

Title 23: Division of Medicaid

Part 203: Physician Services

Chapter 1: General

Rule 1.4: Physician Office Visits

- A. The Division of Medicaid covers a combined total of sixteen (16) non-psychiatric physician office and hospital outpatient department visits per state fiscal year whether occurring during or after office hours or provider established office hours. [Refer to Miss. Admin. Code, Part 200, Rule 9.5 for psychiatric physician office and hospital outpatient department visits.]

- 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. The Division of Medicaid reimburses physician visits related to opioid treatment as part of a monthly bundle.

1. Physicians that are providing office based opioid treatment must be appropriately licensed and operating within the scope of their practice.
2. Physician visits provided as part of the office based opioid treatment bundle do not count toward the physician visit limit.

Source: 42 C.F.R. § 440.230; Miss. Code Ann. § 43-13-117, 43-13-121.

History: Revised eff. 04/01/2022; Revised to correspond with SPA 18-0020 (eff. 01/01/2019) eff. 06/01/2019; Removed Miss. Admin. Code Part 203, Rule 1.4.E. with the approval of SPA 2013-032 on 08/08/2014, and SPA 2013-033 on 08/05/2014, eff. 06/01/2015.