

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

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**VIII. Durable Medical Equipment**

- A. The payment for the purchase of new Durable Medical Equipment (DME) is the lesser of the provider's usual and customary charge or a fee from statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the Medicare rural rate, if available, or the non-rural rate if there is no rural rate, on the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid. The Division of Medicaid will utilize the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information. The fees will be updated as determined by the Division of Medicaid.
- C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
  2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- D. The payment for rental of DME is made from a statewide uniform fee schedule based on ten percent (10%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid beneficiary unless otherwise authorized by the Division of Medicaid through specific coverage criteria.
- E. The payment for purchase of used DME is made from a statewide uniform fee schedule based on fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B.
- F. The payment for repair of DME is the cost of the repair, not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B.
- G. The Division of Medicaid's fee schedule of covered durable medical equipment is not comprehensive. Any durable medical equipment not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

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

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

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DME for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DME. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to DME 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.

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

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**Medical Supplies**

- A. The payment for the purchase of Medical Supplies is the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the rural rate, if available, or the non-rural rate if there is no rural rate, on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid. The Division of Medicaid will utilize the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information. The fees will be updated as determined by the Division of Medicaid.
- C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
  2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- D. The Division of Medicaid's fee schedule of covered medical supplies is not comprehensive. Any medical supplies not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to medical supply 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.

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ~~DME~~ medical supplies. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to medical supply 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.

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~~1. If there is no DMEPOS fee the item will be priced at the Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%).~~

~~2. If there is no MSRP the item will be priced at the provider's invoice plus twenty percent (20%).~~

~~1.3.—~~ When it is determined by ~~DOM~~ Division of Medicaid, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.

B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid. The Division of Medicaid will utilize the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information. The fees will be updated as determined by the Division of Medicaid.

C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:

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~~BD.~~ The payment for rental of DME is made from a statewide uniform fee schedule based on ten percent (10%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee schedule as described in letter A or B not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid beneficiary unless otherwise authorized by the Division of Medicaid through specific coverage criteria.

~~CE.~~ The payment for purchase of used DME is made from a statewide uniform fee schedule based on not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee schedule as described in letter A or B.

~~DE.~~ The payment for repair of DME is the cost of the repair, not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee schedule as described

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**VIII. Durable Medical Equipment**

in letter A or B.

EG. The Division of Medicaid's fee schedule of covered durable medical equipment is not comprehensive. Any durable medical equipment not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

~~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.

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