

**Mississippi Division of Medicaid**  
**Autism Spectrum Disorder (ASD) 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>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	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>
4	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
5	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
6	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date the of which the fee in columns I and J became effective.</li> </ul>
7	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns I and J.</li> </ul>
8	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service.</li> </ul>
9	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for services for each unit.</li> </ul>
10	Fee Reduced	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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Print Date: December 1, 2020



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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
97151	Bhv id assmt by phys/qhp	No	0	20	5/1/2020	12/31/9999	32	34.18	32.47
97152	Bhv id suprt assmt by 1 tech	Yes	0	20	7/1/2019	12/31/9999	8	41.74	39.65
97153	Adaptive behavior tx by tech	Yes	0	20	7/1/2019	12/31/9999	32	8.14	7.73
97154	Grp adapt bhv tx by tech	Yes	0	20	7/1/2019	12/31/9999	12	4.07	3.87
97155	Adapt behavior tx phys/qhp	Yes	0	20	7/1/2019	12/31/9999	24	19.92	18.92
97156	Fam adapt bhv tx gdn phy/qhp	Yes	0	20	7/1/2019	12/31/9999	16	14.14	13.43
97157	Mult fam adapt bhv tx gdn	Yes	0	20	7/1/2019	12/31/9999	16	6.81	6.47
97158	Grp adapt bhv tx by phy/qhp	Yes	0	20	7/1/2019	12/31/9999	16	6.81	6.47
0362T	Bhv id suprt assmt ea 15 min	Yes	0	20	7/1/2019	12/31/9999	8	41.74	39.65
0373T	Adapt bhv tx ea 15 min	Yes	0	20	7/1/2019	12/31/9999	32	19.92	18.92