

**State of Mississippi**

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided:  No Limitations  With Limitations

2. a. Outpatient hospital services.

Provided:  No Limitations  With Limitations

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

Provided:  No Limitations  With Limitations

Not Provided

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-5).

Provided:  No Limitations  With Limitations

3. Other laboratory and x-ray services.

Provided:  No Limitations  With Limitations

**State of Mississippi**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

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Independent Laboratory and X-Ray Services - Payment is made from a statewide uniform fee schedule based on 90 percent of the current Medicare fee schedule and is updated each year as of July 1<sup>st</sup> and is effective for services provided on or after that date. All fees are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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**DESCRIPTIONS OF AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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3. For dates of service on or after July 1, 2013, prior authorization is required for certain advanced imaging procedures. Prior authorization is performed by a Utilization Management and Quality Improvement Organization (UM/QIO) contractor for the Division of Medicaid.

Prior authorization for certain advanced imaging procedures, as specified in the MS Administrative Code, Title 23, Part 220, is required except when performed during an inpatient hospitalization, during an emergency room visit or during a twenty-three (23) hour observation period.

The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.