

# Administrative Code Final Filings

<p><b>Agency:</b> DIVISION OF MEDICAID <b>Compilation:</b> No <b>Proposed Date:</b> 11/26/2014 <b>Final Date:</b> 12/29/2014 <b>Effective Date:</b> 2/1/2015 <b>Withdrawal Date:</b> <b>Rule:</b> Title 23: Division of Medicaid, Part 204: Dental Services, Chapter 2: Oral Surgery, Rule 2.4: Alveoloplasty <b>Summary:</b> This filing adds language to clarify coverage criteria for Alveoloplasty. <b>System Number:</b> 20976</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u> <b>Compilation:</b> No <b>Proposed Date:</b> 11/7/2014 <b>Final Date:</b> 12/2/2014 <b>Effective Date:</b> 1/2/2015 <b>Withdrawal Date:</b> <b>Rule:</b> Title 23: Medicaid, Part 207: Institutional Long Term Care, Chapter 2: Nursing Facility, Rule 2.6 Per Diem/Covered Services, Rule 2.15: Ventilator Dependent Care, New Rule 2.18: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident, and Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.4: Per Diem/Covered Services, New Rule 3.10: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident. <b>Summary:</b> The revision of Rule 2.6 and Rule 3.4 is to clarify the coverage and reimbursement of DME and medical supplies in a long-term care facility. Rule 2.15 is amended to include an established reimbursement per diem rate in addition to the standard per diem rate to nursing facilities, excluding Private Nursing Facilities for the Severely Disabled (PNF-SD), for residents requiring Ventilator Dependent Care (VDC), effective January 1, 2015. The filing of the New Rule 2.18 and New Rule 3.10 is to add coverage and reimbursement for an individualized, resident specific custom manual and/or custom motorized/power wheelchairs uniquely constructed or substantially modified for a specific resident in a long-term care facility outside the per diem rate. <b>System Number:</b> 20942</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 11/7/2014 <b>Final Date:</b> 12/2/2014  <b>Effective Date:</b> 1/2/2015 <b>Withdrawal Date:</b>  Rule: Title 23: Division of Medicaid, Part 209: Durable Medical Equipment and Medical Supplies, Chapter 1: Durable Medical Equipment, Rule 1.4: Reimbursement, Rule 1.47: Wheelchairs and Chapter 2: Medical Supplies, Rule 2.2: Covered Medical Supplies.  Summary: This filing removes all Institutional Long Term Care (LTC) facilities Durable Medical Equipment (DME) and medical supply coverage and reimbursement from Title 23, Part 209. This coverage and reimbursement will be addressed in Title 23, Part 207: Institutional Long Term Care effective January 2, 2015. Title 23, Part 209 will only address coverage and reimbursement for outpatient DME and medical supplies.  <b>System Number:</b> 20941</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 11/7/2014 <b>Final Date:</b> 12/2/2014  <b>Effective Date:</b> 1/2/2015 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services, Rule 1.2: Multiple Birth Deliveries, and Rule 1.5: Billing for Maternity Services  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is to amend Title 23: Medicaid, Part 222: Maternity Services, Chapter 1: General, Rule 1.1: Maternity Services by adding coverage criteria and reimbursement for medically necessary elective deliveries prior to one (1) week before the treating physician's expected date of delivery and removing Rule 1.2: Multiple Birth Deliveries and Rule 1.5: Billing for Maternity Services. The Division of Medicaid does not reimburse for non-medically necessary elective deliveries prior to one (1) week before the treating physician's expected date of delivery.  <b>System Number:</b> 20940</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No</p>	<p><a href="#">Notice</a> N/A <a href="#">N/A</a></p>

<p><b>Proposed Date:</b> 6/25/2014 <b>Final Date:</b> 9/30/2014  <b>Effective Date:</b> 9/30/2014 <b>Withdrawal Date:</b> 9/30/2014  <b>Rule:</b> Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, New Rule 1.11: Global Packaging WITHDRAWN (Administrative Bulletin Number 20743)  <b>Summary:</b> The MS Division of Medicaid's Administrative Code final filing is to establish policies for Global Package coverage. Global Package is an edit that allows for lump sum payment which includes all necessary services normally furnished by the "same physician" before, during and after a procedure and all evaluation and management (E&amp;M) visits related to a procedure based on an assigned post-op period by Centers of Medicare and Medicaid Services (CMS). WITHDRAWN (Administrative Bulletin System Number 20743)  <b>System Number:</b> 20802</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/28/2014 <b>Final Date:</b> 9/29/2014  <b>Effective Date:</b> 11/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid: Part 103: Resources, Chapter 7: OBRA and DRA Transfer Policy  <b>Summary:</b> This filing is to amend Part 103: Resources, Chapter 7: OBRA and DRA Transfer Policy to clarify language.  <b>System Number:</b> 20801</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/28/2014 <b>Final Date:</b> 9/29/2014  <b>Effective Date:</b> 11/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid; Part 103: Resources, Chapter 6: Annuities  <b>Summary:</b> This filing is to amend Part 103: Resources, Chapter 6: Annuities to clarify language. Non-substantive changes made on Final File.  <b>System Number:</b> 20800</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/28/2014 <b>Final Date:</b> 9/29/2014  <b>Effective Date:</b> 11/1/2014 <b>Withdrawal Date:</b></p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Rule:</b> Title 23: Division of Medicaid; Part 103: Resources, Chapter 5: Trust Provisions  <b>Summary:</b> This filing is to amend Part 103: Resources, Chapter 5: Trust Provisions to separate trusts and transfer of assets policy, and clarify language. Non-substantive change make on Final File.  <b>System Number:</b> 20799</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/15/2014 <b>Final Date:</b> 9/10/2014  <b>Effective Date:</b> 11/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 214: Pharmacy Services, Chapter 1: General Pharmacy, New Rule 1.13: Retrospective Drug Utilization Review (DUR), New Rule 1.14: Participating Federally Qualified Health Center (FQHC) Providers, and New Rule 1.15: 340B Program; Non-substantive changes made to Rules 1.1-1.4 and 1.6-1.12.  <b>Summary:</b> This final filing is to (1) add New Rule 1.13 to outline the DUR process, (2) add New Rule 1.14 requiring all drugs purchased at discounted prices in an in-house pharmacy of an FQHC be reported and billed and (3) add New Rule 1.15 340B Program. Non-substantive changes made to rules 1.1-1.4 and 1.6-1.12.  <b>System Number:</b> 20767</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/15/2014 <b>Final Date:</b> 9/10/2014  <b>Effective Date:</b> 11/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10: 340B Providers  <b>Summary:</b> This final filing to the Miss. Admin. Code, Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10: 340B Providers is to remove Miss. Admin. Code Part 200, Chapter 4, Rule 4.10. B, E, F, and J to correspond with the withdrawal of SPA 14-015.  <b>System Number:</b> 20766</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/25/2014 <b>Final Date:</b> 8/29/2014  <b>Effective Date:</b> 10/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, New Rule 1.11: Global Packaging  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code final filing is to establish policies for Global Package coverage.</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>Global Package is an edit that allows for lump sum payment which includes all necessary services normally furnished by the "same physician" before, during and after a procedure and all evaluation and management (E&amp;M) visits related to a procedure based on an assigned post-op period by Centers of Medicare and Medicaid Services (CMS).</p> <p><b>System Number:</b> 20743</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 8/4/2014 <b>Final Date:</b> 8/29/2014</p> <p><b>Effective Date:</b> 10/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 305: Program Integrity, Chapter 1: Program Integrity, Rule 1.1: Fraud and Abuse</p> <p><b>Summary:</b> The MS Division of Medicaid's Administrative Code final filing is to amend Title 23: Medicaid, Part 305: Program Integrity, Chapter 1: Program Integrity, Rule 1.1: Fraud and Abuse to include current language to require all provider demand letters for repayment of overpayment be sent via certified mail which will allow the Division of Medicaid to document the date of receipt of the demand letter and uphold the thirty (30) day response time.</p> <p><b>System Number:</b> 20742</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 8/4/2014 <b>Final Date:</b> 8/29/2014</p> <p><b>Effective Date:</b> 10/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 203: Physician Services, New Chapter 10: Implantable Medical Devices, New Rule 10.1: Skin and Soft Tissue Substitutes</p> <p><b>Summary:</b> The MS Division of Medicaid's Administrative Code final filing is to add New Chapter 10: Implantable Medical Devices and New Rule 10.1: Skin and Soft Tissue Substitutes to Title 23: Medicaid, Part 203: Physician Services to include coverage language and criteria for the use skin and soft tissue substitutes.</p> <p><b>System Number:</b> 20741</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Proposed Date:</b> 8/4/2014 <b>Final Date:</b> 8/29/2014  <b>Effective Date:</b> 10/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid; Part 219: Laboratory Services, Chapter 1: General, Rule 1.9: Genetic Testing  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code final filing is to amend Title 23: Medicaid, Part 219: Laboratory Services, Chapter 1: General, to add New Rule 1.9: Genetic testing. This filing establishes criteria for coverage of genetic testing by the Division of Medicaid and requires prior authorization (PA) by the Utilization Management Quality Improvement Organization for medical necessity, effective October 1, 2014.  <b>System Number:</b> 20740</p>	
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/10/2014 <b>Final Date:</b> 8/15/2014  <b>Effective Date:</b> 8/15/2014 <b>Withdrawal Date:</b> 8/15/2014  <b>Rule:</b> Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10: 340B WITHDRAWN  <b>Summary:</b> Title 23, Part 200, Chapter 4, Rule 4.10 is being withdrawn as proposed on 07/10/2014 APA 20634.  <b>System Number:</b> 20716</p>	<p><a href="#">Notice</a> N/A <a href="#">N/A</a></p>
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/11/2014 <b>Final Date:</b> 8/15/2014  <b>Effective Date:</b> 8/15/2014 <b>Withdrawal Date:</b> 8/15/2014  <b>Rule:</b> Title 23: Division of Medicaid, Part 214: Pharmacy Services, Chapter 1: General Pharmacy, Rule 1.5 Reimbursement, new Rule 1.13: Retrospective Drug Utilization Review (DUR), new Rule 1.14: Participating Federally Qualified Health Center (FQHC) Providers, and new Rule 1.15: 340B Program WITHDRAWN  <b>Summary:</b> This filing is being withdrawn. APA System Number 20636  <b>System Number:</b> 20715</p>	<p><a href="#">Notice</a> N/A <a href="#">N/A</a></p>
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/10/2014 <b>Final Date:</b> 8/7/2014</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Effective Date:</b> 10/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid; Part 200: General Provider Information, Chapter 2: Benefits, Rule 2.2: Non-Covered Services</p> <p><b>Summary:</b> This filing is to add language to include procedures, products and services for conditions and indications that are non-covered services and to include language for Home and Community Based Services (HCBS) waivers non-covered services.</p> <p><b>System Number:</b> 20696</p>	
<p><b>Agency:</b> DIVISION OF MEDICAID</p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 7/2/2014 <b>Final Date:</b> 7/29/2014</p> <p><b>Effective Date: Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&amp;V).</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code proposed filing is to add a new rule to Title 23: Medicaid, Part 300: Appeals, Chapter 1: Appeals, New Rule 1.5: Review for Medical Necessity and/or Independent Verification and Validation (IV&amp;V). This filing is to include the appeal rights for providers who are dissatisfied with final administrative decisions of the Division of Medicaid relating to disallowances as a result of a review for medical necessity or Independent Verification and Validation (IV&amp;V) decision described in Miss. Admin. Code Part 202, Rule 1.18.A.</p> <p>System Number: 20670</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> DIVISION OF MEDICAID</p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 7/2/2014 <b>Final Date:</b> 7/29/2014</p> <p><b>Effective Date: Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, New Rule 1.18: Review for Medical Necessity and/or Independent Verification and Validation (IV&amp;V)</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code proposed filing is to amend Title 23: Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services by adding New Rule 1.18: Review for Medical Necessity and/or Independent Verification</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>and Validation (IV&amp;V). System Number: 20669</p>	
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/26/2014 <b>Final Date:</b> 7/22/2014  <b>Effective Date:</b> 9/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 100: General, Chapter 2: Agency Duties, Rule 2.1: Duties of the Division of Medicaid, New Chapter 9: Administrative Rules, Rule 2.1: Duties of the Division of Medicaid, Rule 9.3: Declaratory Opinions and New Rule 9.4: Oral Proceedings  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code proposed filing is to amend Title 23: Medicaid, Part 100: General, Chapter 2: Agency Duties, Rule 2.1: Duties of the Division of Medicaid, and to add New Chapter 9: Administrative Rules, New Rule 9.3: Declaratory Opinions and New Rule 9.4: Declaratory Opinions as required by Miss. Code. Ann. § 25-43-2.103.  <b>System Number:</b> 20662</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> DIVISION OF MEDICAID  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/26/2014 <b>Final Date:</b> 7/22/2014  <b>Effective Date:</b> 9/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid; Part 103: Resources, Chapter 4: Countable Resources; New Rules 4.21 and 4.22  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code proposed filing is to amend Title 23: Medicaid, Part 103: Resources, Chapter 5: Countable Resources, New Rule 4.21 and New Rule 4.22. This filing addresses the countability of entrance fees to continuing care retirement communities and the exclusion of long term care coverage for individuals with substantial home equity. These rules are new to the Administrative Code but have been Medicaid policy since 2008. The effective date of this filing will revert back to the effective date of SPA 2008-003, July 1, 2014.  <b>System Number:</b> 20661</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/25/2014 <b>Final Date:</b> 7/21/2014</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Effective Date:</b> 9/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Medicaid, Part 102: Non-Financial Requirements, Chapter 3: Aliens, Rule 3.9</p> <p><b>Summary:</b> The MS Division of Medicaid's (DOM) Administrative Code proposed filing is to amend Title 23: Medicaid, Part 102: Non-Financial Requirements, Chapter 3: Aliens, Rule 3.9: Requirement for Forty (40) Qualifying Quarters. Rule 3.9.D. removes the requirement for certain classes of aliens to have forty (40) qualifying quarters (QQ) of work coverage under the Social Security Act (SSA). This is a change required by the Centers for Medicare and Medicaid Services (CMS) for the Affordable Care Act (ACA)-related State Plan Amendment (SPA) for Citizenship &amp; Immigration Status (S89), approved as 13-0023-MM6 with an effective date of January 1, 2014.</p> <p><b>System Number:</b> 20656</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 4/30/2014 <b>Final Date:</b> 5/28/2014</p> <p><b>Effective Date:</b> 7/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 211: Federally Qualified Health Centers, Chapter 1: General, Rule 1.1: Provider Enrollment/Requirements</p> <p><b>Summary:</b> This filing of Title 23: Division of Medicaid, Chapter 1: General Rule, Rule 1.1: Provider Enrollment/Requirements is being amended to include language clarification for determining effective date of the Federally Qualified Health Centers (FQHC) provider agreement.</p> <p><b>System Number:</b> 20557</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 4/30/2014 <b>Final Date:</b> 5/28/2014</p> <p><b>Effective Date:</b> 7/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 212: Rural Health Clinics, Chapter 1: General, Rule 1.1: Provider Enrollment Requirements.</p> <p><b>Summary:</b> The filing of Title 23: Division of Medicaid, Part 212: Rural Health Clinics, Chapter 1: General Rule 1.1: Provider Enrollment Requirements is being amended to include language</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>clarification for determining effective date of the Rural Health Clinics (RHC) provider agreement.  <b>System Number:</b> 20556</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 3/31/2014 <b>Final Date:</b> 4/29/2014  <b>Effective Date:</b> 6/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 203: Physician Services, Chapter 2:Physician-Administered Drugs and Implantable Drug System Devices, Rule 2.1: Covered Services, Rule 2.2: Drug Rebates and Rule 2.3: Botulinum Toxins A and B.  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code final filing is being submitted to (1) rename Miss. Admin. Code Part 203, Chapter 2 to Physician Administered Drugs and Implantable Drug System Devices and define these terms; (2) describe coverage which now includes drug wastage; (3) refer to the Miss. Admin. Code Part 200, Rule 4.10 340B providers effective 07/01/2014; and (4) add the diagnoses neurogenic detrusor over activity and chronic migraine headaches and remove nystagmus for the indication of indication for Botulinum Toxins A.  <b>System Number:</b> 20489</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 3/20/2014 <b>Final Date:</b> 4/21/2014  <b>Effective Date:</b> 6/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 208: Home and Community Based Services (HCBS) Long Term Care Chapter 6: Bridge to Independence, Rules 6.1-6.5  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to propose new rules Title 23 Medicaid, Part 208 Home and Community Based Services (HCBS) Long Term Care, Chapter 6: Bridge to Independence Rules 6.1 - 6.5 as a covered service when certain criteria are met.  <b>System Number:</b> 20460</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 3/3/2014 <b>Final Date:</b> 3/28/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rules 1.2, 1.3, 1.5, 1.6  <b>Summary:</b> This Ms. Division of Medicaid's Administrative Code filing is to change the payment methodology for freestanding and hospital-based dialysis centers from a composite rate system to a</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>prospective payment system (PPS) effective January 1, 2014 to correspond with SPA 14-003 and to clarify documentation requirements for dialysis centers effective May 1, 2014.  <b>System Number:</b> 20429</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/28/2014 <b>Final Date:</b> 3/25/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 208: Home and Community Based Services (HCBS) Long Term Care, Chapter 3: HCBS Assisted Living Waiver, Rules 3.1-3.11, New rules 3.12-3.14  <b>Summary:</b> This MS Division of Medicaid's Administrative Code filing is to modify Title 23, Part 208, Chapter 3: Assisted Living Waiver to reflect changes in the renewal of the Assisted Living Waiver by the Centers of Medicare and Medicaid (CMS) effective October 1, 2013.  <b>System Number:</b> 20409</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/27/2014 <b>Final Date:</b> 4/1/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 209: Durable Medical Equipment and Medical Supplies, Chapter 1: Durable Medical Equipment, Rules 1.15 and 1.28; Chapter 2: Medical Supplies, Rules 2.2 and 2.3.  <b>Summary:</b> The MS Division of Medicaid's Administrative Code proposed filing is to comply with the Affordable Care Act (ACA) by revising Title 23: Medicaid, Part 209: Durable Medical Equipment and Medical Supplies, Chapter 1: Durable Medical Equipment, Rule 1.15: Breast Pumps and Chapter 2: Medical Supplies, Rule 2.2: Covered Medical Supplies, Rule 2.3: Non-Covered Medical Supplies to provide coverage for manual breast pumps and supplies and for language clarification. Chapter 1, Rule 1.28: Hospital Beds is being amended for language clarification.  <b>System Number:</b> 20437</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/27/2014 <b>Final Date:</b> 3/25/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 204: Dental Services, Chapter 1: General, Rules: 1.3, 1.10 (removed), 1.14.  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is to reflect the Medicaid coverage of certain types of analgesia and sedation for dental procedures in a dental office-</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>based setting effective May 1, 2014, with prior authorization (PA) from the Utilization Management/Quality Improvement Organization (UM/QIO).  <b>System Number:</b> 20410</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/24/2014 <b>Final Date:</b> 3/31/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, New Rule 4.10: 340B Providers  <b>Summary:</b> This proposed filing to the Miss. Admin. Code, Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider Enrollment, Rule 4.10: 340B Providers is a new rule to comply with Sec. 340B of the Public Health Service Act (Pub. L. 102-585), as amended by the Patient Protection and Affordable Care Act (Pub. L. 111-148). Final filing adopted with the change addressing Contract Pharmacies per comments received.  <b>System Number:</b> 20432</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/19/2014 <b>Final Date:</b> 3/17/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 219: Laboratory Services, Chapter 1: General Rule, 1.2: Independent Laboratory Services  <b>Summary:</b> This filing is a technical change to clarify the language to Part 219: Laboratory Services, Chapter 1: General, Rule 1.2: Independent Laboratory Services to reflect the APR-DRG payment methodology, not a per diem payment, is considered full payment for inpatient hospital services to correlate with SPA 2012-008 effective October 1, 2012.  <b>System Number:</b> 20393</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/19/2014 <b>Final Date:</b> 3/17/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.7: Beneficiary Cost Sharing  <b>Summary:</b> This Mississippi Division of Medicaid's Administrative Code filing is a technical change to clarify the language to Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.7: Beneficiary Cost Sharing to reflect APR-DRG payment methodology, not a per diem payment, is considered full payment for inpatient hospital services to correlate with SPA 2012-008 effective October 1, 2012.  <b>System Number:</b> 20392</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/11/2014 <b>Final Date:</b> 3/13/2014  <b>Effective Date:</b> 5/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 202: Hospital Services, Chapter 5: Hospital Procedures, Rule 5.6: Hysterectomy  <b>Summary:</b> The MS Division of Medicaid's Administrative Code 14-009 filing is to add clarification language to Title 23: Medicaid, Part 202: Hospital Services, Chapter 5: Hospital Procedures, Rule 5.6: Hysterectomy. This filing includes specific coverage and documentation requirements for a hysterectomy as required by federal law 42 CFR Part 441, Subpart F.  <b>System Number:</b> 20388</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 1/31/2014 <b>Final Date:</b> 2/28/2014  <b>Effective Date:</b> 4/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 102: Non-Financial Requirements, Chapter 5: Categorical Eligibility, Rules 5.5, 5.6; Chapter 6: General Eligibility Requirements, Rules 6.3, 6.4, 6.9, 6.10 6.11, 6.16, 6.17, 6.18, 6.35; Chapter 8: Non-Financial Requirements Rules 8.1, 8.2, 8.3, 8.5, 8.6, 8.8.  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility related provisions required by the Affordable Care Act (ACA).  <b>System Number:</b> 20372</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 1/16/2014 <b>Final Date:</b> 2/18/2014  <b>Effective Date:</b> 4/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 208: HCBS, LTC, Chapter 7: 1915(i) HCBS, Rules 7.1-7.9  <b>Summary:</b> The new Chapter 7 and new Rules 7.1-7.9 are being proposed filed to correspond with the new SPA 2013-001 1915(i) HCBS State Plan services. According to MS Code Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the effective date of SPA 2013-001 1915(i) HCBS which is 11/01/2013.  <b>System Number:</b> 20336</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 11/21/2013 <b>Final Date:</b> 12/18/2013  <b>Effective Date:</b> 2/1/2014 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule 2.10: Phase II Cardiac Rehabilitation</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>Services</p> <p><b>Summary:</b> This filing of the new Rule 2.10 includes coverage provisions for an outpatient hospital physician supervised cardiac rehabilitation (CR) program for beneficiaries who have had one of the qualifying cardiovascular “episodes” based on 42 CFR § 410.49.</p> <p><b>System Number:</b> 20219</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 11/6/2013 <b>Final Date:</b> 12/2/2013</p> <p><b>Effective Date:</b> 1/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Division of Medicaid, Part 206: Mental Health Services, Chapter 1: Community Mental Health Services, Rule 1.11: Intensive Outpatient Psychiatric (IOP) Services</p> <p><b>Summary:</b> To clarify the definition of Intensive Outpatient Psychiatric (IOP) Services as covered in the State Plan Amendment (SPA) 2012-003 effective July 1, 2012.</p> <p><b>System Number:</b> 20194</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 10/31/2013 <b>Final Date:</b> 11/26/2013</p> <p><b>Effective Date:</b> 1/1/2014 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23: Medicaid, Part 22: Radiology, Chapter 1: General rules 1.2 and 1.7-1.11</p> <p><b>Summary:</b> This Administrative Code filing is to modify Title 23: Medicaid, Part 22: Radiology, Chapter 1: General, Rules 1.2, 1.7-1.10 and add Rule 1.11 for clarification and to incorporate the CMS framework that establishes criteria for performing PET scans. The effective date is January 1, 2014. Clarification added as a result of comments.</p> <p><b>System Number:</b> 20191</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 10/3/2013 <b>Final Date:</b> 10/31/2013</p> <p><b>Effective Date:</b> 12/1/2013 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups</p> <p><b>Summary:</b> This proposed filing to the MS Administrative Code Title 23: Medicaid, Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups is to make a technical change to remove the language “Therapy in a free standing clinic, and” from Rule 3.1.C.3.d.1.v): Excluded Services to comply with the CMS approved benefit package for the Healthier Mississippi waiver effective October 1, 2004 and to include Intermediate Care Facility for Individuals with Intellectual</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>Disabilities (ICF/IID) to Rule 3.1.C.3.d.1.v): Long term care services.  <b>System Number:</b> 20123</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/25/2013 <b>Final Date:</b> 10/31/2013  <b>Effective Date:</b> 12/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Admin Code Title 23 Medicaid, Part 206: Mental Health Services, Chapter 2: MYPAC, Rules 2.1-2.10, and New Rule 2.11.  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to amend Title 23, Part 206: Mental Health Services, Chapter 2: MYPAC to reflect the approval of State Plan Amendment (SPA) 2012-003 Rehabilitation Option. Mississippi Youth Programs Around the Clock (MYPAC), a five year demonstration grant, ended enrollment of new beneficiaries on September 30, 2012. The Division of Medicaid submitted SPA 2012-003 Rehabilitation Option with an effective date of July 1, 2012, to continue MYPAC services after the end of the demonstration grant. To avoid duplication of services, MYPAC services under the State Plan are effective November 1, 2012, to coincide with the operational start date.  <b>System Number:</b> 20122</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/6/2013 <b>Final Date:</b> 10/1/2013  <b>Effective Date:</b> 11/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 203: Physician Services, Chapter 1: General, Rule 1.4: Physician Office Visits  <b>Summary:</b> This proposed filling is to modify the MS Division of Medicaid’s Administrative Code filing is to revise Part 203: Physicians’ Services, Chapter 1: General, Rule 1.4: Physician Office Visits. This revision allows for additional reimbursement for scheduled physician office visits during “provider established office hours” which are outside of the Division of Medicaid’s definition of “office hours”.  <b>System Number:</b> 20071</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/4/2013 <b>Final Date:</b> 10/1/2013  <b>Effective Date:</b> 11/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 202: Hospital Services, Chapter 2: Outpatient Services, Rule 2.3: Emergency Room Outpatient Services, Rule 2.4: Outpatient (23 hour) Observation Services</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Summary:</b> Rule: 2.3.B: Emergency Room Outpatient Visits – deleted “non-emergent visits” to correspond with SPA 2012-009 Ambulatory Payment Classification (APC) and to clarify language regarding an emergency department visit that results in an inpatient hospital admission to correspond to SPA 2012-008. Rule: 2.4.D.2: Updated language to include Electronic Health Record documentation. Rule: 2.4.E: Outpatient (23 hour) Observation Services – clarified language regarding outpatient observation that results in an inpatient hospital admission to correspond to SPA 2012-008.</p> <p><b>System Number:</b> 20073</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/4/2013 <b>Final Date:</b> 10/1/2013  <b>Effective Date:</b> 11/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 300: Appeals,  <b>Summary:</b> This MS Division of Medicaid’s Administrative Code filing is to revise Part 300: Appeals, Chapter 1: Appeals, Rule 1.1: Administrative Hearings for Providers for clarification and consistency. Rule 1.1.B.6.b) amended on final filing.  <b>System Number:</b> 20072</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/2/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part101, Ch. 1, 1.2 - 1.3, Ch. 3 , 3.1-3.10 Ch. 4,4.1, Ch. 5, 5.1-5.4, Ch. 6, 6.1-6.5, Ch. 7, 7.1-7.5, Ch. 8 8.1:, Ch. 9, 9.1-9.4,Ch. 10,10.1 -10.3, Ch. 11, 11.1-11.3, Ch.12,12.1-12.2, Ch. 13:, 13.1,13.2, Ch. 15, 15.1  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA) Specific legal authority authorizing the promulgation of rule: Patient Protection and Affordable Care Act (P.L .111-148) and the Health Care Education Reconciliation Act of 2010 (P.L. 111-152)  <b>System Number:</b> 20014</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Medicaid, Part 102: Non-financial Requirements, Chapter 1 Residency, Rule 1.11 , Rule 5.5, 5., Chapter 6 General Eligibility Requirements, Rule 6.3, Rule 6., Rule 6.9, Rule 6.10: 6.11:, Rule 6.16:, Rule 6.17, Rule 6.18, Rule 6.35., Chapter 8 Non-Financial Requirements, Rule 8.1:, Rule 8.2:, Rule 8.3, Rule</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>8.5, Rule 8.6:, Rule 8.8:  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)  <b>System Number:</b> 20017</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 104 Income, Chapter 1 Introduction to Income, Rule 1.1:, Chapter 11 Introduction to Income_FCC programs, Rule 11.1, Rule 11.2, Rule 11.3, Rule 11.4, Rule 11.5, Chapter 12 Income that Does Not count Under IRS Rules-FCC, Rule 12.1, , Rule 12.2, Rule 12.3, Chapter 13 Income that Counts Under IRS Rules-FCC, Rule 13.1, Chapter 14 Verification of Income-FCC, Rule 14.1, , Rule 14.2  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)  <b>System Number:</b> 20016</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 100 General Provisions, Chapter 1 Introduction, Rule 1.3 Current Structure, Chapter2 Agency Duties, Rule 2.1 Duties of Division of Medicaid  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)  <b>System Number:</b> 20015</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 100 General Provisions, Chapter 1 Introduction, Rule 1.3 Current Structure, Chapter2 Agency Duties, Rule 2.1 Duties of Division of Medicaid  <b>Summary:</b> This is a technical correction to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)  <b>System Number:</b> 20013</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 105 Budgeting, Chapter 1 Introduction to Budgeting-FCC Program Rule 1.1, Rule 1.2, Rule 1.3, Rule 1.4, Chapter 2: Extended Medicaid for Parent(s) and Caretaker Relatives, Rule 2.1 Rule 2.2  <b>Summary:</b> This is an addition to include Medicaid and CHIP eligibility – related provisions required by the Affordable Care Act (ACA)  <b>System Number:</b> 20012</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 8/1/2013 <b>Final Date:</b> 9/3/2013  <b>Effective Date:</b> 10/3/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid Part 100, Rule 8.1, Rule 8.2, Rule 8.3, Rule 8.4, Rule 8.5, Rule 8.6, Rule 8.7, Rule 8.8, Rule 8.9, Rule 8.10, Rule 8.11, Rule 8.12, Rule 8.13, Rule 8.14, Rule 8.15  <b>Summary:</b> This is an addition to include Medicaid and CHIP eligibility-related provisions required by the Affordable Care Act (ACA).  <b>System Number:</b> 20011</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/31/2013 <b>Final Date:</b> 8/26/2013  <b>Effective Date:</b> 10/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 221: Family Planning Services, Chapter 1: General, Rule 1.4: Covered Services  <b>Summary:</b> The revision to Rule 1.4: Covered Services is a non-substantive revision to Rule 1.4 B.4 to change the reference to the Rule: 1.8 Sterilization to Rule 5.3 Sterilization.  <b>System Number:</b> 20000</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/31/2013 <b>Final Date:</b> 8/26/2013  <b>Effective Date:</b> 10/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23: Division of Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rules: 1.4B.1-6, New Rules: 5.1-5.1  <b>Summary:</b> (1) Moved Rule: 1.4.B.1- 6 to a new Chapter 5: Hospital Procedures, with new Rules: 5.1-5.6 because listed procedures are not limited to the inpatient hospital setting. (2) The language “in an inpatient or outpatient hospital setting in accordance with current standards of medical practice” was added to Rules 5.1-5.4 and 5.6. The language “in an outpatient hospital setting in accordance with current standards of medical practice”</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>was added to Rule 5.5; (3) Rule: 1.8: Sterilization was moved to Rule: 5.3, Hysterectomy was removed from the Rule title and clarified existing language to 5.3.A.4, B.3, C.1, C.2, C.3; (3) Added new Rule 5.6: Hysterectomy. (4) "Revised 10/01/2012" removed from Rules: 5.3 and 5.4 due to non-substantive grammatical change.  <b>System Number:</b> 19999</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/17/2013 <b>Final Date:</b> 7/15/2013  <b>Effective Date:</b> 8/14/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 305 Program Integrity, Chapter 1, Rule 1.1: Fraud and Abuse  <b>Summary:</b> This Administrative Code filing is to make a correction to Title 23: Part 305: Program Integrity, Chapter 1, Rule 1.1: Fraud and Abuse to correspond with Medicaid's Medical Assistance Participation Agreement signed by providers.  <b>System Number:</b> 19885</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 6/12/2013 <b>Final Date:</b> 7/12/2013  <b>Effective Date:</b> 7/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 220, Radiology Chapter 1 General Rule 1.7 - Prior Authorization  <b>Summary:</b> This Administrative Code filing is to modify Title 23, Part 220 Radiology, Chapter 1 General, Rule 1.2 and add new Rules 1.7-1.10 to require prior authorization for certain outpatient advanced imaging procedures by the Division of Medicaid's Utilization Management/Quality Improvement Organization (UM/QIO) except when performed during an inpatient hospitalization, during an emergency room visit or during a twenty-three (23) hour observation period. According to the SOS APA 25-43-1.103, the effective date is July 1, 2013 to correspond with the approved SPA 2013-007.  <b>System Number:</b> 19884</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 5/15/2013 <b>Final Date:</b> 6/14/2013  <b>Effective Date:</b> 7/14/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 200 General Provider Information, Chapter 2 Benefits, Rule 2.2B and C Non-Covered Services  <b>Summary:</b> This proposed filing to the MS Administrative Code Title 23 Medicaid, Part 200 General Provider Information, Chapter 2 Benefits, Rule 2.2.B and C Non-Covered Services is to include the three never events in inpatient hospital (SPA 2011-</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>004), outpatient hospital (SPA 2011-006) and other types of healthcare settings (SPA 2012-001). This filing complies with the CMS mandated SPA 2011-004 and SPA 2011-006 effective 10/01/2011 and SPA 2012-001 effective 06/01/2012 and according to MS Code Ann. 25-43-1.103 subparagraph 4. Non-substantive revisions are being made to Rule 2.2A.  <b>System Number:</b> 19830</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 5/3/2013 <b>Final Date:</b> 5/31/2013  <b>Effective Date:</b> 6/30/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Title 23 Medicaid, Part 214 Pharmacy Services, Chapter 1: General Pharmacy, Rules 1.3, 1.4, 1.6 and 1.12  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is to modify Title 23: Part 214: Pharmacy Services, Chapter 1: Rule 1.3 – to include specific section modified in 01/01/2013 filing; Rule 1.4: – to include clarification language as well as the add seventy-two (72) hour emergency drug supply verbiage inadvertently omitted in the 04/01/2012 compilation filing. Rule 1.6: to include language regarding recoupment of funds for hard copy prescriptions not written on tamper-resistant pad/paper and add language requiring the NPI must be included on prescription claims for individual providers required with SPA 2012-004 Provider Screening and Enrollment. Rule 1.12: to include verbiage inadvertently omitted in the 04/01/2012 compilation filing.  <b>System Number:</b> 19816</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 4/4/2013 <b>Final Date:</b> 5/1/2013  <b>Effective Date:</b> 5/31/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 208: Home and Community Based Services (HCBS) Chapter 1: HCBS Elderly and Disabled Waiver, Rule 1.3, 4a: Provider Enrollment  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is to include language inadvertently omitted in the 01/01/13 filing reflecting changes in the Elderly and Disabled Wavier approved by CMS 07/01/12.  <b>System Number:</b> 19645</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 4/1/2013 <b>Final Date:</b> 9/25/2013  <b>Effective Date:</b> 9/25/2013 <b>Withdrawal Date:</b> 9/25/2013  <b>Rule:</b> WITHDRAWN - Name or number of rule(s): Admin Code Title 23 Medicaid, Part 206: Mental Health Services, Chapter 2:</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>MYPAC, Rules 2.1-2.2 and Chapter 3: MYPAC-IOP Services, Rules 3.1 -3.10.  <b>Summary:</b> WITHDRAWN - The MS Division of Medicaid's Administrative Code filing is to amend Title 23, Part 206 Mental Health Services, Chapter 2: Mississippi Youth Programs Around the Clock (MYPAC), Rules 2.1 – 2.2. New rules are proposed for Part 206: Mental Health Services, Chapter 3: Mississippi Youth Programs Around the Clock – Intensive Outpatient Psychiatric (MYPAC-IOP) Services, Rules 3.1 – 3.10 with an effective date of 11/1/12 according to MS Code Ann. § 25-43-1.103.  <b>System Number:</b> 20066</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 3/20/2013 <b>Final Date:</b> 4/25/2013  <b>Effective Date:</b> 5/25/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 214 Pharmacy, Chapter 1 General Pharmacy, Rules 1.3, 1.6 and 1.11  <b>Summary:</b> This filing is to revise Rules 1.3 and 1.6 and add new Rule 1.11 to be in compliance with State Plan Amendment 2013-011 Prescribed Drugs effective date 01/01/2013 according to section 25-43-1.103 subparagraph 4.  <b>System Number:</b> 19626</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 3/6/2013 <b>Final Date:</b> 4/1/2013  <b>Effective Date:</b> 5/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 212 Rural Health Clinics, Chapter 1 General, Rule 1.1 Provider Enrollment Requirements  <b>Summary:</b> Rule 1.1A was effective 12/01/2007. This filing is to include information inadvertently omitted in the April 1, 2012 compilation of Administrative Code Title 23 Division of Medicaid.  <b>System Number:</b> 19445</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/1/2013 <b>Final Date:</b> 2/28/2013  <b>Effective Date:</b> 4/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 202, Chapter 4, Rule 4.17  <b>Summary:</b> This final filing to the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 4 Organ Transplant , Rule 4.17 Peripheral Stem Cell Transplant is to include criteria for autologous stem cell transplant.  <b>System Number:</b> 19372</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Proposed Date:</b> 2/1/2013 <b>Final Date:</b> 2/28/2013  <b>Effective Date:</b> 4/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Part 203, Chapter 4, Rule 4.23  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is to final file Title 23 Medicaid, Part 203 Physician Services, Chapter 4 Surgery, Rule 4.23 Gastric Electrical Stimulation as a covered service when the necessary criteria are met.  <b>System Number:</b> 19371</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 2/1/2013 <b>Final Date:</b> 2/28/2013  <b>Effective Date:</b> 4/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23 Medicaid, Part 201 Transportation Services, Chapter 2 Non-Emergency Transportation (NET), Rule 2.1-2.7  <b>Summary:</b> The MS Division of Medicaid's Administrative Code filing is for technical corrections, language clarification and to include language inadvertently omitted in the April 1, 2012, compilation filing.  <b>System Number:</b> 19369</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 12/21/2012 <b>Final Date:</b> 1/22/2013  <b>Effective Date:</b> 9/1/2012 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits  <b>Summary:</b> This final filing to the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits is to revert to the language filed effective November 1, 2012, to unbundle services and ancillaries for all beneficiaries in the two lowest emergency department evaluation and management code descriptions for non-emergent emergency department visits. The effective date of this final filing is September 1, 2012, coinciding with the CMS approved SPA 2012-009 Hospital Outpatient Ambulatory Payment Classification (OP APC).  <b>System Number:</b> 19307</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 11/2/2012 <b>Final Date:</b> 11/29/2012  <b>Effective Date:</b> 1/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Part 209 Durable Medical Equipment and Medical Supplies, Chapter 1: Rules 1.12, 1.13,</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p>1.22, 1.26, 1.47, 1.48, 1.49, 1.51, 1.52 and Chapter 2: Rule 2.2, and 2.5</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is for language clarification to Title 23: Part 209 Durable Medical Equipment and Medical Supplies, Chapter 1: Rules 1.12, 1.13, 1.26 and Chapter 2: Rule 2.2. Chapter 1: Rule 1.22 was moved to Chapter 2: Rule 2.5 with language clarification. Chapter 1 Rule 1.49 was combined with Rule 1.47 for language clarification. Chapter 1: Rules 1.51 and 1.52 were inadvertently not filed with the April 1, 2012, Division of Medicaid’s Compilation filing.</p> <p><b>System Number:</b> 19252</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 11/2/2012 <b>Final Date:</b> 11/29/2012</p> <p><b>Effective Date:</b> 1/1/2013 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits</p> <p><b>Summary:</b> The purpose of this modification to the MS Division of Medicaid's Administrative Code Title 23, Part 202 Hospital Services, Chapter 2.B. Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits is to clarify the original language by stating all services and ancillaries for beneficiaries over the age of (20) twenty are bundled into the two lowest emergency department evaluation and management code descriptions for non-emergent emergency department visits.</p> <p><b>System Number:</b> 19251</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 11/2/2012 <b>Final Date:</b> 11/30/2012</p> <p><b>Effective Date:</b> 1/1/2013 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Title 23, Part 202 Hospital Services, Chapter 1 Inpatient Services, Rule 1.13 Out-of-State Facilities; Chapter 4 Organ Transplants, Rule 4.7: Reimbursement</p> <p><b>Summary:</b> Chapter 1 Inpatient Services, Rule 1.13 Out-of-State Facilities – amend language to 1.13 B. to be the same language as in 4.7 B. and move payment methodology for “specialized services” to 1.13 C from Rule 4.7 C; Chapter 4 Organ Transplants, Rule 4.7 Reimbursement – adding payment methodology for out-of-state hospitals providing transplant services to beneficiaries enrolled in a Coordinated Care Organization.</p> <p><b>System Number:</b> 19258</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Compilation:</b> No  <b>Proposed Date:</b> 11/1/2012 <b>Final Date:</b> 11/29/2012  <b>Effective Date:</b> 1/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid Part 208 Home and Community Based Services , Long Term Care , Chapter 1: HCBS Elderly and Disabled Waiver  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 208, Chapter 1: Home and Community Based Service (HCBS) Elderly and Disabled Waiver (ILW) to clearly reflect changes in the approved Independent Living Waiver approved by The Centers of Medicare and Medicaid effective July 1, 2012.  <b>System Number:</b> 19250</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 11/1/2012 <b>Final Date:</b> 11/29/2012  <b>Effective Date:</b> 1/1/2013 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 208 Home and Community Based Services, Long Term Care, Chapter 2: HCBS Independent Living Waiver  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 208, Chapter 2: Home and Community Based Service (HCBS) Independent Living Waiver (ILW) to clearly reflect changes in the approved Independent Living Waiver approved by The Centers of Medicare and Medicaid effective July 1, 2012.  <b>System Number:</b> 19249</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/14/2012 <b>Final Date:</b> 10/15/2012  <b>Effective Date:</b> 11/14/2012 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 103 Resources, Chapter 7 OBRA-93 and DRA Transfer Policy, Rule 7.1 OBRA-93 and DRA Transfer Policy Principles.  <b>Summary:</b> This is a technical correction to reflect the source used to arrive at average private pay nursing facility rates and to add an exemption for non-home transfers that was inadvertently omitted.  <b>System Number:</b> 19168</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 9/7/2012 <b>Final Date:</b> 10/8/2012  <b>Effective Date:</b> 11/7/2012 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid, Part 103 Resources, Chapter 6 Annuities, Rule 6.2 Treatment of Annuities Purchased Prior to 2/8/2006</p>	<p><a href="#">Notice</a> N/A <a href="#">Full Text</a></p>

<p><b>Summary:</b> This is a technical correction in the description of how annuities purchased prior to 2/8/2006 are treated for Medicaid eligibility.</p> <p><b>System Number:</b> 19163</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 8/30/2012 <b>Final Date:</b> 9/27/2012</p> <p><b>Effective Date:</b> 11/1/2012 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code Title 23, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits filing is to remove the six (6) non-emergent emergency room visits limit.</p> <p><b>System Number:</b> 19147</p>	<p><a href="#">Notice EIS Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 8/8/2012 <b>Final Date:</b> 9/4/2012</p> <p><b>Effective Date:</b> 10/4/2012 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 304 Audit, Chapter 1 Rule 1.1 Audit Rule</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 304 Chapter 1 Rule 1.1 to update the specific records that hospitals should maintain due to the change to the APR-DRG hospital inpatient payment methodology authorized by the 2012 Legislative Session.</p> <p><b>System Number:</b> 19101</p>	<p><a href="#">Notice EIS Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p> <p><b>Proposed Date:</b> 8/6/2012 <b>Final Date:</b> 9/4/2012</p> <p><b>Effective Date:</b> 10/4/2012 <b>Withdrawal Date:</b></p> <p><b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 203 Physician Services, Chapter 9 Rule 9.5</p> <p><b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 203 Chapter 9 Rule 9.5 to reflect the removal of the 30-day physician visit limit. The 2012 Legislative Session authorized the removal of the 30-day hospital inpatient service limit due to the implementation of the Inpatient Hospital All Patient Refined Diagnosis Related Group (APR-DRG) payment methodology. The 30-day physician visit limit is also being discontinued.</p> <p><b>System Number:</b> 19100</p>	<p><a href="#">Notice EIS Full Text</a></p>
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u></p> <p><b>Compilation:</b> No</p>	<p><a href="#">Notice EIS Full Text</a></p>

<p><b>Proposed Date:</b> 8/6/2012 <b>Final Date:</b> 9/4/2012  <b>Effective Date:</b> 10/4/2012 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Division of Medicaid Part 202 Hospital Inpatient Services, Chapter 1 Rule 1.1 1.3, 1.4, 1.8 – 1.10, 1.13 – 1.16 and Chapter 4 Rules 4.1, 4.2, 4.4, 4.5, 4.7, 4.8, 4.12, 4.16 and 4.17  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 202 Chapter 1 Rules 1.1 , 1.3, 1.4, 1.8 – 1.10, 1.13 – 1.16 and Chapter 4 Rules 4.1 4.2, 4.4, 4.5, 4.7, 4.8, 4.12, 4.16 and 4.17 to reflect implementation of the Inpatient Hospital All Patient Refined Diagnosis Related Group (APR-DRG) payment methodology as authorized during the 2012 Legislative Session. This filing also removes the thirty (30) day inpatient hospital stay limit for adults.  <b>System Number:</b> 19099</p>	
<p><b>Agency:</b> <u>DIVISION OF MEDICAID</u>  <b>Compilation:</b> No  <b>Proposed Date:</b> 7/6/2012 <b>Final Date:</b> 8/1/2012  <b>Effective Date:</b> 9/1/2012 <b>Withdrawal Date:</b>  <b>Rule:</b> Administrative Code Title 23: Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3, Rule 2.7 and Rule 2.8  <b>Summary:</b> The MS Division of Medicaid’s Administrative Code filing is to modify Title 23, Part 202 Rule 2.3, Rule 2.7 and Rule 2.8 to reflect implementation of the Outpatient Hospital Ambulatory Payment Classification (APC) payment methodology as authorized during the 2012 Legislative Session. This filing also clarifies the six (6) emergency room visits per fiscal year are for non-emergent visits.  <b>System Number:</b> 19032</p>	<p><a href="#">Notice EIS Full Text</a></p>