

Title 23: Division of Medicaid

Part 213: Therapy Services

Part 213 Chapter 1: Physical Therapy

Rule 1.1: Provider Enrollment Requirements for Physical Therapist

Providers of physical therapy must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

History: Revised eff. 08/01/2026.

Part 213 Chapter 2: Occupational Therapy

Rule 2.1: Provider Enrollment Requirements for Occupational Therapist

Providers of occupational therapy must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

History: Revised eff. 08/01/2026.

Part 213 Chapter 3: Outpatient Speech-Language Pathology (Speech Therapy)

Rule 3.1: Provider Enrollment Requirements

Providers of speech-language pathology must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4 in addition to the provider type specific requirements outlined below. Therapy providers wishing to enroll as group providers must adhere to the enrollment requirements in Miss. Admin. Code Title 23, Part 200, Rule 4.9.

Source: 42 C.F.R. § 440.110; 42 C.F.R. 455, Subpart E; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026. Revised eff. 05/01/2018.

Title 23: Division of Medicaid

Part 213: Therapy Services

Part 213 Chapter 1: Physical Therapy

Rule 1.1: Provider Enrollment Requirements for Physical Therapist

Providers of physical therapy must ~~comply with~~ meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4, Rule 4.8 in addition to the provider specific requirements outlined below:

~~A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),~~

~~B. Copy of licensure card or letter from the appropriate board stating current certification and must be from state of servicing location, and~~

~~C. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name noted on the W-9.~~

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

History: Revised eff. 08/01/2026.

Part 213 Chapter 2: Occupational Therapy

Rule 2.1: Provider Enrollment Requirements for Occupational Therapist

Providers of occupational therapy must ~~comply with~~ meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4, Rule 4.8 in addition to the provider specific requirements outlined below:

~~A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),~~

~~B. Copy of licensure card or letter from the appropriate board stating current certification and must be from state of servicing location, and~~

~~C. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name noted on the W-9.~~

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

History: Revised eff. 08/01/2026.

Part 213 Chapter 3: Outpatient Speech-Language Pathology (Speech Therapy)

Rule 3.1: Provider Enrollment Requirements

Providers of speech-language pathology must ~~comply with~~ meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Rule 4.8 ~~Chapter 4~~ in addition the provider type specific requirements outlined below. Therapy providers wishing to enroll as group providers must adhere to the enrollment requirements in Miss. Admin. Code Title 23, Part 200, Rule 4.9.

- ~~A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).~~
- ~~B. Copy of current licensure card or permit.~~
- ~~C. Documentation that the individual meets one (1) of the following requirements:
 - ~~1. Has a certificate of clinical competence from the American Speech and Hearing Association (ASHA),~~
 - ~~2. Has completed the equivalent educational requirements and work experience necessary for the certificate, or~~
 - ~~3. Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.~~~~
- ~~D. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name noted on the W-9.~~

Source: 42 C.F.R. § 440.110; 42 C.F.R. 455, Subpart E; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2026. Revised eff. 05/01/2018.