

**Mississippi Division of Medicaid
INCREASED PRIMARY CARE 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	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Site of Service	• This column is used to denote the site of service. 1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility. 2. Facility Rate: The rate paid for professional services performed in a facility setting. 3. EP Modifier Non-Facility Rate: The rate paid for EPSDT professional services performed in a setting that is not a facility.
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 begin date of which the fee 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	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit. • MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.
10	Fee Reduced	• 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 each unit. • MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
90460	Im admin 1st/only component	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	9	12.98	12.33
90471	Immunization admin	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	12.98	12.33
90472	Immunization admin each add	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/9999	8	11.66	11.08
90473	Immune admin oral/nasal	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	1	12.98	12.33
90474	Immune admin oral/nasal addl	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	1	11.66	11.08
99201	Office/outpatient visit new	Facility Rate	0	999	7/1/2020	12/31/9999	1	24.68	23.45
99201	Office/outpatient visit new	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	41.36	39.29
99202	Office/outpatient visit new	Facility Rate	0	999	7/1/2020	12/31/9999	1	47.18	44.82
99202	Office/outpatient visit new	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	69.12	65.66
99203	Office/outpatient visit new	Facility Rate	0	999	7/1/2020	12/31/9999	1	70.79	67.25
99203	Office/outpatient visit new	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	98.29	93.38
99204	Office/outpatient visit new	Facility Rate	0	999	7/1/2020	12/31/9999	1	121.11	115.05
99204	Office/outpatient visit new	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	151.07	143.52
99205	Office/outpatient visit new	Facility Rate	0	999	7/1/2020	12/31/9999	1	158.24	150.33
99205	Office/outpatient visit new	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	191.29	181.73
99211	Office/outpatient visit est	Facility Rate	0	999	7/1/2020	12/31/9999	1	8.70	8.27
99211	Office/outpatient visit est	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	20.75	19.71
99212	Office/outpatient visit est	Facility Rate	0	999	7/1/2020	12/31/9999	2	24.06	22.86
99212	Office/outpatient visit est	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	41.05	39
99213	Office/outpatient visit est	Facility Rate	0	999	7/1/2020	12/31/9999	2	48.10	45.7
99213	Office/outpatient visit est	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	68.49	65.07
99214	Office/outpatient visit est	Facility Rate	0	999	7/1/2020	12/31/9999	2	74.17	70.46
99214	Office/outpatient visit est	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	99.81	94.82
99215	Office/outpatient visit est	Facility Rate	0	999	7/1/2020	12/31/9999	1	104.79	99.55
99215	Office/outpatient visit est	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	134.45	127.73
99217	Observation care discharge	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	67.88	64.49
99218	Initial observation care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	93.64	88.96
99219	Initial observation care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	127.59	121.21
99220	Initial observation care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	173.79	165.1
99221	Initial hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	95.13	90.37
99222	Initial hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	129.00	122.55
99223	Initial hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	190.01	180.51
99231	Subsequent hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	36.91	35.06
99232	Subsequent hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.05	64.65
99233	Subsequent hospital care	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	98.06	93.16
99234	Observ/hosp same date	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	125.20	118.94
99235	Observ/hosp same date	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	158.84	150.9
99236	Observ/hosp same date	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	204.55	194.32
99238	Hospital discharge day	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.19	64.78
99241	Office consultation	Facility Rate	0	999	7/1/2020	12/31/9999	1	30.94	29.39
99241	Office consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	43.92	41.72
99242	Office consultation	Facility Rate	0	999	7/1/2020	12/31/9999	1	65.12	61.86
99242	Office consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	83.35	79.18
99243	Office consultation	Facility Rate	0	999	7/1/2020	12/31/9999	1	91.11	86.55
99243	Office consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	114.28	108.57
99244	Office consultation	Facility Rate	0	999	7/1/2020	12/31/9999	1	146.51	139.18
99244	Office consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	171.84	163.25
99245	Office consultation	Facility Rate	0	999	7/1/2020	12/31/9999	1	181.34	172.27
99245	Office consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	209.76	199.27
99251	Inpatient consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	46.87	44.53
99252	Inpatient consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	71.08	67.53
99253	Inpatient consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	109.46	103.99
99254	Inpatient consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	159.20	151.24
99255	Inpatient consultation	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	191.68	182.1
99281	Emergency dept visit	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	21.28	20.22
99282	Emergency dept visit	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	41.00	38.95
99283	Emergency dept visit	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	61.52	58.44
99284	Emergency dept visit	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	112.60	106.97
99285	Emergency dept visit	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	163.58	155.4

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
99291	Domicil/r-home care supervis	Facility Rate	0	999	7/1/2020	12/31/9999	1	208.98	198.53
99291	Domicil/r-home care supervis	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	258.72	245.78
99292	Prolong service w/o contact	Facility Rate	0	999	7/1/2020	12/31/9999	8	104.99	99.74
99292	Prolong serv w/o contact add	Non-Facility Rate	0	999	7/1/2020	12/31/9999	8	115.18	109.42
99304	Physician standby services	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	84.67	80.44
99305	Nursing facility care init	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.53	115.45
99306	Nursing facility care init	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	156.68	148.85
99307	Nursing fac care subseq	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	41.05	39
99308	Nursing fac care subseq	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	64.38	61.16
99309	Nursing fac care subseq	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	85.13	80.87
99310	Nursing fac care subseq	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	125.86	119.57
99315	Nursing fac discharge day	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.50	65.08
99318	Annual nursing fac assessmnt	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	89.92	85.42
99324	Domicil/r-home visit new pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.42	48.85
99325	Domicil/r-home visit new pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	74.92	71.17
99326	Domicil/r-home visit new pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	130.49	123.97
99327	Domicil/r-home visit new pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	174.81	166.07
99328	Domicil/r-home visit new pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	206.52	196.19
99334	Domicil/r-home visit est pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	56.50	53.68
99335	Domicil/r-home visit est pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	89.59	85.11
99336	Domicil/r-home visit est pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	126.65	120.32
99337	Domicil/r-home visit est pat	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	182.39	173.27
99341	Home visit new patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.42	48.85
99342	Home visit new patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	74.00	70.3
99343	Home visit new patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.71	115.62
99344	Home visit new patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	171.32	162.75
99345	Home visit new patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	208.32	197.9
99347	Home visit est patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.37	48.8
99348	Home visit est patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	79.00	75.05
99349	Home visit est patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	120.83	114.79
99350	Home visit est patient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	168.10	159.7
99354	Prolong e&m/psychx serv o/p	Facility Rate	0	999	7/1/2020	12/31/9999	1	114.72	108.98
99354	Prolong e&m/psychx serv o/p	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.51	115.43
99355	Prolong e&m/psychx serv o/p	Facility Rate	0	999	7/1/2020	12/31/9999	4	86.48	82.16
99355	Prolong e&m/psychx serv o/p	Non-Facility Rate	0	999	7/1/2020	12/31/9999	4	92.34	87.72
99356	Prolonged service inpatient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	86.83	82.49
99357	Prolonged service inpatient	Non-Facility Rate	0	999	7/1/2020	12/31/9999	4	87.45	83.08
99381	Init pm e/m new pat infant	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	101.97	96.87
99382	Init pm e/m new pat 1-4 yrs	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	106.92	101.57
99383	Prev visit new age 5-11	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	111.57	105.99
99384	Prev visit new age 12-17	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	126.43	120.11
99385	Prev visit new age 18-39	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	122.49	116.37
99386	Prev visit new age 40-64	Facility Rate	40	64	7/1/2020	12/31/9999	1	113.43	107.76
99386	Prev visit new age 40-64	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	142.16	135.05
99387	Init pm e/m new pat 65+ yrs	Facility Rate	65	999	7/1/2020	12/31/9999	1	121.84	115.75
99387	Init pm e/m new pat 65+ yrs	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	154.28	146.57
99391	Per pm reeval est pat infant	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	92.13	87.52
99392	Prev visit est age 1-4	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	98.26	93.35
99393	Prev visit est age 5-11	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	97.95	93.05
99394	Prev visit est age 12-17	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	107.86	102.47
99395	Prev visit est age 18-39	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	110.55	105.02
99396	Prev visit est age 40-64	Facility Rate	40	64	7/1/2020	12/31/9999	1	92.43	87.81
99396	Prev visit est age 40-64	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	117.77	111.88
99397	Per pm reeval est pat 65+ yr	Facility Rate	65	999	7/1/2020	12/31/9999	1	97.39	92.52
99397	Per pm reeval est pat 65+ yr	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	126.43	120.11
99401	Preventive counseling indiv	Non-Facility Rate	9	20	7/1/2020	12/31/9999	1	36.11	34.3
99402	Preventive counseling indiv	Facility Rate	0	999	7/1/2020	12/31/9999	1	48.02	45.62
99402	Preventive counseling indiv	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	60.38	57.36
99460	Init nb em per day hosp	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	90.41	85.89
99461	Init nb em per day non-fac	Facility Rate	0	1	7/1/2020	12/31/9999	1	59.45	56.48
99461	Init nb em per day non-fac	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	83.85	79.66
99462	Sbsq nb em per day hosp	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	39.74	37.75
99463	Same day nb discharge	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	104.19	98.98

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99464	Attendance at delivery	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	70.70	67.17
99465	Nb resuscitation	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	138.19	131.28
99468	Neonate crit care initial	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	869.60	826.12
99469	Neonate crit care subsq	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	376.56	357.73
99471	Ped critical care initial	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	752.68	715.05
99472	Ped critical care subsq	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	379.90	360.91
99475	Ped crit care age 2-5 init	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	529.86	503.37
99476	Ped crit care age 2-5 subsq	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	326.54	310.21
99477	Init day hosp neonate care	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	330.17	313.66
99478	Ic lbw inf < 1500 gm subsq	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	129.80	123.31
99479	Ic lbw inf 1500-2500 g subsq	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	117.82	111.93
99480	Ic inf pbw 2501-5000 g subsq	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	113.17	107.51
99499	Unlisted e&m service		0	999	1/1/2014	12/31/9999	1	MP	MP