

<b>Division of Medicaid</b>	<b>New:</b> -X	<b>Date:</b> 07/01/01
<b>State of Mississippi</b>	<b>Revised:</b> X	<b>Date:</b> 02/01/07
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: General Medical Policy</b>	<b>Section:</b> 53.10	
<b>Subject: Physician Assistants</b>	<b>Pages:</b> 1	
	<b>Cross Reference:</b>	
	<b>Assistant Surgeon 52.07</b>	

Effective July 1, 2001, physician assistants who are licensed by the Mississippi State Board of Medical Licensure, are practicing with physician supervision under regulations adopted by the board, and are approved Medicaid providers, may bill Medicaid for the covered services within the scope of practice allowed by their protocol. The CPT manual should be used to determine the appropriate procedure code for these services. All services and procedures provided by physician assistants should be billed in the same manner following the same policy and guidelines as physician services.

Mississippi Medicaid does not reimburse a physician assistant as an assistant surgeon. Refer to Surgery, Section 52.07 of the provider policy manual.

**The reimbursement for physician assistants will be 90% of the amount allowed physicians for procedures.**

Reimbursement will not be made for a physician and a physician assistant for the same patient encounter. Payment will be made for one or the other, not both.

<b>Division of Medicaid</b>	<b>New:</b> <del>X</del>	<b>Date:</b> 02/01/05
<b>State of Mississippi</b>	<b>Revised:</b> X	<b>Date:</b> 02/01/07
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: General Medical Policy</b>	<b>Section:</b> 53.18	
	<b>Pages:</b> 2	
<b>Subject: Physical Examinations</b>	<b>Cross Reference:</b>	

As authorized in House Bill 1434 during the 2004 Legislative Session, the Division of Medicaid will cover annual physical examinations. Through this provision, eligible Mississippi Medicaid beneficiaries will be encouraged to choose a medical home and undertake a physical examination to establish a base-line level of health.

A medical home is defined as the usual and customary source that provides both preventive and treatment or diagnosis of a specific illness, symptom, complaint, or injury. The medical home will serve as the focal point for a beneficiary's health care, providing care that is accessible, accountable, comprehensive, integrated, and patient centered.

### **Physical Examinations for Beneficiaries for Adults (Age 21 and over)**

Coverage for the annual physical examination for adults will be effective as of February 1, 2005. To bill for the service, providers will utilize the age appropriate code from the CPT Evaluation and Management Preventive Medicine codes 99385, 99386, 99387, 99395, 99396, or 99397.

The co-payment amount of \$3.00 for a physician visit will not be applicable to beneficiaries age 18 and over. The annual physician examination will not be counted toward the physician visit limit of twelve (12) per fiscal year. ~~The examination and ancillary diagnostic/screening services are not covered after the expiration of the twelve (12) authorized physician visits.~~

### **Physical Examinations for Children (Under Age 21)**

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, a mandatory service under Medicaid, provides preventive and comprehensive health services for Medicaid eligible children and youths up to age twenty one (21). Children will access the mandatory periodic screening services through EPSDT providers. EPSDT providers will continue to follow the Division of Medicaid's policy and procedures for the EPSDT Program.

No co-payment is applicable for services to children under age 18. The provider must report the Co-payment Exception Code "C" on claims for beneficiaries under age 18. The codes for the periodic screening examinations do not apply toward the physician visit limit per fiscal year.

### **Dual Eligibles**

Beneficiaries whose Medicare Part B coverage begins on or after January 1, 2005 will have Medicare coverage for a one time only "Welcome to Medicare" Physical Examination within the first six months of the Medicare coverage.

If the beneficiary has both Medicare and Mississippi Medicaid, the routine annual physical examination is not covered under Medicaid if the beneficiary is eligible for or has already received the "Welcome to Medicare" physical examination. The Division of Medicaid will not duplicate benefits for routine annual physical examinations covered by Medicare and will not provide an annual physical examination until twelve months (12) has elapsed from the original effective date of the Medicare Part B coverage. For these instances, it is the sole responsibility of the provider to determine whether Medicare or Mississippi Medicaid is the appropriate billing source.

Dual eligibles whose Medicare Part B effective date is prior to January 1, 2005 will be eligible for the physical examination as outlined above for adults or children.

---

---

### **Diagnostic and/or Screening Procedures**

Radiology and laboratory procedures which are a standard part of a routine adult annual age/gender physical examination or well child periodic screening may be billed by the provider performing the procedure, and coverage will be determined based on current Mississippi Medicaid policies for the individual procedures.

### **Exclusions**

The purpose for providing a benefit for routine annual physical examinations and well child screenings is to assist Mississippi Medicaid beneficiaries in establishing a medical home and to assist the beneficiary in accessing preventive services. Using the examination as a tool for other purposes, such as physicals for school, sports, or employment, will not be covered and must not be billed to Medicaid.

This benefit is not covered for beneficiaries in an institutional setting (locked-in to a nursing home or intermediate care facility for the mentally retarded (ICF/MR) or those covered in Category of Eligibility 029 (Family Planning) or 088 (Pregnant Women – 185%).