Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

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AGENCY NAME State of MS Division of Medicaid ADDRESS Walter Sillers Building, Suite 1000 550 High Street		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248 STAT ZIP E 39201 MS	
		CITY Jackson		
EMAIL Margaret.wilson@medicaid.ms.gov	SUBMIT DATE JUL 1 2 2013	Name or number of rule(s): Title 23, Part 220 Radiology, Chapter 1 General, Rules 1.2 and 1.7-1.10		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is to modify Title 23, Part 220 Radiology, Chapter 1 General, Rule 1.2 and add new Rules 1.7-1.10 to require prior authorization for certain outpatient advanced imaging procedures by the Division of Medicaid's Utilization Management / Quality Improvement Organization (UM/QIO) except when performed during an inpatient hospitalization, during an emergency room visit or during a twenty-three (23) hour observation period. According to the SOS APA § 25-43-1.103, the effective date is July 1, 2013, to correspond with the approved SPA 2013-007.

Specific legal authority authorizing the promulgation of rule: MS Ann. Code §§ 25-43-1.103, 43-13-121; 42 CFR § 440.230.

Specific legal authority authorizing th	e promuigation of rule: MS Ann. Code 99	25-43-1.103, 43-13-121; 42 CFR § 440.230.		
List all rules repealed, amended, or su amended and new Rules 1.7-1.10. Non so	spended by the proposed rule: Part 220 abstantive changes made to Rules 1.1, 1.3-	Radiology, Chapter 1 General, Rule 1.2 1.5 for language clarification.		
ORAL PROCEEDING:		to the said		
An oral proceeding is scheduled for the	is rule on Date: Time: Place: _			
Presently, an oral proceeding is not so	heduled on this rule.			
agency or ten (10) or more persons. The written re the filing of this notice of proposed rule adoption ar request; and, if you are an agent or attorney, the na	eding must be held if a written request for an oral pr quest should be submitted to the agency contact pers id should include the name, address, email address, a me, address, email address, and telephone number of riod, written submissions including arguments, data,	on at the above address within twenty (20) days after nd telephone number of the person(s) making the the party or parties you represent. At any time		
ECONOMIC IMPACT STATEMENT:				
Economic impact statement not requi	red for this rule. Concise summary of e	economic impact statement attached.		
TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: 30 days after filing Other (specify):	Date Proposed Rule Filed: JUN 1 2 2013 Action taken:		
Printed name and Title of person authorized to file rules: Signature of person authorized to file rules: David J. Dzielak, Pk.D., Executive Director David J. Dzielak, Pk.D., Executive Director				
OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP JUL 1 2 2013 MISSISSIPPI SECRETARY OF STATE		
Accepted for filing by	Accepted for filing by	Accepted for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.