

**Mississippi Division of Medicaid
OPIOID TREATMENT PROGRAM 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	<ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	<ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Modifier Status	<ul style="list-style-type: none"> • This column is used to denote the type of service. <ol style="list-style-type: none"> 1. HW- Funded by state mental health agency 2. HG - Opioid Treatment Program Service 3. HE - Face-to-Face Service 4. TF - Telephonic Service
4	Prior Authorization	<ul style="list-style-type: none"> • This column identifies the codes that require prior authorization before the service is performed.
5	Annual Limit	<ul style="list-style-type: none"> • This column identifies restrictions to the state fiscal year (SFY) annual limit for the code.
6	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
7	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
8	Begin Date	<ul style="list-style-type: none"> • This column represents the beginning date that the fees in columns M and N became effective.
9	End Date	<ul style="list-style-type: none"> • This column represents the ending date that the fees in columns M and N became effective.
10	Max Units	<ul style="list-style-type: none"> • This column represents the maximum daily units DOM covers for the service.
11	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for services for each unit.
12	Fee Reduced	<ul style="list-style-type: none"> • This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for services for each unit.

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Print Date: October 6, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

NOTE: HW and HG modifiers are required for all Opioid Treatment Program services. Opioid Treatment Service providers must be certified as an Opioid Treatment Program by the Mississippi Department of Mental Health. Unless otherwise noted, service limits will be the same and in combination with Mental Health limits.

Code	Description	Modifier Status			PA	Annual Limit	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
		Mod 1	Mod 2	Mod 3									
90785	Psytx complex interactive	HW	HG		No		0	999	7/1/2020	12/31/9999	1	13.16	12.50
90791	Psych diagnostic evaluation	HW	HG		No		0	999	7/1/2020	12/31/9999	1	122.74	116.60
90792	Psych diag eval w/med srvc	HW	HG		No		0	999	7/1/2020	12/31/9999	1	135.68	128.90
90832	Psytx w pt 30 minutes	HW	HG		No		0	999	7/1/2020	12/31/9999	1	60.07	57.07
90833	Psytx w pt w e/m 30 min	HW	HG		No		0	999	7/1/2020	12/31/9999	1	61.45	58.38
90834	Psytx w pt 45 minutes	HW	HG		No		0	999	7/1/2020	12/31/9999	1	79.90	75.91
90836	Psytx w pt w e/m 45 min	HW	HG		No		0	999	7/1/2020	12/31/9999	1	77.83	73.94
90837	Psytx w pt 60 minutes	HW	HG		No		0	999	7/1/2020	12/31/9999	1	119.68	113.70
90838	Psytx w pt w e/m 60 min	HW	HG		No		0	999	7/1/2020	12/31/9999	1	102.35	97.23
90846	Family psytx w/o pt 50 min	HW	HG		No		0	999	7/1/2020	12/31/9999	1	88.33	83.91
90847	Family psytx w/pt 50 min	HW	HG		No		0	999	7/1/2020	12/31/9999	1	91.50	86.93
90853	Group psychotherapy	HW	HG		No		0	999	7/1/2020	12/31/9999	1	23.81	22.62
96127	Brief emotional/behav assmt	HW	HG		No		0	999	7/1/2020	12/31/9999	1	3.78	3.59
99201	Office/outpatient visit new	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	2	37.22	35.36
99202	Office/outpatient visit new	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	62.21	59.10
99203	Office/outpatient visit new	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	9/1/2020	12/31/9999	4	88.46	84.04
99204	Office/outpatient visit new	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	135.96	129.16
99205	Office/outpatient visit new	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	9/1/2020	12/31/9999	4	172.16	163.55
99211	Office/outpatient visit est	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	9/1/2020	12/31/9999	2	18.68	17.75
99212	Office/outpatient visit est	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	36.95	35.10
99213	Office/outpatient visit est	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	61.64	58.56
99214	Office/outpatient visit est	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	89.83	85.34
99215	Office/outpatient visit est	HW	HG		No	No SFY Annual Service Limit when billed with HG modifier	0	999	7/1/2020	12/31/9999	1	121.01	114.96
H0031	Mh health assess by non-md	HW	HG		No		0	999	7/1/2020	12/31/9999	1	110.47	104.95
H0035	Mh partial hosp tx under 24h	HW	HG		YES		0	999	7/1/2020	12/31/9999	1	113.00	107.35
96372	Ther/proph/diag inj sc/im	HW	HG		No		0	999	7/1/2020	12/31/9999	2	11.68	11.10
H2015	Comp comm supp svc, 15 min	HW	HG		No		0	999	7/1/2020	12/31/9999	2	14.88	14.14
H0038	Self-help/peer svc per 15min	HW	HG		No		0	999	7/1/2020	12/31/9999	2	7.83	7.44
H2011	Crisis interven svc, 15 min	HW	HG	HE	No	No SFY Annual Service Limit	0	999	7/1/2020	12/31/9999	1	30.00	28.50
H2011	Crisis interven svc, 15 min	HW	HG	TF	No	No SFY Annual Service Limit	0	999	7/1/2020	12/31/9999	1	21.88	20.79
T1002	Rn services up to 15 minutes	HW	HG		No		0	999	7/1/2020	12/31/9999	1	18.45	17.53
T1017	Targeted case management	HW	HG		No		0	999	7/1/2020	12/31/9999	1	14.88	14.14
T1502	Medication admin visit	HW	HG		No	No SFY Annual Service Limit	0	999	7/1/2020	12/31/9999	1	4.76	4.52
H0032	Mh svc plan dev by non-md	HW	HG		No		0	999	7/1/2020	12/31/9999	1	18.45	17.53