

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

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Print Date: APRIL 6, 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 printed. 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. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

****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	05/01/2020	12/31/9999	32	34.18	32.47
97152	Bhv id suprt assmt by 1 tech	YES	0	20	07/01/2019	12/31/9999	8	41.74	39.65
97153	Adaptive behavior tx by tech	YES	0	20	07/01/2019	12/31/9999	32	8.14	7.73
97154	Grp adapt bhv tx by tech	YES	0	20	07/01/2019	12/31/9999	12	4.07	3.87
97155	Adapt behavior tx phys/qhp	YES	0	20	07/01/2019	12/31/9999	24	19.92	18.92
97156	Fam adapt bhv tx gdn phy/qhp	YES	0	20	07/01/2019	12/31/9999	16	14.14	13.43
97157	Mult fam adapt bhv tx gdn	YES	0	20	07/01/2019	12/31/9999	16	6.81	6.47
97158	Grp adapt bhv tx by phy/qhp	YES	0	20	07/01/2019	12/31/9999	16	6.81	6.47
0362T	Bhv id suprt assmt ea 15 min	YES	0	20	07/01/2019	12/31/9999	8	41.74	39.65
0373T	Adapt bhv tx ea 15 min	YES	0	20	07/01/2019	12/31/9999	32	19.92	18.92