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. For waiver benefits, refer to the appropriate waiver section.

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			
Community-Based Mental Health Services (Expanded EPSDT for under 21)	See policy section 21.15	Yes, for evaluations or to exceed the service standard	DOM/MH
Community Mental Health Center (CMHC) services	See policy section 15.30	No	
Dental services Children • Preventive • Diagnostic • Restorative • Orthodontia Adults • Emergency pain relief • Palliative care	Dental $2,500 maximum per fiscal year-adults and children; additional benefits if prior authorized Orthodontia $4,200 maximum per lifetime per child.	If applicable -See Dental Policy	DOM/MS*
Dialysis (freestanding or hospital-based) Center services		No	
Durable Medical Equipment		Yes	UM/QIO
Emergency Ambulance services	Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.	Yes	DOM/ MS*
EPSDT 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*

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
Eyeglasses (Vision)	2 pair per fiscal year for children 1 pair every 5 years for adults	Yes for children after 2nd pair per FY	DOM/MS*
Family Planning services	Applies to physician office visit limit	No	
Federally Qualified Health Center services	Applies to physician office visit limit	No	
Health Department services	Applies to physician office visit limit	No	
Hearing services	Limited to beneficiaries under 21 years of age	Yes, for hearing aids	DOM/MS*
Home Health services	25 visits per fiscal year	Yes	UM/QIO
Hospice	Limited to a diagnosis of 6 months or less life expectancy as certified by physician.	No	
Hospital services • Inpatient days • Outpatient ER visits • Swing Bed services	 30 days per fiscal year 6 visits per fiscal year	 Yes No Yes	 UM/QIO UM/QIO
ICF/MR services	Therapeutic leave days limited to 90 days per fiscal year.	No	
Inpatient psychiatric services	Limited to beneficiaries under 21 years of age	Yes	UM/QIO
Laboratory and X-Ray services		No	
Medical Supplies		Yes	UM/QIO
~~Mental Health Center services~~	~~See Section 15.31~~	~~No~~	
Non-emergency transportation services	Limited to Medicaid covered services only. Excluded if services limits have been exceeded. Excluded if beneficiary has transportation resources.	Yes	~~DOM/NET*~~ NET Broker
Nurse Practitioner services	Applies to physician office visit limit	No	
Nursing facility services	Therapeutic leave days limited to 58 days per fiscal year.	No	
Orthotics & Prosthetics	Limited to beneficiaries under 21 years of age	Yes	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	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 • Office & ER visits • Psychiatry • 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	

Benefit	Limitation	Prior Authorization	Contact for Prior Authorization
Prescription drugs	5 per month with no more than 2 of the 5 being brand name drugs; beneficiaries under 21 can receive more than the monthly limits with a medical necessity PA	Yes- for beneficiaries under 21 that require more than 5 prescriptions per month.	HID
Psychiatric Residential Treatment Facility (PRTF) services	Limited to beneficiaries under 21	Yes	UM/QIO
Psychiatry services	12 per fiscal year Can be exceeded for under 21 with PA	Yes, for beneficiaries under 21 that require more than 12 visits	DOM/MH
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~~ the UM/QIO.

*HID- Health Information Design, MCH- Maternal Child Health MH- Mental Health

MS- Medical Services NET- Non-Emergency Transportation

UM/QIO- Utilization Management/ Quality Improvement Organization