

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	<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"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Site of Service	<ul style="list-style-type: none"> • 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	<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 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 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	<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 each unit. • MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.

Mississippi Division of Medicaid
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 Print Date: **APRIL 6, 2021**



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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
90460	IMADM ANY ROUTE 1ST VAC/TOX	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	9	12.98	12.33
90471	IMMUNIZATION ADMIN	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	12.98	12.33
90472	IMMUNIZATION ADMIN, EACH ADD	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/1999	8	11.66	11.08
90473	IMMUNE ADMIN ORAL/NASAL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	1	12.98	12.33
90474	IMMUNE ADMIN ORAL/NASAL ADDL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	1	11.66	11.08
99202	OFFICE O/P NEW SF 15-29 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	1	47.18	44.82
99202	OFFICE O/P NEW SF 15-29 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	69.12	65.66
99203	OFFICE O/P NEW LOW 30-44 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	1	70.79	67.25
99203	OFFICE O/P NEW LOW 30-44 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	98.29	93.38
99204	OFFICE O/P NEW MOD 45-59 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	1	121.11	115.05
99204	OFFICE O/P NEW MOD 45-59 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	151.07	143.52
99205	OFFICE O/P NEW HI 60-74 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	1	158.24	150.33
99205	OFFICE O/P NEW HI 60-74 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	191.29	181.73
99211	OFFICE O/P EST MINIMAL PROB	Facility Rate	0	999	7/1/2020	12/31/1999	1	8.70	8.27
99211	OFFICE O/P EST MINIMAL PROB	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	20.75	19.71
99212	OFFICE O/P EST SF 10-19 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	2	24.06	22.86
99212	OFFICE O/P EST SF 10-19 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	2	41.05	39.00
99213	OFFICE O/P EST LOW 20-29 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	2	48.10	45.70
99213	OFFICE O/P EST LOW 20-29 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	2	68.49	65.07
99214	OFFICE O/P EST MOD 30-39 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	2	74.17	70.46
99214	OFFICE O/P EST MOD 30-39 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	2	99.81	94.82
99215	OFFICE O/P EST HI 40-54 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	1	104.79	99.55
99215	OFFICE O/P EST HI 40-54 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	134.45	127.73
99217	OBS CARE DIS, DAY MGNT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	67.88	64.49
99218	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	93.64	88.96
99219	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	127.59	121.21
99220	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	173.79	165.10
99221	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	95.13	90.37
99222	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	129.00	122.55
99223	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	190.01	180.51
99231	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	36.91	35.06
99232	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	68.05	64.65
99233	SUBSEQUENT HOSPITAL CARE	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	98.06	93.16
99234	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	125.20	118.94
99235	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	158.84	150.90
99236	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	204.55	194.32
99238	HOSPITAL DISCHARGE DAY MANAGEM	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	68.19	64.78
99241	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/1999	1	30.94	29.39
99241	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	43.92	41.72
99242	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/1999	1	65.12	61.86
99242	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	83.35	79.18
99243	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/1999	1	91.11	86.55
99243	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	114.28	108.57
99244	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/1999	1	146.51	139.18
99244	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	171.84	163.25
99245	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/1999	1	181.34	172.27
99245	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	209.76	199.27
99251	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	46.87	44.53
99252	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	71.08	67.53
99253	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	109.46	103.99
99254	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	159.20	151.24
99255	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	191.68	182.10
99281	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	21.28	20.22
99282	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	41.00	38.95
99283	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	61.52	58.44
99284	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	112.60	106.97
99285	EMERGENCY DEPT VISIT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	163.58	155.40

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99291	CRITICAL CARE, FIRST HOUR	Facility Rate	0	999	7/1/2020	12/31/1999	1	208.98	198.53
99291	CRITICAL CARE, FIRST HOUR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	258.72	245.78
99292	CRITICAL CARE, ADDL 30 MIN	Facility Rate	0	999	7/1/2020	12/31/1999	8	104.99	99.74
99292	CRITICAL CARE, ADDL 30 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/1999	8	115.18	109.42
99304	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	84.67	80.44
99305	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	121.53	115.45
99306	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	156.68	148.85
99307	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	41.05	39.00
99308	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	64.38	61.16
99309	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	85.13	80.87
99310	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	125.86	119.57
99315	NURSING FAC DISCHARGE DAY	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	68.50	65.08
99318	ANNUAL NURSING FAC ASSESSMNT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	89.92	85.42
99324	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	51.42	48.85
99325	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	74.92	71.17
99326	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	130.49	123.97
99327	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	174.81	166.07
99328	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	206.52	196.19
99334	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	56.50	53.68
99335	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	89.59	85.11
99336	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	126.65	120.32
99337	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	182.39	173.27
99341	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	51.42	48.85
99342	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	74.00	70.30
99343	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	121.71	115.62
99344	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	171.32	162.75
99345	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	208.32	197.90
99347	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	51.37	48.80
99348	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	79.00	75.05
99349	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	120.83	114.79
99350	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	168.10	159.70
99354	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/1999	1	114.72	108.98
99354	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	121.51	115.43
99355	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/1999	4	86.48	82.16
99355	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/1999	4	92.34	87.72
99356	PROLONGD SERV IP/OBSERV 1ST HR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	86.83	82.49
99357	PROLONGED SERVICE, INPATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/1999	4	87.45	83.08
99381	PREV VISIT, NEW, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	101.97	96.87
99382	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	1	4	7/1/2020	12/31/1999	1	106.92	101.57
99383	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	5	11	7/1/2020	12/31/1999	1	111.57	105.99
99384	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	12	17	7/1/2020	12/31/1999	1	126.43	120.11
99385	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	18	39	7/1/2020	12/31/1999	1	122.49	116.37
99386	INITIAL EVALUATION AND MANAGEM	Facility Rate	40	64	7/1/2020	12/31/1999	1	113.43	107.76
99386	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	40	64	7/1/2020	12/31/1999	1	142.16	135.05
99387	INITIAL EVALUATION AND MANAGEM	Facility Rate	65	999	7/1/2020	12/31/1999	1	121.84	115.75
99387	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	65	999	7/1/2020	12/31/1999	1	154.28	146.57
99391	PREV VISIT, EST, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	92.13	87.52
99392	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	1	4	7/1/2020	12/31/1999	1	98.26	93.35
99393	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	5	11	7/1/2020	12/31/1999	1	97.95	93.05
99394	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	12	17	7/1/2020	12/31/1999	1	107.86	102.47
99395	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	18	39	7/1/2020	12/31/1999	1	110.55	105.02
99396	PERIODIC REEVALUATION AND MANA	Facility Rate	40	64	7/1/2020	12/31/1999	1	92.43	87.81
99396	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	40	64	7/1/2020	12/31/1999	1	117.77	111.88
99397	PERIODIC REEVALUATION AND MANA	Facility Rate	65	999	7/1/2020	12/31/1999	1	97.39	92.52
99397	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	65	999	7/1/2020	12/31/1999	1	126.43	120.11
99401	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	9	20	7/1/2020	12/31/1999	1	36.11	34.30
99402	COUNSELING AND/OR RISK FACTOR	Facility Rate	0	999	7/1/2020	12/31/1999	1	48.02	45.62
99402	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	60.38	57.36
99460	INIT EVAL NORMAL NEWBORN PER DAY	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	90.41	85.89
99461	INIT CARE NORMAL NEWBORN	Facility Rate	0	1	7/1/2020	12/31/1999	1	59.45	56.48
99461	INIT CARE NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	83.85	79.66

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99462	SUBS CARE PER DAY NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	39.74	37.75
99463	INIT EVAL NORMAL NEWBORN ADM/DISCH	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	104.19	98.98
99464	ATTENDANCE AT DELIVERY W/STAB	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	70.70	67.17
99465	DEL ROOM RESUSC NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	138.19	131.28
99468	INIT IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	869.60	826.12
99469	SUBSQ IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	376.56	357.73
99471	INIT IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/1999	1	752.68	715.05
99472	SUBSQ IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/1999	1	379.90	360.91
99475	INIT IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/1999	1	529.86	503.37
99476	SUBQ IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/1999	1	326.54	310.21
99477	INIT HOSP CARE/DAY FOR E/M OF NEONAT	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	330.17	313.66
99478	SUBS ICU DAY LOW BIRTH < 1500 G	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	129.80	123.31
99479	SUBSQ ICU DAY LOW BIRTH 1500-2500 G	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	117.82	111.93
99480	SUBSQ ICU DAY LOW BIRTH 2001-5000 G	Non-Facility Rate	0	1	7/1/2020	12/31/1999	1	113.17	107.51
99499	UNLISTED EVALUATION AND MANAGE		0	999	1/1/2014	12/31/1999	1	MP	MP