. The rental fees paid will apply toward the maximum reimbursement for purchase.~~

After an initial three (3) month trial period, the CPAP may be recertified up to seven (7) additional months with a physician's certifying statement that the CPAP treatment was effective and that the beneficiary was compliant in using the equipment. If the equipment was not effective or, if the beneficiary was non-compliant, the equipment may be returned to the vendor. The rental fees paid for the three (3) month trial period will apply toward the maximum reimbursement for purchase.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 05/01/06 11/01/06
Section: Durable Medical Equipment	Section: 10.73	
Subject: Suction Pump (Respiratory/ Gastric)	Pages: 2	
	Gross Reference:	
	Reimbursement 10.02	
	Documentation 10.07	

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
- 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 suction pumps:

This item may be approved for:

- Rental only
- Purchase only
- Rental for X months, then recertification is required
- 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.

Respiratory Suction Pump

A mobile or stationary home model suction pump is a lightweight, compact, electric aspirator designed for upper respiratory oral, pharyngeal and tracheal suction for use in the home. A suction device must be appropriate for home use without technical or professional supervision. Those using the suction apparatus must be sufficiently trained to adequately, appropriately and safely use the device.

The stationary home model suction pump is covered for respiratory suction if the beneficiary is unable to clear the airway of secretions by coughing secondary to, but not limited to, one of the following:

- cancer or surgery of the throat
- paralysis of the swallowing muscles

-
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- tracheostomy
 - comatose or semicomatose condition

A mobile unit may be covered if ~~one~~ all of the following apply:

- prescribed because the beneficiary is subject to secretions that require suctioning during travel
- the beneficiary is not being transported by an ambulance
- there is sufficient documentation to justify the medical necessity for both stationary and portable units

A mobile suction machine includes a vacuum regulator and is battery operated. The device includes a rechargeable battery and charger device, vehicle adapter cable, canister or bottle, connector and carrying case.

Gastric Suction Pump

A mobile or stationary home model suction pump is a lightweight, compact, electric aspirator designed for gastric suction for use in the home. A suction device must be appropriate for home use without technical or professional supervision. Those using the suction apparatus must be sufficiently trained to adequately, appropriately and safely use the device.

The stationary home model suction pump is covered for gastric suction if the beneficiary has one of the following:

- gastric outlet obstruction and gastric atony
- high grade esophageal stenosis or complete esophageal obstruction, especially if there is a history of aspiration; and
- enterocutaneous fistula not manageable by "gravity tube drainage".

Mobile Unit

A mobile unit may be covered if ~~one~~ all of the following apply:

- prescribed because the beneficiary is subject to secretions that require suctioning during travel
- the beneficiary is not being transported by an ambulance
- there is sufficient documentation to justify the medical necessity for both stationary and portable units

A mobile suction machine includes a vacuum regulator and is battery operated. The device includes a rechargeable battery and charger device, vehicle adapter cable, canister or bottle, connector and carrying case.

Division of Medicaid	New: X	Date: 05/01/06
State of Mississippi	Revised: X	Date: 11/01/06
Provider Policy Manual	Current:	
Section: Durable Medical Equipment	Section: 10.101	
Subject: Hip Abductor Pillow/Wedge	Pages: 1	
	Cross Reference:	
	Reimbursement	10.02
	Documentation	10.07

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 (see coverage criteria)
- Beneficiaries age 21 and over who are receiving services through the home health program
- 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

This item may be approved for:

- Rental only
- Purchase only
- Rental for 3 months, then recertification is required for purchase
- 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.

A hip abductor pillow/wedge is a foam triangular shaped device placed between the beneficiary's thighs and secured with straps. The device maintains constant abduction.

The hip abductor pillow/wedge is covered if one of the following applies:

- a diagnosis which has resulted in a condition that requires maintaining the beneficiary's hips and thighs in abduction
- subluxing or dislocating hip(s)
- a diagnosis of an unstable hip
- following the reduction of a dislocated hip
- following hip replacement (hemi or total)
- following hip arthroplasty or hip fracture surgery
- following adductor tenotomy or abductor advancement surgery
- wheelchair patients who must maintain a degree of hip abduction