Michael Watson
SECRETARY OF STATE

SOS APA Form 001

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Workers' Compensation Commission	Anthony Schmidt	601-987-4284	
ADDRESS	CITY	STATE	ZIP
301 North Lamar Street	Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):	
aschmidt@mwcc.ms.gov	2/20/26	Mississippi Workers' Compensation Medical Fee Schedule	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

The Mississippi Workers' Compensation Fee Schedule is reviewed and is now being updated every two years.

Specific legal authority authorizing the promulgation of rule:

Miss. Code. Ann. §71-3-15(3)

List all rules repealed, amended, or suspended by the proposed rule:

Fee Schedule was reviewed and updated, and multiple rules were amended. Attached redlined copy shows changes

ORAL PROCEEDING:

☑ An oral proceeding is scheduled for this rule on Date: 3/18/26 Time: 10am Place: 301 North Lamar Street, Jackson, MS 39201.

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☑ Concise summary of economic impact statement attached.

TEMPORARY RULES

___ Original filing
_____ Renewal of effectiveness
To be in effect in__ days
Effective date:
___ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
_____ New rule(s)
XX Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
xx 30 days after filing
_____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____
Action taken:
_____ Adopted with no changes in text
_____ Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
_____ 30 days after filing
_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Anthony Schmidt, Attorney
Signature of person authorized to file rules:

OFFICIAL FILING STAMP

Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

FILED
FEB 20 2026
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by 26503 1324

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

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CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME	CONTACT PERSON		TELEPHONE NUMBER
Mississippi Workers' Compensation Commission	Anthony Schmidt		601-987-4284
ADDRESS	CITY	STATE	ZIP
301 North Lamar Street	Jackson	MS	39201
EMAIL	DESCRIPTIVE TITLE OF PROPOSED RULE		
aschmidt@mwcc.ms.gov	Medical Fee Schedule Update		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code. Ann. §71-3-15(3)	Reference to Rules repealed, amended or suspended by the Proposed Rule: See redline proposal		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
   The Mississippi Workers' Compensation Commission (MWCC) Medical Fee Schedule is being updated to provide updated rules and guidelines and reimbursement for medical
2. Briefly describe the need for the proposed rule:
   To provide updated rules and guidelines, such as updates to American Medical Association (AMA) CPT code updates, and updated reimbursement for medical providers for MWCC.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
   The MWCC Medical Fee Schedule is being filed to ensure injured workers have access to care and medical providers are accordingly reimbursed.
4. Estimated Cost of implementing proposed action:
   a. To the agency
      ☐ Nothing ■ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
   b. To other state or local government entities
      ☐ Nothing ■ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
   c. Cost:
      ☐ Nothing ■ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
   d. Economic Benefit:
      ☐ Nothing ■ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
6. Estimated impact on small businesses:
   ■ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
   a. Estimate of the number of small businesses subject to the proposed regulation: N/A
   b. Projected costs for small businesses to comply: N/A
   c. Statement of probable effect on impacted small businesses:
      N/A
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
   ☐ substantially less than ☐ moderately less than ☐ minimally less than

☐ the same as ■ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
   ☐ substantially less than ☐ moderately less than ☐ minimally less than
   ☐ the same as ■ minimally more than ☐ moderately more than
   ☐ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
   ☐ yes ■ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

   MWCC worked with National Council on Compensation Insurance (NCCI) to evaluate the economic impact of the reimbursement rate increases for medical providers as compared to the last medical fee update effective November 15, 2022.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

   MWCC office at 301 N. Lamar Street, Jackson, MS 39201, oral proceeding scheduled for March 18, 2026, at 10:00am. Any inquiries shall be emailed before the scheduled oral proceeding to Jeff Skelton at: jskelton@mwcc.ms.gov

SIGNATURE	TITLE
	Attorney
DATE	PROPOSED EFFECTIVE DATE OF
2/20/2026	RULE 30 days after filing