This manual has been prepared for the information and guidance of providers of medical services participating in the Mississippi Medicaid program. It is designed as an instructional manual encompassing previous policy statements and regulations that have been issued and must be adhered to by all providers. Additions and revisions will be forwarded as necessary.

It contains information the provider may need to answer questions about the Medicaid program. When fully utilized, this manual will aid the provider in understanding what procedures and services are properly billable to the Division of Medicaid (DOM) by giving information on covered and non-covered services. The manual will also tell the provider where to find additional information if he or she has a question not addressed in the manual. The provider may also want to use the manual as a training tool for billing clerks; however, it is the provider's responsibility to submit claims that accurately reflect the services rendered.

It is the provider's responsibility to assure that the business's employees at all locations are knowledgeable of the Medicaid program requirements and have access to Medicaid policy, requirements, and other information pertinent to the performance of their duties.

The manual contains general information for all providers and certain information specific to provider types, i.e., anesthesia, chiropractors, durable medical equipment, mental health, nursing facility, nurse practitioners, pharmacy, physicians, radiology, rural health clinics, speech/language therapy, transplants, vision, etc.

The layout of the Mississippi Medicaid Provider Policy Manual is designed to be "user friendly". The table of contents is a brief description of the subject and the location of a particular section.

Due to evolving healthcare initiatives and legislative directives, policies of the Medicaid program may be revised. Providers are notified of changes through Medicaid bulletins, messages on the payment register, correspondence, or revised manual pages. All revisions received by the provider, regardless of format, should be placed in the appropriate section of the manual.

A three ring binder is helpful in substituting or incorporating changes or clarifications contained in Medicaid bulletins, messages on the payment registers, or correspondence. It is the responsibility of each Medicaid provider to maintain an updated policy manual, and to become familiar with each revision. Questions should be addressed in writing to the Division of Medicaid.