

Mississippi Division of Medicaid
Elderly & Disabled (E&DW) and Community Transition Service (CTS) Waiver 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](#)
- [DOM HCBS Waiver Providers Webpage](#)
- [Medicaid Administrative Code - Part 200 General Provider Information](#)
- [Medicaid Administrative Code - Part 208 Home & Community Based Services](#)

Note Number	Column Title	Details
1	Waiver Service Name	• This column describes the waiver service name rendered at the Division of Medicaid.
2	Procedure Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
3	Code Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
4	Modifier Status	<p>• This column is used to denote the type of services for Elderly & Disabled (E&DW) and Community Transition Service (CTS) Waiver.</p> <p>MODIFIER USAGE NOTE: The modifier is used to denote the type of service. SE modifier must be in the 1st modifier position for all CTS services rendered.</p> <p>1. SE - State and/or federally funded programs/services 2. U1 - Medicaid level of care 1, as defined by each state 3. UC - Medicaid level of care 12, as defined by each state</p>
5	Min Age	• This column is the covered minimum age for the service.
6	Max Age	• This column is the covered maximum age for the service.
7	Begin Date	• This column represents the begin date of which the fee in columns L became effective.
8	End Date	• This column represents the end date of the fee segment in columns L.
9	Max Units	<p>• This column represents the maximum number of units the Division of Medicaid will allow for each code.</p> <p>• IAP - Individualized Approved Plan</p>
10	Frequency	<p>• Time Frame Abbreviations:</p> <p>D - Daily IAP- Individualized Approved Plan M - Per Month</p>
11	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit.
12	Provider Type Allowed	<p>• This column denotes the types of covered/non-covered services rendered for each provider.</p> <p>W00 - Case Management W01 - Personal Care Services W02 - Respite Care-Institutional W03 - RespiteCare, in home W04 - Adult Daycare W05 - Home Delivered Meals W08 - Multi Service - HCBS</p>
13	Place of Service	<p>• This column denotes the place of service covered services can be rendered.</p> <p>11 - Office 12 - Home 21 - Inpatient Hospital 31 - Skilled Nursing Facility 32 - Nursing Facility 54 - ICFMR- Intermediate Care Facility-MR</p>

Mississippi Division of Medicaid
Elderly & Disabled (E&DW) and Community Transition Service (CTS) Fee Schedule
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Effective 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.

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NOTE: Waiver services may only be rendered and paid in accordance with frequencies and units approved on the individual member's Plan of Services and Supports (PSS) which is developed through a person-centered process based on their unique acuity and needs reviewed and approved by LTC. For waiver services, prior authorizations are reviewed by the Division of Medicaid long-term care program nurses on the plan of services/support and approved by DOM social workers. Members may only receive waiver services during periods of active waiver eligibility as defined by the Start and End Dates of waiver specific lock-in segments.

Waiver Service Name	Procedure Code	Code Description	Modifier Required		Min Age	Max Age	Begin Date	End Date	Max Units	Frequency	Fee	Provider Type	Place of Service
			Mod 1	Mod 2									
Adult Daycare	S5100	Adult daycare services 15min	U1		21	999	11/1/2017	12/31/9999	16 daily (1 unit = 15 min)	Daily	\$3.88 per unit	W04	11
In Home Respite	S5150	Unskilled respite care /15m	U1		21	999	7/1/2017	12/31/9999	IAP (1 unit = 15 min)	Daily	\$4.41 per unit	W03	12
Institutional Respite	S5151	Unskilled respitcare /diem	U1		21	999	03/01/2020	12/31/9999	30 days Per State Fiscal Year	Daily	\$239.04 per day	W02	21, 31, 32, 54
Home Delivered Meals	S5170	Home delivered prepared meal	U1		21	999	3/1/2020	12/31/9999	2 per day, per meal	Daily	\$4.96 per meal	W00 W05	12
Personal Care Services	T1019	Personal care ser per 15 min	U1		21	999	7/1/2017	12/31/1999	IAP (1 unit = 15 min)	Daily	\$4.41 per unit	W01	12
Case Management	T2022	Case management, per month	U1		21	999	7/01/2020	12/31/9999	1 per month	Monthly	\$195.14	W00	12
CTS Environmental Accessibility Adaptations	S5165	Home modifications per serv	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$2,500.00	W08	12
CTS Pre-Transition	T1016	Case management	SE	UC	21	999	5/1/2015	12/31/9999	32 daily (1 unit = 15min)/Max =260	Daily	\$21.76 per unit	W08	12
CTS Post-Transition	T1016	Case management	SE	U1	21	999	5/1/2015	12/31/9999	32 daily (1 unit = 15min)/ Max = 40	Daily	\$21.76 per unit	W08	12
CTS One Time Initial - Moving Expenses, Cleaning, Pest Eradication	T2025	Waiver service, nos	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$2,500.00	W08	12
CTS Specialized Medical Supplies	T2028	Special supply, nos waiver	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$2,500.00	W08	12
CTS Specialized Medical Equipment	T2029	Special med equip, noswaiver	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$2,500.00	W08	12
CTS Security & Utility Deposits /Utility Services	T2035	Utility services waiver	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$1,000.00	W08	12
CTS Household Goods and Furnishings	T5999	Supply, nos	SE	U1	21	999	1/1/2012	12/31/9999	IAP	IAP	Not to exceed \$2,000.00	W08	12