

Title 23: Division of Medicaid

Part 210: Ambulatory Surgical Centers

Part 210 Chapter 1: General

Rule 1.6: Reimbursement

- A. Mississippi Medicaid Ambulatory Surgical Care (ASC) rates are set at eighty percent (80%) of the Medicare ASC Payment System rate in effect October 1, 2020, set by the Center for Medicare and Medicaid Services (CMS).
- B. Reimbursement is in accordance with the Medicaid ASC Procedure Schedule or the provider's usual and customary charges, whichever is less.
- C. The Division of Medicaid reimburses for multiple procedures as outlined in Miss. Admin. Code Part 203, Chapter 4.
- D. Surgical or other procedures canceled due to scheduling conflicts of the operating suite or physician, beneficiary request, or other reason not related to medical necessity, cannot be billed and no payment will be made for the procedure. Services provided prior to the procedure may be billed and are subject to coverage rules for those services.
- E. For surgical or other procedures canceled or terminated before completion due to changes in the beneficiary's medical condition that threaten his/her well-being, only the services that were actually performed may be billed and are subject to coverage rules for those services. Clear documentation regarding the medical necessity for cancellation or termination of the procedure must be provided.
- F. ASC providers must bill the procedure code that accurately reflects the dental services rendered as follows:
 - 1. Dental procedures performed by a Mississippi licensed dentist must be billed with a Code on Dental Procedures and Nomenclature (CDT).
 - 2. Dental procedures performed by a Mississippi licensed dentist who is also a Mississippi licensed physician can bill either a CDT code or a Current Procedural Terminology (CPT) code.

Source: 42 C.F.R. Part 416; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2021; Revised eff. 10/01/2019.

Title 23: Division of Medicaid

Part 210: Ambulatory Surgical Centers

Part 210 Chapter 1: General

Rule 1.6: Reimbursement

- A. Mississippi Medicaid Ambulatory Surgical Care (ASC) rates are set at eighty percent (80%) of the Medicare ASC Payment System rate in effect ~~for State Fiscal Year (SFY) 2021~~October 1, 2020, set by the Center for Medicare and Medicaid Services (CMS).
- B. Reimbursement is in accordance with the Medicaid ASC Procedure Schedule or the provider's usual and customary charges, whichever is less.
- C. The Division of Medicaid reimburses for multiple procedures as outlined in Miss. Admin. Code Part 203, Chapter 4.
- D. Surgical or other procedures canceled due to scheduling conflicts of the operating suite or physician, beneficiary request, or other reason not related to medical necessity, cannot be billed and no payment will be made for the procedure. Services provided prior to the procedure may be billed and are subject to coverage rules for those services.
- E. For surgical or other procedures canceled or terminated before completion due to changes in the beneficiary's medical condition that threaten his/her well-being, only the services that were actually performed may be billed are subject to coverage rules for those services. Clear documentation regarding the medical necessity for cancellation or termination of the procedure must be provided.
- F. ASC providers must bill the procedure code that accurately reflects the dental services rendered as follows:
 - 1. Dental procedures performed by a Mississippi licensed dentist must be billed with a Code on Dental Procedures and Nomenclature (CDT).
 - 2. Dental procedures performed by a Mississippi licensed dentist who is also a Mississippi licensed physician can bill either a CDT code or a Current Procedural Terminology (CPT) code.

Source: 42 C.F.R. Part 416; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2021; Revised eff. 10/01/2019.