Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING		7		
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE APR 2 9 2014	Name or number of rule(s): Title 23: Medicaid, Part 203: Physician Services, Chapter 2:Physician-Administered Drugs and Implantable Drug System Devices, Rule 2.1: Covered Services, Rule 2.2: Drug Rebates and Rule 2.3: Botulinum Toxins A and B.			
Short explanation of rule/amendment/r Administrative Code final filing is bein Drugs and Implantable Drug System Drefer to the Miss. Admin. Code Part 2 detrusor over activity and chronic migra Specific legal authority authorizing the Reduction Act of 2005; 42 CFR Part 447	g submitted to (1) revices and define to 200, Rule 4.10 340 ine headaches and repromulgation of the submitted to (1) reproductive to	ename Miss. Admin. Code Pathese terms; (2) describe coverage B providers effective 07/01/2 emove nystagmus for the individuel: SSA § 1927(a)(7) and	art 203, Cha erage which 2014; and (cation of inc	pter 2 to Physic now includes of the diag lication for Both	cian Administered drug wastage; (3) noses neurogenic ulinum Toxins A.
List all rules repealed, amended, or su 2:Physician-Administered Drugs and Im				03: Physician S	Services, Chapter
ORAL PROCEEDING:					
An oral proceeding is scheduled for this i	ule on Date:	Time: Place:			
Presently, an oral proceeding is not sche	duled on this rule.				
subdivision, an agency or ten (10) or more p within twenty (20) days after the filing of thi telephone number of the person(s) making to number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT: Economic impact statement not required.	s notice of proposed of the request; and, if yout. At any time within I rule/amendment/re	rule adoption and should include u are an agent or attorney, the n the twenty-five (25) day public o peal may be submitted to the fili	the name, ad ame, address omment perion ng agency.	ldress, email addı , email address, a od, written submi	ress, and and telephone
					DILLEC
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rule Amendm Repeal o Adoption Proposed final	(s) ent to existing rule(s) f existing rule(s) n by reference effective date: after filing	FINAL ACTION ON RULES Date Proposed Rule Filed:MAR 3 1 2014 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing X Other (specify): June 1, 2014		
Printed name and Title of person authorized	to file rules: Dav	id J. Dzielak, Ph.D., Executive Dir	ector		
Signature of person authorized to file rules:		Willer of 1 Line	1		
OFFICIAL FILING STAMP		WRITE BELÓW THIS LINE ICIAL FILING STAMP	SECF	APR 2 9 2 MISSISSIFIETARY OF	S D
Accepted for filing by Accepted for fili		ling by	Accepted fo	or filing by	(