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: he 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 - Mannually 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 - Mannually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment. 						

Mississippi Division of Medicaid INCREASED PRIMARY CARE FEE SCHEDULE

Print Date: February 2, 2021



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 posted. 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.

Units are subject to change upon Agency review.

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Section IMADM ANY ROUTE 15T VAC/TOX FP Monifers Name 0 18 7/1/2020 12/31/9999 9 13.98 12.38 19.17 19.17 19.18 19.23 19.17 19.18 19.23 19.18 19.23 19.18 19.23 19.18 19.23 19.18 19.23 19.18 19.23 19.18 19.23 19.23 19.24 19.25 19.2	Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
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99212 OFFICE O/P EST SF 10-19 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 41.05 39.00 99213 OFFICE O/P EST SF 10-19 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 48.10 45.70 99213 OFFICE O/P EST LOW 20-29 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 48.10 45.70 99214 OFFICE O/P EST LOW 20-29 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 66.49 65.07 99214 OFFICE O/P EST LOW 20-29 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70.46 99214 OFFICE O/P EST MOD 30-39 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70.46 99214 OFFICE O/P EST MOD 30-39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 99.81 94.82 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99217 OBS CARE DIS, DAY MONT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99217 OBS CARE DIS, DAY MONT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99218 INITIAL DISSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 133.46 85-69 99219 INITIAL DISSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 172.59 121.21 99220 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 172.59 121.21 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 173.79 165.10 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.33 90.37 99222 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 12.55 99231 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 12.55 99231 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 180.51 190	99211	OFFICE O/P EST MINIMAL PROB	Facility Rate	0	999	7/1/2020	12/31/9999	1	8.70	8.27
99212 OFFICE O/P EST ST 10.1 MINN NOn-Facility Rate 0 999 71/2020 12/31/9999 2 48.10 45.70 99213 OFFICE O/P EST LOW 20.29 MIN Facility Rate 0 999 71/2020 12/31/9999 2 48.10 45.70 99214 OFFICE O/P EST LOW 20.29 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 2 68.49 65.07 99214 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 2 74.17 70.46 99214 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 2 74.17 70.46 99215 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 2 99.81 94.82 99215 OFFICE O/P EST HI 40.54 MIN Facility Rate 0 999 71/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40.54 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40.54 MIN Non-Facility Rate 0 999 71/2020 12/31/9999 1 154.48 127.73 99217 OBS CARE DIS, DAY MGNT Non-Facility Rate 0 999 71/2020 12/31/9999 1 57.88 64.49 99218 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 71/2020 12/31/9999 1 177.99 93.64 88.96 99219 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 71/2020 12/31/9999 1 177.99 91.21.21 99220 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 71/2020 12/31/9999 1 177.79 165.10 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 71/2020 12/31/9999 1 177.79 165.10 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99222 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99223 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99223 INITIAL HOSPITAL CARE, PER Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.51 99234 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 71/2020 12/31/9999 1 190.01 180.55 99234 OFFICE CO	99211	OFFICE O/P EST MINIMAL PROB	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	20.75	19.71
99213 OFFICE O/P EST LOW 20-29 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 48.10 45.70 99214 OFFICE O/P EST MOD 30-39 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 68.49 65.07 99214 OFFICE O/P EST MOD 30-39 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70-46 99214 OFFICE O/P EST MOD 30-39 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 99.81 94.82 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 67.88 64.49 99218 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 67.88 64.49 99219 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.59 121.21 99220 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.59 121.21 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.59 121.21 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.13 90.37 99221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.13 90.37 99232 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.01 180.51 99231 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 122.55 99233 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 125.50 118.94 99232 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 125.50 118.94 99232 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 118.95 99234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.00 118.64 66.65 99234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.50 118.84	99212	OFFICE O/P EST SF 10-19 MIN	Facility Rate	0	999	7/1/2020		2	24.06	22.86
99213 OFFICE O/P EST LOW 20.29 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 68.49 65.07 99214 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70.46 99214 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70.46 99215 OFFICE O/P EST MOD 30.39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 98.1 94.82 99215 OFFICE O/P EST HI 40.54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99217 ORS CARE DIS, DAY MGNT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99217 ORS CARE DIS, DAY MGNT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 154.65 127.73 99218 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.99 12.12.1 99220 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.99 121.21 197.99 121.21 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.99 155.13 90.37 99222 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 177.99 155.13 90.37 99222 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 122.55 99233 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 122.55 99233 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 120.55 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 180.51 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 180.51 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.84 150.90 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.84 150.90 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.84 150.90 99234 OSSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 168.05 64.55 99233 HOSPITAL DISCHARGE DAY MANAGEM Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 168.05 64.55 99234 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 168.1	99212	OFFICE O/P EST SF 10-19 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	41.05	39.00
99214 OFFICE O/P EST MOD 30-39 MIN Facility Rate 0 999 7/1/2020 12/31/9999 2 74.17 70.46 99214 OFFICE O/P EST MOD 30-39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-54 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99.51 0FFICE O/P EST HI 40-54 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99.51 172.79 12.71 0BS CARE DIS, DAY MGMT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99.51 172.79 12.71 172.79 12.71 172.70 172	99213	OFFICE O/P EST LOW 20-29 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	2	48.10	45.70
99214 OFFICE O/P EST MIO 30-39 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 2 99.81 94.82 99.215 OFFICE O/P EST HI 40-54 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99.55 99.217 OBS CARE DIS, DAY MGNT NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.73 99.217 OBS CARE DIS, DAY MGNT NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 67.88 64.49 99.218 INITIAL OBSERVATION CARE, PER NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 19.56.86 64.49 99.219 INITIAL OBSERVATION CARE, PER NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 127.59 12.12 19.220 INITIAL OBSERVATION CARE, PER NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 173.79 165.10 19.221 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 173.79 165.10 19.221 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 129.00 122.55 19.222 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 129.00 122.55 19.223 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 19.90.11 180.51 19.23 19.23 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 36.91 35.66 19.23 19.23 INITIAL HOSPITAL CARE, PER DAY NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 36.91 35.66 19.23 19.23 INITIAL HOSPITAL CARE, PER NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 36.91 35.66 19.23 19.23 INITIAL HOSPITAL CARE, PER NON-Facility Rate 0 999 7/1/2020 12/31/9999 1 56.05 64.65 19.32 19.23 19.2		,	•							
99215 OFFICE O/P EST HI 40-S4 MIN Facility Rate 0 999 7/1/2020 12/31/9999 1 104.79 99.55 99215 OFFICE O/P EST HI 40-S4 MIN Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 134.45 127.78 99.51 0BS CARE DIS, DAY MGNT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 67.88 64.49 99.18 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 93.64 88.96 99.219 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 127.59 121.21 199.220 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 173.79 165.10 199.221 INITIAL OBSERVATION CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 173.79 165.10 199.221 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.13 90.37 199.222 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 195.13 90.37 199.223 INITIAL HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 180.51 199.231 SUBSEQUENT HOSPITAL CARE, PER DAY Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 190.01 180.51 199.231 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 86.05 64.65 199.233 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 86.05 64.65 199.233 SUBSEQUENT HOSPITAL CARE, PER Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 80.06 93.16 199.234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 80.06 93.16 199.234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.04 150.90 199.234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.04 150.90 199.234 OBSERV/HOSP SAME DATE Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 158.04 150.90 118.94 150.90 118.94 150.90 1 1		,	•							
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99242 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 83.35 79.18 99243 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 91.11 86.55 99243 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 114.28 108.57 99244 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 146.51 139.18 99245 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 171.84 163.25 99245 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 181.34 172.27 99245 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 209.76 199.27 99251 PATIENT CONSULT NEW O	99241	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	43.92	41.72
99243 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 91.11 86.55 99243 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 114.28 108.57 99244 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 146.51 139.18 99245 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 171.84 163.25 99245 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 181.34 172.27 99245 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 209.76 199.27 99251 PATIENT CONSULT NEW OR EST PATIENT, Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 46.87 44.53 99253 PATIENT CONSULT	99242	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	65.12	61.86
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99244 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 146.51 139.18 99244 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 171.84 163.25 99245 OFFICE CONSULTATION FOR A NEW Facility Rate 0 999 7/1/2020 12/31/9999 1 181.34 172.27 99245 OFFICE CONSULTATION FOR A NEW Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 209.76 199.27 99251 PATIENT CONSULT NEW OR EST PATIENT, Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 46.87 44.53 99252 PATIENT CONSULT NEW OR EST PATIENT, Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 71.08 67.53 99253 PATIENT CONSULT NEW OR EST PATIENT, Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 109.46 103.99 99255 PATIENT CONSULT NEW OR EST PATIENT, Non-Facility R	99243	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	91.11	86.55
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99285 EMERGENCY DEPT VISIT Non-Facility Rate 0 999 7/1/2020 12/31/9999 1 163.58 155.40				_						

^{**}Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed**

Mississippi Division of Medicaid INCREASED PRIMARY CARE FEE SCHEDULE

Print Date: February 2, 2021



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 posted. 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.

Units are subject to change upon Agency review.

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
99291	CRITICAL CARE, FIRST HOUR	Facility Rate	0	999	7/1/2020	12/31/9999	1	208.98	198.53
99291	CRITICAL CARE, FIRST HOUR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	258.72	245.78
99292	CRITICAL CARE, ADDL 30 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	8	104.99	99.74
99292	CRITICAL CARE, ADDL 30 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	8	115.18	109.42
99304	NURSING FACILITY CARE, INIT	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	39.00
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	70.30
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	197.90
99347	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.37	48.80
99348	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	79.00	75.05
99349	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	120.83	114.79
99350	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	168.10	159.70
99354	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/9999	1	114.72	108.98
99354	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.51	115.43
99355	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/9999	4	86.48	82.16
99355	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/9999	4	92.34	87.72
99356	PROLONGD SERV IP/OBSERV 1ST HR	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	PREV VISIT, NEW, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	101.97	96.87
99382	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	106.92	101.57
99383	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	111.57	105.99
99384	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	126.43	120.11
99385	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	122.49	116.37
99386	INITIAL EVALUATION AND MANAGEM	Facility Rate	40	64	7/1/2020	12/31/9999	1	113.43	107.76
99386	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	142.16	135.05
99387	INITIAL EVALUATION AND MANAGEM	Facility Rate	65	999	7/1/2020	12/31/9999	1	121.84	115.75
99387	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	154.28	146.57
99391	PREV VISIT, EST, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	92.13	87.52
99392	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	98.26	93.35
99393	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	97.95	93.05
99394	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	107.86	102.47
99395	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	110.55	105.02
99396	PERIODIC REEVALUATION AND MANA	Facility Rate	40	64	7/1/2020	12/31/9999	1	92.43	87.81
99396	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	117.77	111.88
99397	PERIODIC REEVALUATION AND MANA	Facility Rate	65	999	7/1/2020	12/31/9999	1	97.39	92.52
99397	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	126.43	120.11
99401	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	9	20	7/1/2020	12/31/9999	1	36.11	34.30
99402	COUNSELING AND/OR RISK FACTOR	Facility Rate	0	999	7/1/2020	12/31/9999	1	48.02	45.62
99402	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	60.38	57.36
99460	INIT EVAL NORMAL NEWBORN PER DAY	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	90.41	85.89
99461	INIT CARE NORMAL NEWBORN	Facility Rate	0	1	7/1/2020	12/31/9999	1	59.45	56.48
99461	INIT CARE NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	83.85	79.66
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^{**}Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed**

Mississippi Division of Medicaid INCREASED PRIMARY CARE FEE SCHEDULE

Print Date: February 2, 2021



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 posted. 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.

Units are subject to change upon Agency review.

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
99462	SUBS CARE PER DAY NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	39.74	37.75
99463	NIT EVAL NORMAL NEWBORN ADM/DISCH	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	104.19	98.98
99464	ATTENDANCE AT DELIVERY W/STAB	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	70.70	67.17
99465	DEL ROOM RESUSC NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	138.19	131.28
99468	INIT IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	869.60	826.12
99469	SUBSQ IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	376.56	357.73
99471	INIT IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	752.68	715.05
99472	SUBSQ IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	379.90	360.91
99475	INIT IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	529.86	503.37
99476	SUBQ IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	326.54	310.21
99477	NIT HOSP CARE/DAY FOR E/M OF NEONAT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	330.17	313.66
99478	SUBS ICU DAY LOW BIRTH < 1500 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	129.80	123.31
99479	SUBSQ ICU DAY LOW BIRTH 1500-2500 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	117.82	111.93
99480	SUBSQ ICU DAY LOW BIRTH 2001-5000 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	113.17	107.51
99499	UNLISTED EVALUATION AND MANAGE		0	999	1/1/2014	12/31/9999	1	MP	MP

^{**}Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed**