

**Mississippi Division of Medicaid**  
**Psychiatry and Psychiatric Nurse Practitioners 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](#)

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Modifier	<ul style="list-style-type: none"> <li>• This column is used to denote the type of service.</li> <li style="margin-left: 20px;">1. HI- Integrated mental health and intellectual disability/developmental disabilities program</li> <li style="margin-left: 20px;">2. HF - Required for Substance Use Disorder Services</li> </ul>
4	Prior Authorization	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> </ul>
5	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
6	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
7	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the beginning date that the fees in column J became effective.</li> </ul>
8	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fees in column J.</li> </ul>
9	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units DOM covers for the service.</li> </ul>
10	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit of service.</li> </ul>

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MISSISSIPPI DIVISION OF  
**MEDICAID**

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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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Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90785	Psytx complex interactive		No	0	999	7/1/2020	12/31/9999	1	13.16
90791	Psych diagnostic evaluation		No	0	999	7/1/2020	12/31/9999	1	122.74
90792	Psych diag eval w/med srvc		No	0	999	7/1/2020	12/31/9999	1	135.68
90832	Psytx w pt 30 minutes		No	0	999	7/1/2020	12/31/9999	1	60.07
90833	Psytx w pt w e/m 30 min		No	0	999	7/1/2020	12/31/9999	1	61.45
90834	Psytx w pt 45 minutes		No	0	999	7/1/2020	12/31/9999	1	79.90
90836	Psytx w pt w e/m 45 min		No	0	999	7/1/2020	12/31/9999	1	77.83
90837	Psytx w pt 60 minutes		No	0	999	7/1/2020	12/31/9999	1	119.68
90838	Psytx w pt w e/m 60 min		No	0	999	7/1/2020	12/31/9999	1	102.35
90846	Family psytx w/o pt 50 min		No	0	999	7/1/2020	12/31/9999	1	88.33
90847	Family psytx w/pt 50 min		No	0	999	7/1/2020	12/31/9999	1	91.50
90849	Multiple family group psytx		No	0	999	7/1/2020	12/31/9999	1	30.48
90853	Group psychotherapy		No	0	999	7/1/2020	12/31/9999	1	23.81
90870	Electroconvulsive therapy		No	0	999	7/1/2020	12/31/9999	2	147.66
99201	Office/outpatient visit new	HI	No	0	999	7/1/2020	12/31/9999	1	37.22
99202	Office/outpatient visit new	HI	No	0	999	7/1/2020	12/31/9999	1	62.21
99203	Office/outpatient visit new	HI	No	0	999	7/1/2020	12/31/9999	1	88.46
99204	Office/outpatient visit new	HI	No	0	999	7/1/2020	12/31/9999	1	135.96
99205	Office/outpatient visit new	HI	No	0	999	7/1/2020	12/31/9999	1	172.16
99211	Office/outpatient visit est	HI	No	0	999	7/1/2020	12/31/9999	1	18.68
99212	Office/outpatient visit est	HI	No	0	999	7/1/2020	12/31/9999	2	36.95
99213	Office/outpatient visit est	HI	No	0	999	7/1/2020	12/31/9999	2	61.64
99214	Office/outpatient visit est	HI	No	0	999	7/1/2020	12/31/9999	2	89.83
99215	Office/outpatient visit est	HI	No	0	999	7/1/2020	12/31/9999	1	121.01