STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Post-Eligibility Treatment of Income deductions by institutionalized individuals for amounts of incurred expenses for medical or remedial care that are not subject to payment by the Division of Medicaid or other third party insurance.

Reasonable limits imposed are:

1. For medically necessary care, services and items not paid for under the Medicaid State Plan the actual billed amount will be used as the deduction, not to exceed the Mississippi Medicaid maximum payment or fee.
2. The services or items claimed as a deduction from the resident's income:
   a) Must:
      1) Be a medical or remedial care service recognized under state law,
      2) Be medically necessary as verified by the attending physician,
      3) Have been incurred no earlier than the three (3) months preceeding the month of current application, and/or
      4) Be reduced by the amount of any earmarked funds that were applied, and
   b) Cannot have been:
      1) For cosmetic or elective purposes,
      2) Any post-eligibility services available from a Medicaid provider, but the recipient elects a non-Medicaid provider,
      3) A duplication of expenses previously authorized as a deduction, and/or
      4) Charges for nursing home days incurred as the result of bed-hold or therapeutic leave days that are in excess of the number of days covered under the Medicaid State Plan for the type of facility in question.
3. The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero (0).
4. If the equity in an individual's home exceeds the amount established under Section 6014 of Pub. L. 109-171, the income deduction for paid or unpaid medical and remedial care expenses incurred by restriction of Medicaid covered service is limited to zero (0).
5. If the institutionalized individual has medical or health insurance and is responsible for paying the premium(s), deductible(s), or coinsurance, the full amount of these payment(s) are an allowable deduction from the individual's income when calculating the medical care credit.
6. The following are medical expenses which are allowable deductions from the individual's monthly recurring income:
   1. Eyeglasses, not otherwise covered by the Medicaid State Plan, not to exceed a total of $362.79 per occurrence for lenses, frames and dispensing fee.
   2. Dentures – a one-time expense not to exceed $678.44 per plate or $1,356.88 for one (1) full pair of new dentures.
   3. Denture repair – not to exceed $270.00 per occurrence.
   4. Hearing aids – a one-time expense not to exceed $1,777.40 for one (1) or $3,377.40 for both.