

## **Title 23: Division of Medicaid**

### **Part 203: Physician Services**

#### **Part 203 Chapter 1: General**

##### *Rule 1.4: Physician Office Visits*

- A. The Division of Medicaid covers twelve (12) physician office visits per state fiscal year whether occurring during or after office hours or provider established office hours.
- B. The Division of Medicaid:
  - 1. Defines regularly scheduled office hours as the hours between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding Saturday, Sunday and federal and state holidays, referred to in Rule 1.4 as “office hours”.
  - 2. Permits providers to set regularly scheduled office hours outside of the Division of Medicaid’s definition of office hours, referred to in Rule 1.4 as “provider established office hours”.
  - 3. Requires providers to maintain records indicating the provider’s established office hours and any changes including:
    - a) The date of the change,
    - b) The provider established office hours prior to the change, and
    - c) The new provider established office hours.
- C. The Division of Medicaid reimburses a fee in addition to the appropriate Evaluation and Management (E&M) code for a physician office visit when the visit:
  - 1. Occurs during the provider established office hours which are set outside of the Division of Medicaid’s definition of office hours, or
  - 2. Occurs outside of office hours or provider established office hours only for a condition which is not life-threatening but warrants immediate attention and cannot wait to be treated until the next scheduled appointment during office hours or provider established office hours.
- D. The Division of Medicaid reimburses only the appropriate E&M code for a physician office visit scheduled during office hours or provider established office hours but not occurring until after office hours or provider established office hours.
- E. Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) will be eligible to receive the additional fee contingent upon the Centers for Medicare and Medicaid’s

(CMS) approval of an alternate payment methodology (APM) through a State Plan Amendment (SPA). The Division of Medicaid is requesting an effective date of November 1, 2013.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 11/01/2013.