

State/Territory: MISSISSIPPI

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a) (5) (B) of the Act.)

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations With limitations *

Not provided

* Description provided on attachment.

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State of Mississippi

**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED**

Family Planning Services and Supplies for Individuals of Child-Bearing Age

Family planning services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy. In-vitro fertilization, artificial insemination, sterilization reversals, sperm banking and related services, hysterectomies, and abortions shall not be considered family planning services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

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

Family planning Services and Supplies for Individuals - Payment is made from a Statewide uniform fee schedule based on 90 percent of the Medicare fee schedule with adjustments as authorized by the state Legislature. Payments to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

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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