

Mississippi Division of Medicaid
PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) SERVICES FEE SCHEDULE
COVER SHEET



Additional References:

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

Note Number	Column Title	Details
1	Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	• This column is the covered minimum age for the service.
5	Max Age	• This column is the covered maximum age for the service.
6	Begin Date	• This column represents the begin date of which the fee in columns J became effective.
7	End Date	• This column represents the end date of the fee segment in columns J.
8	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
9	Service Limit	• This column identifies restrictions for the code.
10	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit.

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Effective Date: 07/01/2021

Print Date: July 1, 2021



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All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

***NOTE: Revisions effective July 1, 2021, include discontinuation of the UC Modifier for transportation for dates of service on and before June 30, 2021. A separate and distinct procedure code will be used and requires prior authorization for dates of service on and after July 1, 2021.**

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Service Limit	FEE
T1025	Ped compr care pkg, per diem	Yes	0	20	7/1/2014	12/31/1999	1	One (1) unit equals more than six (6) hours up to twelve (12) hours per day	240.00
T1026	Ped compr care pkg, per hour	Yes	0	20	1/1/2020	12/31/1999	6	Six (6) hours or less per day. One (1) unit equals one (1) hour.	40.00
T2002	Transportation, per diem	Yes	0	20	7/1/2021	12/31/1999	1	Once per day	35.00