

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 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 203, 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. 01/01/2026. 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.

Rule 1.5: Hospital Inpatient Visits/ Consultations

- A. An initial hospital visit for the beneficiary's attending physician is covered. A subsequent hospital visit by the attending physician is not covered on the same day as the initial visit.
- B. Inpatient hospital physician visits are limited to one (1) per day, per specialty. An exception is made when the patient is in an Intensive Care Unit (ICU) or Coronary Care Unit (CCU) where the limit is two (2) visits per day, per specialty.
- C. An initial inpatient consultation is covered for each consultant of a different specialty if the patient's condition justifies the medical necessity for multiple consultations. Only one (1) initial consultation is allowed per beneficiary, per consultant, per admission.
- D. A subsequent hospital visit and a hospital discharge visit on the same date of service are not both covered; only the hospital discharge visit is a covered service.

Source: Miss.Code Ann. § 43-13-121.

History: Revised to correspond with MS SPA 25-0009 (05/01/2025) eff. 01/01/2026.

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B. ~~Following the date of admission, Inpatient hospital physician visits are limited to only one (1) subsequent hospital visit per day, per specialty. is allowed to the attending physician.~~ An exception is made when the patient is in an Intensive Care Unit (ICU) or Coronary Care Unit (CCU) where the limit is two (2) visits per day, per specialty.

C. An initial inpatient consultation is covered for each consultant of a different specialty if the patient's condition justifies the medical necessity for multiple consultations. Only one (1) initial consultation is allowed per beneficiary, per consultant, per admission.

~~D. Following the date of the initial inpatient consultation, one (1) subsequent hospital visit per day is allowed to only one (1) consulting physician if the patient's condition justifies the medical necessity for the services of more than one (1) physician of a specialty different from the attending physician.~~

D. A subsequent hospital visit and a hospital discharge visit on the same date of service are not both covered; only the hospital discharge visit is a covered service.

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