

State of Mississippi**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

5. The Division of Medicaid covers Physicians' Services, including those that an optometrist is legally authorized to perform within their scope of practice, with the following limitations:

Hospital physician visits are limited to one (1) per day, except hospital physician visits to beneficiaries in Intensive or Coronary Care Units (ICU or CCU) are limited to two (2) per day. The Division of Medicaid covers additional medically necessary inpatient hospital physician visits with prior authorization from the Division of Medicaid or designee.

Hospital emergency department (ED) physician visits are not limited.

Nursing facility physician visits are limited to thirty-six (36) per state fiscal year (SFY).

Physician office visits and hospital outpatient department physician visits are limited to:

- For non-psychiatric physician visits a combined total of sixteen (16) visits per SFY.
- For psychiatric physician visits a combined total of sixteen (16) visits per SFY.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations of the State Plan are covered with prior authorization from the Division of Medicaid or designee.

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Hospital physician visits are limited to one (1) per day, except hospital physician visits to patients beneficiaries in Intensive or Coronary Care Units (ICU or CCU) are limited to two (2) per day.- The Division of Medicaid will pay for covers services of additional medically necessary inpatient hospital physicians visits with prior authorization from during inpatient hospitalization provided the primary physician certifies to the Division of Medicaid or designee that it was medically necessary for the care of the patient. Physicians will not be reimbursed for hospital visits after the patient has used all allowed hospital days.

Hospital emergency department (ED) physician visits are not limited.

Nursing facility home physician visits are limited to thirty-six (36) per state fiscal year (SFY).

Medicaid reimbursement for physician services rendered in the pPhysician's office visits - and hospital outpatient department of a hospital-physician visits or services rendered in a rural health clinic are limited to:

- For non-psychiatric physician visits a combined total of twelve (12)-sixteen (16) visits per fiscal year SFY.
- For psychiatric physician visits a combined total of sixteen (16) visits per SFY.

Ancillary diagnostic procedures are not covered after expiration of twelve (12) authorized physician visits.

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.

Psychiatric therapeutic procedures provided by a psychiatrist are not included in the twelve (12) physician office visits/fiscal year. Medicaid reimbursement for psychiatric services rendered in the doctor's office, outpatient department of a hospital or services rendered in a rural health clinic are limited to a combined total of twelve (12) visits per fiscal year.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations of the State Plan are covered with prior authorization from the Division of Medicaid or designee.