

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 07/01/04
Provider Policy Manual	Current:	09/01/06
Section: Benefits	Section: 2.01	
	Pages: 1	
Subject: Medicaid Services	Cross Reference:	

The Social Security Act Section 1902(a)(10) states that all Medicaid programs provide for the mandated services as noted below:

EPSDT and Expanded EPSDT Services
Family Planning Services
Federally Qualified Health Centers Services
Home Health Services
Inpatient Hospital Services
Laboratory and X-Ray Services
Nurse Midwife Services
Nurse Practitioner Services (pediatric and family)
Nursing Facility Services
Outpatient Hospital Services
Physicians Services
Rural Health Clinic Services

The State of Mississippi has also chosen to offer the following optional services:

Ambulatory Surgical Center Services
Chiropractic Services
Christian Science Sanatoria Services
Dental Services
Disease Management Services
Durable Medical Equipment
Emergency Ambulance Services
Eyeglasses
Freestanding Dialysis Center Services
~~Home Health Services~~
Hospice Services
Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Services
Inpatient Psychiatric Services
Mental Health Services
Non-Emergency Transportation
Pediatric Skilled Nursing Services
Perinatal Risk Management Services
Podiatrist Services
Prescription Drugs
Psychiatric Residential Treatment Facilities Services
State ~~Dept.~~ Department of Health Clinic Services
Targeted Case Management Services for Children with Special Needs

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: -07/01/04 09/01/06
Section: Benefits	Section: 2.02	
Subject: Benefits and Limitations	Pages: 2	Cross Reference: Introduction 1.10

The following services are covered under the Mississippi Medicaid program. Definition, scope, duration, and policies are covered in the appropriate sections. Where items of service are limited to a fiscal year, reference is to the annual period of July 1 through June 30.

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
Ambulatory Surgical Center services		No	
Chiropractic services	\$700 maximum per fiscal year	No	
Christian Science Sanatoria services			
Dental services <ul style="list-style-type: none"> • Restorative • Orthodontics 	Limited to children under 21 \$1,200 maximum per fiscal year \$3,200 maximum per fiscal year For adults, covered for emergency and palliative care only.	Yes	DOM/MS*
Dialysis (freestanding or hospital-based) Center services		No	
Durable Medical Equipment		Yes	HSM-UM/QIO*
Emergency Ambulance services	Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.	Yes	DOM/ MS*
EPSDT and Expanded EPSDT services	Limited to beneficiaries under 21 years of age. Prior authorization required for services not covered, or any service that exceeds service limits.	No Yes	DOM/MCH*
Eyeglasses (Vision)	4 2 pair per fiscal year for children 1 pair every 5 years for adults		
Family Planning services	Applies to physician office visit limit	No	
Federally Qualified Health Center services	Applies to physician office visit limit	No	
Health Dept. services	Applies to physician office visit limit	No	
Hearing Services	Limited to beneficiaries under 21 years of age		
Home Health services	60 visits per fiscal year 25 visits per fiscal year	Yes	HSM UM/QIO*
Hospice	Limited to a diagnosis of 6 months or less life expectancy as certified by physician.	No	
Hospital services <ul style="list-style-type: none"> • Inpatient days • Outpatient ER visits • Swing Bed services 	30 days per fiscal year 6 visits per fiscal year	Yes No Yes	HSM-UM/QIO* HSM UM/QIO*
ICF/MRs services		Yes-No	DOM
Inpatient psychiatric services	45 days per fiscal year for beneficiaries under 21 years of age	Yes	HSM- UM/QIO*

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
	Limited to beneficiaries under 21 years of age.		
Laboratory and X-Ray services		No	
Medical Supplies		Yes	HSM UM/QIO*
Mental Health Center services	See Section 15.31	No	
Non-emergency transportation services	Transport limited to Medicaid services only Limited to Medicaid covered services only. Excluded if service limits have been exceeded.	Yes	DOM/NET*
Nurse Practitioner services	Applies to physician office visit limit	No	
Nursing Facility services			
Orthotics & Prosthetics	Limited to beneficiaries under 21 years of age	Yes	HSM UM/QIO*
Outpatient PT,OT,ST		Yes	UM/QIO*
Pediatric skilled nursing (Private Duty Nursing) services	Limited to beneficiaries under 21 years of age	Yes	HSM UM/QIO*
Perinatal High Risk Management services			
Pharmacy Disease Management Services	12 visits per fiscal year	No	
Physician Assistant services	Applies to physician office visit limit	No	
Physician services <ul style="list-style-type: none"> • Office & ER visits • <u>Psychiatry</u> • Hospital inpatient visits • Long-term care visits 	12 per fiscal year 12 per fiscal year 30 per fiscal year 36 per fiscal year	No No No No	
Podiatrist services	Applies to physician office visit limit	No	
Prescription drugs	5 per month and 2 additional with prior authorization 5 per month		
PRTF services	Limited to beneficiaries under 21	Yes	HSM UM/QIO*
Rural Health Clinic services	Applies to physician office visit limit	No	
Targeted Case Management services for children with special needs			

Refer to Section 1.10 in this manual for information on obtaining prior authorizations from HSM.

*MS- Medical Services MCH- Maternal & Child Health Non-Emergency Transportation
UM/QIO- Utilization Management/ Quality Improvement Organization

Division of Medicaid State of Mississippi Provider Policy Manual	New:	Date:
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Section: Benefits	Section: 2.03	
Subject: Exclusions	Pages: 2	
	Cross Reference:	

No payment may be made under the Medicaid program for certain items and services, including but not limited to the following:

1. Items or services which are furnished gratuitously without regard to the individual's ability to pay and without expectation of payment from any source, such as free x-rays provided by a health department.
2. Any operative procedure, or any portion of a procedure, performed primarily to improve physical appearance and/or treat a mental condition through change in bodily form.
3. Routine physical examinations, such as school, sports, or employment physicals that are not part of the well child screening program for beneficiaries under 21 years of age or are not covered through provisions set forth in Section 53.18.
4. Immunizations or other preventive health services that are not a part of the screening program for beneficiaries under 21 years of age.
5. Immunizations for adults other than flu or pneumonia not related to treatment of injury or direct exposure to a disease such as rabies or tetanus.
6. Services of a physical therapist or speech therapist are not covered for Medicaid beneficiaries 21 years of age or older, except when provided as an inpatient or outpatient hospital service, nursing facility service, ~~or by a home health agency in a home setting~~. Therapy services are not covered in a nursing facility when performed by a home health agency.
7. Prosthetic and orthotic devices, and orthopedic shoes for beneficiaries 21 years of age or older, except for crossover claims allowed by Medicare.
8. Hospital inpatient items not directly related to the treatment of an illness or injury (such as TV, massage, haircuts, etc.).
9. Psychological evaluations and testing by a psychologist except when performed as an inpatient hospital service and billed on a hospital claim form, or as a part of the EPSDT program for children under 21 years of age.
10. Vitamin injections, except for B-12 as specific therapy for certain anemias such as fish tapeworm anemia, other B-12 complex deficiencies, pernicious anemia, vitamin B-12 deficiency anemia, atrophic gastritis, idiopathic steatorrhea, sprue, blind loop syndrome, partial or total gastrectomy, pancreatic steatorrhea, and other specified intestinal malabsorption.
11. Prescription vitamins and mineral products are excluded except for prenatal vitamins for obstetrical patients, fluoride vitamins for children, and B complex with C vitamins for dialysis patients.
12. Services denied by the ~~PRO-~~UM/QIO
13. Routine circumcisions for newborn infants.
14. Interest on late pay claims.

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15. Physician assistants prior to July 1, 2001.
 16. Freestanding substance abuse rehabilitation centers and psychiatric facilities for beneficiaries 21 years of age or older.
 17. Reimbursement for services provided to only Qualified Medicare Beneficiaries (QMB) except for Medicare/Medicaid crossover payments of Medicare deductibles and coinsurance.
 18. Medicare deductibles and co-insurance will not be paid for QMBs in non-Medicaid eligible facilities.
 19. Reimbursement for any Medicaid service for Specified Low-income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI). These individuals are entitled only to payment or partial payment of their Medicare Part B premium.
 20. Ambulance transport to and from dialysis treatment unless prior approved by Medicaid.
 21. Reversal of sterilization, artificial or intrauterine insemination and in vitro fertilization.
 22. Services, procedures, supplies or drugs which are still in clinical trials and/or investigative or experimental in nature.
 23. Routine foot care in the absence of systemic conditions.
 24. Gastric surgery (any technique or procedure) for the treatment of obesity or weight control, regardless of medical necessity.
 25. Telephone contacts/consultations and missed or cancelled appointments.
 26. Wigs
 27. Services ordered, prescribed, administered, supplied or provided by an individual or entity that has been excluded by DHHS.
 28. Services ordered, prescribed, administered, supplied or provided by an individual or entity that is no longer licensed by their governing board.
 29. Services outside the scope and/or authority of a practitioner's specialty and/or area of practice.
 30. Services not specifically listed or defined by Medicaid are not covered.
 31. Any exclusion listed elsewhere in the Mississippi Medicaid Provider Policy Manual, bulletins, or other Mississippi Medicaid publications.