# NOTICE OF RULE ADOPTION—FINAL RULE

## STATE OF MISSISSIPPI
## OFFICE OF THE GOVERNOR
## DIVISION OF MEDICAID

**Miss. Division of Medicaid**
**c/o Bob M. Dent, Staff Officer**
**Robert E. Lee Building**
**239 N. Lamar Street**
**Suite 801**
**Jackson, MS 39201-1399**
**(601) 359-6120**
**http://www.dom.state.ms.us**

**Specific Legal Authority Authorizing the promulgation of Rule:** Miss Code Ann. §43-13-121(1972), as amended

**Reference to Rules repealed, amended or suspended by the Proposed Rule :**
Provider Policy Manual NEW Section 55.08.

**Date Rule Proposed:**

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**
AP 2006-49. This Provider Policy Manual creates new subsections of 55.08 regarding Physician - Post Operative Pain Management.

**The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.**

☐ An oral proceeding was held on this rule:

Date:
Time:
Place:

☒ An oral proceeding was not held on this rule.

**The Agency has considered the written comments and the presentations made in any oral proceedings, and**

☒ This rule as adopted is without variance from the proposed rule.

☐ This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

☐ The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

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

**Effective Date of Rule:**

Executive Director
**Signature and Title of Person Submitting Rule for Filing**

| Division of Medicaid<br>State of Mississippi<br>Provider Policy Manual | New: X<br>Revised:<br>Current: | Date: 11/01/06<br>Date: |
|---|---|---|
| Section: Physician<br><br>Subject: Post Operative Pain Management | Section: 55.08<br>Pages: 1<br>Cross Reference:<br>53.24 Post Operative Pain Management | |

Refer to General Medical Policy, Section 53.24 in this manual.