

Title 23: Medicaid

Part 202: Hospital Services

Chapter 2: Outpatient Services

Rule 2.2: Outpatient Hospital Services

- A. The Division of Medicaid covers outpatient hospital services provided by a licensed hospital in hospital outpatient departments to a beneficiary by or under the direction of a physician or dentist which are preventive, diagnostic, therapeutic, rehabilitative or palliative and include, but are not limited to:
1. Emergency department services,
 2. Observation services,
 3. Outpatient department services including same-day surgery,
 4. Laboratory tests,
 5. X-ray and other radiology services,
 6. Medical supplies,
 7. Physician-administered drugs and implantable drug system devices, and
 8. Mental health services.
- B. The Division of Medicaid requires prior authorization for certain physician-administered drugs and implantable drug system devices as determined by the Division of Medicaid.

Source: 42 C.F.R. § 440.20; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2021; Revised to correspond with SPA 20-0022 (eff. 09/01/2020) eff. 11/01/2020; Revised eff. 12/01/2019.

Rule 2.6: Mental Health Services

- A. Mental health services provided in an outpatient department of a general hospital are covered when:
1. Provided by appropriate staff operating within the scope of their practice, and
 2. Appropriate for the setting according to the licensure of the hospital.

B. Partial hospitalization services are covered:

1. When prior authorized as medically necessary through the Utilization Management and Quality Improvement Organization (UM/QIO).
2. When provided in an outpatient department of a general hospital or an acute freestanding psychiatric facility.
3. And include, but are not limited to:
 - a) Group Therapy,
 - b) Individual Therapy,
 - c) Drugs and biologicals that cannot be self-administered,
 - d) Family Therapy, and
 - e) Diagnostic services, to include, psychiatric and psychological evaluations and assessments.
4. When the services are part of an individualized treatment plan provided and approved by the appropriate practitioner.
5. When the beneficiary:
 - a) Has been diagnosed with a mental disorder that severely interferes with multiple areas of daily life, including social, vocational, and/or educational functioning,
 - b) Is able to cognitively and emotionally participate in the active treatment process, and be capable of tolerating the intensity of a partial hospitalization program,
 - c) Requires a minimum of twenty (20) hours per week of therapeutic services, as evidenced by their plan of care, and
 - d) Is being discharged from an inpatient hospitalization or is at risk of inpatient hospitalization.

C. Partial hospitalization services are reimbursed:

1. When provided for no less than four (4) hours per day at a minimum of five (5) days per week.

2. A facility fee.
- D. A professional fee for the physician, nurse practitioner and/or physician assistant services are reimbursed separately from the facility fee.
- E. Intensive outpatient psychiatric services are covered:
1. When prior authorized as medically necessary through the Utilization Management and Quality Improvement Organization (UM/QIO).
 2. When provided in an outpatient department of a general hospital or an acute freestanding psychiatric facility.
 3. And include, but are not limited to:
 - a) Group Therapy,
 - b) Individual Therapy,
 - c) Medication management when applicable,
 - d) Case Management,
 - e) Psychiatric and psychological evaluations and assessments.
 4. When the services are part of an individualized treatment plan provided and approved by the appropriate practitioner.
 5. When the beneficiary:
 - a) Has been diagnosed with a mental disorder that interferes with multiple areas of daily life, including social, vocational, and/or educational functioning,
 - b) Is able to cognitively and emotionally participate in the active treatment process, and
 - c) Requires a minimum of nine (9) hours per week of therapeutic services, as evidenced by their plan of care.
- F. Intensive outpatient psychiatric services are reimbursed:
1. When provided for no less than three (3) hours per day at a minimum of three (3) days per week.

2. A facility fee.

G. A professional fee for the physician, nurse practitioner and/or physician assistant services is reimbursed separately from the facility fee.

H. Outpatient hospital mental health services are reimbursed using the same methodology as other outpatient hospital services.

Source: 42 CFR § 410.155; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2021; Revised to correspond with SPA 20-0022 (eff. 09/01/2020) eff. 11/01/2020.

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Rule 2.6: Mental Health Services

- A. Mental health services provided in an outpatient department of a general hospital are covered when:
1. Provided by appropriate staff operating within the scope of their practice, and
 2. Appropriate for the setting according to the licensure of the hospital.

| B. ~~Acute-p~~Partial hospitalization services are covered:

1. When prior authorized as medically necessary through the Utilization Management and Quality Improvement Organization (UM/QIO).
2. When provided in an outpatient department of a general hospital or an acute freestanding psychiatric facility.
3. And include, but are not limited to:
 - a) Group Therapy,
 - b) Individual Therapy,
 - c) Drugs and biologicals that cannot be self-administered,
 - d) Family Therapy, and
 - e) Diagnostic services, to include, psychiatric and psychological evaluations and assessments.
4. When the services are part of an individualized treatment plan provided and approved by the appropriate practitioner.
5. When the beneficiary:
 - a) Has been diagnosed with a mental disorder that severely interferes with multiple areas of daily life, including social, vocational, and/or educational functioning,
 - b) Is able to cognitively and emotionally participate in the active treatment process, and be capable of tolerating the intensity of a partial hospitalization program,
 - c) Requires a minimum of twenty (20) hours per week of therapeutic services, as evidenced by their plan of care, and
 - d) Is being discharged from an inpatient hospitalization or is at risk of inpatient hospitalization.

| C. ~~Acute-p~~Partial hospitalization services are reimbursed:

1. When provided for no less than four (4) hours per day at a minimum of five (5) days per week.

2. ~~For up to one hundred (100) days per state fiscal year.~~

3. A facility fee.

D. A professional fee for the physician, nurse practitioner and/or physician assistant services are reimbursed separately from the facility fee.

DE. Intensive outpatient psychiatric treatment services are covered:

1. When prior authorized as medically necessary through the Utilization Management and Quality Improvement Organization (UM/QIO).
2. When provided in an outpatient department of a general hospital or an acute freestanding psychiatric facility.
3. And include, but are not limited to:
 - a) Group Therapy,
 - b) Individual Therapy,
 - c) Medication management when applicable,
 - d) Case Management,
 - e) Psychiatric and psychological evaluations and assessments.
4. When the services are part of an individualized treatment plan provided and approved by the appropriate practitioner.
5. When the beneficiary:
 - a) Has been diagnosed with a mental disorder that interferes with multiple areas of daily life, including social, vocational, and/or educational functioning,
 - b) Is able to cognitively and emotionally participate in the active treatment process, and
 - c) Requires a minimum of nine (9) hours per week of therapeutic services, as evidenced by their plan of care.

EF. Intensive outpatient ~~treatment~~ psychiatric services are reimbursed ~~when:~~

1. When provided for no less than three (3) hours per day at a minimum of three (3) days per week.

2. A facility fee.

G. A professional fee for the physician, nurse practitioner and/or physician assistant services is reimbursed separately from the facility fee.

FH. Outpatient hospital mental health services are reimbursed using the same methodology as other outpatient hospital services.

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