

Mississippi Division of Medicaid
COMMUNITY 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](#)

MODIFIER USAGE

NOTE: The modifier is used to denote the type of service. HW modifier must be in the 1st modifier position for all C/PMHC services rendered.

1. HE - Face-to-Face Service (only required for Crisis Response (H2011))
2. HF - Required for Substance Use Disorder Services
3. HT - Multi-Disiplinary
4. HW - Community and Private Mental Health Centers (C/PMHC)
5. TF - Telephonic Service (only required for Crisis Response (H2011))
6. U8 - Medicaid level of care 8, as defined by each state (only required for Asser Com Tx/ICORT (H0039)).

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	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
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 beginning date that the fees 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 services for each unit.
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 services for each unit.

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Print Date: April 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
90785	Psytx complex interactive	No	0	999	7/1/2020	12/31/9999	1	13.16	12.50
90791	Psych diagnostic evaluation	No	0	999	7/1/2020	12/31/9999	1	122.74	116.60
90792	Psych diag eval w/med srvc	No	0	999	7/1/2020	12/31/9999	1	135.68	128.90
90832	Psytx w pt 30 minutes	No	0	999	7/1/2020	12/31/9999	1	60.07	57.07
90833	Psytx w pt w e/m 30 min	No	0	999	7/1/2020	12/31/9999	1	61.45	58.38
90834	Psytx w pt 45 minutes	No	0	999	7/1/2020	12/31/9999	1	79.90	75.91
90836	Psytx w pt w e/m 45 min	No	0	999	7/1/2020	12/31/9999	1	77.83	73.94
90837	Psytx w pt 60 minutes	No	0	999	7/1/2020	12/31/9999	1	119.68	113.70
90838	Psytx w pt w e/m 60 min	No	0	999	7/1/2020	12/31/9999	1	102.35	97.23
90846	Family psytx w/o pt 50 min	No	0	999	7/1/2020	12/31/9999	1	88.33	83.91
90847	Family psytx w/pt 50 min	No	0	999	7/1/2020	12/31/9999	1	91.50	86.93
90849	Multiple family group psytx	No	0	999	7/1/2020	12/31/9999	1	30.48	28.96
90853	Group psychotherapy	No	0	999	7/1/2020	12/31/9999	1	23.81	22.62
96127	Brief emotional/behav assmt	No	0	999	7/1/2020	12/31/9999	2	3.78	3.59
96130	Psycl tst eval phys/qhp 1st	No	0	999	7/1/2020	12/31/9999	1	103.14	97.98
96131	Psycl tst eval phys/qhp ea	No	0	999	7/1/2020	12/31/9999	7	79.07	75.12
96136	Psycl/nrpsyc tst phy/qhp 1st	No	0	999	7/1/2020	12/31/9999	1	38.84	36.90
96137	Psycl/nrpsyc tst phy/qhp ea	No	0	999	7/1/2020	12/31/9999	11	35.52	33.74
96372	Ther/proph/diag inj sc/im	No	0	999	7/1/2020	12/31/9999	4	11.68	11.10
99202	Office/outpatient visit new	No	0	999	7/1/2020	12/31/9999	1	62.21	59.10
99203	Office/outpatient visit new	No	0	999	7/1/2020	12/31/9999	1	88.46	84.04
99204	Office/outpatient visit new	No	0	999	7/1/2020	12/31/9999	1	135.96	129.16
99205	Office/outpatient visit new	No	0	999	7/1/2020	12/31/9999	1	172.16	163.55
99211	Office/outpatient visit est	No	0	999	7/1/2020	12/31/9999	1	18.68	17.75
99212	Office/outpatient visit est	No	0	999	7/1/2020	12/31/9999	2	36.95	35.10
99213	Office/outpatient visit est	No	0	999	7/1/2020	12/31/9999	2	61.64	58.56
99214	Office/outpatient visit est	No	0	999	7/1/2020	12/31/9999	2	89.83	85.34
99215	Office/outpatient visit est	No	0	999	7/1/2020	12/31/9999	1	121.01	114.96
99304	Nursing facility care init	No	0	999	7/1/2020	12/31/9999	1	76.20	72.39
99305	Nursing facility care init	No	0	999	7/1/2020	12/31/9999	1	109.38	103.91
99306	Nursing facility care init	No	0	999	7/1/2020	12/31/9999	1	141.01	133.96
99307	Nursing fac care subseq	No	0	999	7/1/2020	12/31/9999	1	36.95	35.10
99308	Nursing fac care subseq	No	0	999	7/1/2020	12/31/9999	1	57.94	55.04
99309	Nursing fac care subseq	No	0	999	7/1/2020	12/31/9999	1	76.62	72.79
99310	Nursing fac care subseq	No	0	999	7/1/2020	12/31/9999	1	113.27	107.61
99324	Domicil/r-home visit new pat	No	0	999	7/1/2020	12/31/9999	1	46.28	43.97
99325	Domicil/r-home visit new pat	No	0	999	7/1/2020	12/31/9999	1	67.43	64.06
99326	Domicil/r-home visit new pat	No	0	999	7/1/2020	12/31/9999	1	117.44	111.57
99327	Domicil/r-home visit new pat	No	0	999	7/1/2020	12/31/9999	1	157.33	149.46
99328	Domicil/r-home visit new pat	No	0	999	7/1/2020	12/31/9999	1	185.87	176.58
99334	Domicil/r-home visit est pat	No	0	999	7/1/2020	12/31/9999	1	50.85	48.31
99335	Domicil/r-home visit est pat	No	0	999	7/1/2020	12/31/9999	1	80.63	76.60
99336	Domicil/r-home visit est pat	No	0	999	7/1/2020	12/31/9999	1	113.99	108.29
99337	Domicil/r-home visit est pat	No	0	999	7/1/2020	12/31/9999	1	164.15	155.94
99354	Prolong e&m/psyctx serv o/p	No	0	999	7/1/2020	12/31/9999	1	109.36	103.89
99355	Prolong e&m/psyctx serv o/p	No	0	999	7/1/2020	12/31/9999	4	83.11	78.95
H0018	Short-term rest treat	No	0	999	9/1/2020	12/31/9999	1	504.62	479.39
H0031	Mh health assess by non-md	No	0	999	10/1/2003	12/31/9999	1	110.47	104.95
H0032	Mh svc plan dev by non-md	No	0	999	10/1/2003	12/31/9999	1	18.45	17.53
H0035	Mh partial hosp tx under 24h	Yes	0	999	10/1/2003	12/31/9999	1	113.00	107.35
H0038	Self-help/peer svc per 15min	No	0	999	1/1/2012	12/31/9999	6	7.83	7.44
H0039	Asser com tx face-face/15min	Yes	0	999	7/1/2012	12/31/9999	40	27.50	26.13

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H0039	Asser com tx face-face/15min	Yes	0	999	4/1/2021	12/31/9999	40	24.75	23.51
H2011	Crisis interven svc, 15 min	No	0	999	7/1/2012	12/31/9999	32	21.88	20.79
H2011	Crisis interven svc, 15 min	No	0	999	7/1/2012	12/31/9999	32	30.00	28.50
H2012	Behav hlth day treat, per hr	Yes	3	20	7/1/2014	12/31/9999	5	32.00	30.40
H2015	Comp comm supp svc, 15 min	No	0	999	9/1/2020	12/31/9999	96	14.88	14.14
H2017	Psysoc rehab svc, 15 min	No	18	999	9/1/2020	12/31/9999	20	3.87	3.68
H2021	Com wrap-around sv, 15 min	No	0	20	7/1/2012	12/31/9999	16	14.88	14.14
T1002	Rn services up to 15 minutes	No	0	999	7/1/2005	12/31/9999	4	18.45	17.53
T1017	Targeted case management	No	0	999	3/1/2015	12/31/9999	8	14.88	14.14
T1502	Medication admin visit	No	0	999	10/1/2003	12/31/9999	2	4.76	4.52

∞
TF
HE

- Δ** Rate without U8 modifier
- ∞** Rate with U8 modifier
- TF** Telephonic rate