

# DME Provider Frequently Asked Questions (FAQs)



MISSISSIPPI DIVISION OF  
**MEDICAID**

## **When will durable medical equipment (DME), medical supplies and appliances require a Physician's National Provider Identifier (NPI) and Mississippi Medicaid Number on the DME provider's claim?**

For dates of services on or after September 1, 2018 durable medical equipment (DME) providers must include the collaborating physician's national provider identifier (NPI) number and Mississippi Medicaid Number on all claims for DME, medical supplies and appliances.

## **What if a nurse practitioner (NP) or physician assistant (PA) writes an order or signed a certificate of medical necessity (CMN) for DME, medical supplies or appliances prior to September 1, 2018?**

Example 1: If an NP or PA wrote an order or signed a CMN prior to September 1, 2018, and the item is delivered after September 1, 2018, the NP or PA must have a practice agreement with the physician, who must be enrolled with the Mississippi Division of Medicaid, that does not prohibit the ordering of DME and must include the physician's NPI on the claim. If there is no collaborative agreement then the order or CMN must be signed by the physician prior to delivering the item.

Example 2: If an NP or PA wrote an order or signed a CMN prior to September 1, 2018, and the item is delivered before September 1, 2018, DME providers should follow their current CMN and billing practices.

## **What if an NP or PA writes an order or signed a CMN for DME, medical supplies or appliances prior to September 1, 2018 and the order or CMN span dates on or after September 1, 2018?**

Example: An NP or PA wrote an order or signed a CMN on January 1, 2018 for 120 diapers per month for 12 months. The DME provider must include the physician's NPI and Mississippi Medicaid Number on the CMN and any claim forms submitted on or after September 1, 2018.

Providers will be allowed to maintain the 12 month order as written by the NP or PA only if there is a collaborative practice agreement between the non-physician practitioner and the physician that does not prohibit the order, the physician is enrolled with the Mississippi Division of Medicaid, and the claim form includes the collaborating physician's NPI and Mississippi Medicaid Number. The DME provider must maintain written documentation from the physician, PA or NP stating the collaborative practice agreement does not prohibit the non-physician practitioner to order DME or sign a CMN.

## **What if an NP or PA writes an order or signs a CMN for DME, medical supplies or appliances on or after September 1, 2018?**

There must be a collaborative practice agreement that does not prohibit the non-physician practitioner to order DME or sign a CMN. The DME provider must include the collaborating physician's national provider identifier NPI number and Mississippi Medicaid number on (1) any required CMN submitted to Utilization Management/Quality Improvement Organization (UM/QIO) vendors, and (2) all claims submitted to the Division of Medicaid or Coordinated Care Organizations (CCOs) regardless of when the DME was ordered or delivered.

# DME Provider Frequently Asked Questions (FAQs)



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## What if the Collaborative Agreement prohibits the NP or PA from ordering DME, medical supplies and/or appliances?

The physician must write orders and sign CMNs for DME, medical supplies or appliances on or after September 1, 2018.

## What if Medicaid is secondary to Medicare or other third party carrier?

This change will not affect crossover claims.

## Where do I put the collaborating physician's national provider identifier (NPI) number and Mississippi Medicaid Number on claims for DME, medical supplies and appliances?

Fields 17, 17a, and 17b are required.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. _____ 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate & L to service line below (24E) ICD Ind.		22. RESUBMISSION CODE ORIGINAL REF. NO.