Mississippi Division of Medicaid COMMUNITY MENTAL HEALTH 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

MODIFIER USAGE

NOTE: The modifier is used to denote the type of service. HW modifier must be in the 1st modifier position for all C/PMHC services rendered.

- 1. HE Face-to-Face Service (only required for Crisis Response (H2011))
- 2. HF Required for Substance Use Disorder Services
- 3. HT Multi-Disiplinary
- 4. HW Community and Private Mental Health Centers (C/PMHC)
- 5. TF Telephonic Service (only required for Crisis Response (H2011))

| 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) of 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 beginning date that the fees in columns I and J became effective. | | | | | | |
| 7 | End Date | • This column represents the end date of the fee segment in columns I and J. | | | | | | |
| 8 | Max Units | • This column represents the maximum units the Division of Medicaid covers for the service. | | | | | | |
| | | | | | | | | |

| 9 | -ee | This column is the maximum amount that Division of Medicaid will pay for services for each unit. |
|----|-----|--|
| 10 | | 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. |

Mississippi Division of Medicaid

COMMUNITY MENTAL HEALTH SERVICES FEE SCHEDULE

Print Date: November 3, 2020



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| - | | | Min | Max | | | Max | _ | Fee |
|----------------|--|----------|-----|------------|----------------------|--------------------------|-------|------------------|------------------|
| Code | Description | PA | Age | Age | Begin Date | End Date | Units | Fee | Reduced |
| 90785 | Psytx complex interactive | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 13.16 | 12.50 |
| 90791 | Psych diagnostic evaluation | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 122.74 | 116.60 |
| 90792 | Psych diag eval w/med srvcs | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 135.68 | 128.90 |
| 90832 | Psytx w pt 30 minutes | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 60.07 | 57.07 |
| 90833 | Psytx w pt w e/m 30 min | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 61.45 | 58.38 |
| 90834 | Psytx w pt 45 minutes | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 79.90 | 75.91 |
| 90836 | Psytx w pt w e/m 45 min | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 77.83 | 73.94 |
| 90837 | Psytx w pt 60 minutes | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 119.68 | 113.70 |
| 90838 | Psytx w pt w e/m 60 min | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 102.35 | 97.23 |
| 90846 | Family psytx w/o pt 50 min | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 88.33 | 83.91 |
| 90847 | Family psytx w/pt 50 min | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 91.50 | 86.93 |
| 90849 | Multiple family group psytx | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 30.48 | 28.96 |
| 90853 | Group psychotherapy | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 23.81 | 22.62 |
| 96127 | Brief emotional/behav assmt | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 3.78 | 3.59 |
| 96130 | Psycl tst eval phys/qhp 1st | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 103.14 | 97.98 |
| 96131 | Psycl tst eval phys/qhp ea | No | 0 | 999 | 9/1/2020 | 12/31/9999 | 4 | 79.07 | 75.12 |
| 96136 | Psycl/nrpsyc tst phy/qhp 1st | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 38.84 | 36.90 |
| 96137 | Psycl/nrpsyc tst phy/qhp ea | No | 0 | 999 | 9/1/2020 | 12/31/9999 | 4 | 35.52 | 33.74 |
| 96372 | Ther/proph/diag inj sc/im | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 4 | 11.68 | 11.10 |
| 99201 | Office/outpatient visit new | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 37.22 | 35.36 |
| 99202 | Office/outpatient visit new | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 62.21 | 59.10 |
| 99203 | Office/outpatient visit new | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 88.46 | 84.04 |
| 99204 | Office/outpatient visit new | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 135.96 | 129.16 |
| 99205 | Office/outpatient visit new | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 172.16 | 163.55 |
| 99211 | Office/outpatient visit est | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 18.68 | 17.75 |
| 99212 | Office/outpatient visit est | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 36.95 | 35.10 |
| 99213 | Office/outpatient visit est | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 61.64 | 58.56 |
| 99214 | Office/outpatient visit est | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 2 | 89.83 | 85.34 |
| 99215 | Office/outpatient visit est | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 121.01 | 114.96 |
| 99304 | Nursing facility care init | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 76.20 | 72.39 |
| 99305 | Nursing facility care init | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 109.38 | 103.91 |
| 99306 | Nursing facility care init | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 141.01 | 133.96 |
| 99307 | Nursing fac care subseq Nursing fac care subseq | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 36.95 | 35.10 |
| 99308 99309 | Nursing fac care subseq | No | 0 | 999 999 | 7/1/2020 | 12/31/9999 | 1 | 57.94 76.62 | 55.04 |
| 99309 | Nursing fac care subseq | No | 0 | 999 | 7/1/2020 7/1/2020 | 12/31/9999 12/31/9999 | | | 72.79 |
| 99310 | Domicil/r-home visit new pat | No | | 999 | 7/1/2020 | 12/31/9999 | 1 | 113.27 46.28 | 107.61 43.97 |
| | Domicil/r-home visit new pat | No | 0 | | | | 1 | | |
| 99325 99326 | Domicil/r-home visit new pat | No | 0 | 999 999 | 7/1/2020 7/1/2020 | 12/31/9999 | 1 | 67.43 | 64.06 |
| 99326 | Domicil/r-home visit new pat | No | 0 | 999 | | 12/31/9999 12/31/9999 | 1 | 117.44 157.32 | 111.57 149.46 |
| 99327 | Domicil/r-home visit new pat | No No | 0 | 999 | 7/1/2020 7/1/2020 | 12/31/9999 | 1 | 157.33 185.87 | 149.46 |
| 99328 | Domicil/r-home visit est pat | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 50.85 | 48.31 |
| 99334 | Domicil/r-home visit est pat | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 80.63 | 76.60 |
| 99336 | Domicil/r-home visit est pat | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 113.99 | 108.29 |
| 99330 | Domicil/r-home visit est pat | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 113.99 | 155.94 |
| 10055 | Domicily i-nome visit est pat | 110 | U | 222 | //1/2020 | 17/21/2228 | L 1 | 104.15 | 100.94 |

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| Code | Description | РА | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|------------------------------|-----|------------|------------|------------|------------|--------------|--------|----------------|
| 99354 | Prolong e&m/psyctx serv o/p | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 109.36 | 103.89 |
| 99355 | Prolong e&m/psyctx serv o/p | No | 0 | 999 | 7/1/2020 | 12/31/9999 | 4 | 83.11 | 78.95 |
| H0018 | Short-term rest treat | Yes | 0 | 999 | 9/1/2020 | 12/31/9999 | 1 | 504.62 | 479.39 |
| H0031 | Mh health assess by non-md | No | 0 | 999 | 9/1/2020 | 12/31/9999 | 1 | 110.47 | 104.95 |
| H0032 | Mh svc plan dev by non-md | No | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 18.45 | 17.53 |
| H0035 | Mh partial hosp tx under 24h | Yes | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 113.00 | 107.35 |
| H0038 | Self-help/peer svc per 15min | No | 0 | 999 | 1/1/2012 | 12/31/9999 | 6 | 7.83 | 7.44 |
| H0039 | Asser com tx face-face/15min | Yes | 0 | 999 | 7/1/2012 | 12/31/9999 | 40 | 27.50 | 26.13 |
| H2011 | Crisis interven svc, 15 min | No | 0 | 999 | 7/1/2012 | 12/31/9999 | 32 | 21.88 | 20.79 |
| H2011 | Crisis interven svc, 15 min | No | 0 | 999 | 7/1/2012 | 12/31/9999 | 32 | 30.00 | 28.50 |
| H2012 | Behav hlth day treat, per hr | Yes | 3 | 20 | 7/1/2014 | 12/31/9999 | 5 | 32.00 | 30.40 |
| H2015 | Comp comm supp svc, 15 min | No | 0 | 999 | 9/1/2020 | 12/31/9999 | 96 | 14.88 | 14.14 |
| H2017 | Psysoc rehab svc, 15 min | Yes | 18 | 999 | 9/1/2020 | 12/31/9999 | 20 | 3.87 | 3.68 |
| H2021 | Com wrap-around sv, 15 min | No | 0 | 20 | 7/1/2012 | 12/31/9999 | 16 | 14.88 | 14.14 |
| S9480 | Intensive outpatient psychia | Yes | 0 | 999 | 1/1/2012 | 12/31/9999 | 1 | 122.54 | 116.41 |