

Mississippi Division of Medicaid
Psychiatry and Psychiatric Nurse Practitioners 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](#)

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	Modifier	<ul style="list-style-type: none"> • This column is used to denote the type of service. <li style="margin-left: 20px;">1. HI- Integrated mental health and intellectual disability/developmental disabilities program <li style="margin-left: 20px;">2. HF - Required for Substance Use Disorder Services
4	Prior Authorization	<ul style="list-style-type: none"> • This column identifies the codes that require prior authorization before the service is performed.
5	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
6	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
7	Begin Date	<ul style="list-style-type: none"> • This column represents the beginning date that the fees in column J became effective.
8	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fees in column J.
9	Max Units	<ul style="list-style-type: none"> • This column represents the maximum units DOM covers for the service.
10	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for each unit of service.

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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	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90785	Psytx complex interactive		NO	0	999	7/1/2020	12/31/9999	1	13.16
90791	Psych diagnostic evaluation		NO	0	999	7/1/2020	12/31/9999	1	122.74
90792	Psych diag eval w/med srvc		NO	0	999	7/1/2020	12/31/9999	1	135.68
90832	Psytx w pt 30 minutes		NO	0	999	7/1/2020	12/31/9999	1	60.07
90833	Psytx w pt w e/m 30 min		NO	0	999	7/1/2020	12/31/9999	1	61.45
90834	Psytx w pt 45 minutes		NO	0	999	7/1/2020	12/31/9999	1	79.90
90836	Psytx w pt w e/m 45 min		NO	0	999	7/1/2020	12/31/9999	1	77.83
90837	Psytx w pt 60 minutes		NO	0	999	7/1/2020	12/31/9999	1	119.68
90838	Psytx w pt w e/m 60 min		NO	0	999	7/1/2020	12/31/9999	1	102.35
90846	Family psytx w/o pt 50 min		NO	0	999	7/1/2020	12/31/9999	1	88.33
90847	Family psytx w/pt 50 min		NO	0	999	7/1/2020	12/31/9999	1	91.50
90849	Multiple family group psytx		NO	0	999	7/1/2020	12/31/9999	1	30.48
90853	Group psychotherapy		NO	0	999	7/1/2020	12/31/9999	1	23.81
90870	Electroconvulsive therapy		NO	0	999	7/1/2020	12/31/9999	2	147.66
99202	Office/outpatient visit new	HI	NO	0	999	7/1/2020	12/31/9999	1	62.21
99203	Office/outpatient visit new	HI	NO	0	999	7/1/2020	12/31/9999	1	88.46
99204	Office/outpatient visit new	HI	NO	0	999	7/1/2020	12/31/9999	1	135.96
99205	Office/outpatient visit new	HI	NO	0	999	7/1/2020	12/31/9999	1	172.16
99211	Office/outpatient visit est	HI	NO	0	999	7/1/2020	12/31/9999	1	18.68
99212	Office/outpatient visit est	HI	NO	0	999	7/1/2020	12/31/9999	2	36.95
99213	Office/outpatient visit est	HI	NO	0	999	7/1/2020	12/31/9999	2	61.64
99214	Office/outpatient visit est	HI	NO	0	999	7/1/2020	12/31/9999	2	89.83
99215	Office/outpatient visit est	HI	NO	0	999	7/1/2020	12/31/9999	1	121.01