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. The modifier HT indicates intensive services provided to those enrolled in PRTF LOC services.

- 1. HE Face-to-Face Service (only required for Crisis Response (H2011))
- 2. HF Required for Substance Use Disorder Services
- 3. HT Multi-Disiplinary or PRTF Level of Care
- 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 column J became effective.
7	End Date	 This column represents the end date of the fee segment in column 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.

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Print Date: JULY 1, 2021



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Code	Description	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Annual Limit	Fee
90785	Psytx complex interactive	NO	0	999	7/1/2020	12/31/9999	1	4	13.16
90791	Psych diagnostic evaluation	NO	0	999	7/1/2020	12/31/9999	1	4	122.74
90792	Psych diag eval w/med srvcs	NO	0	999	7/1/2020	12/31/9999	1	72	135.68
90832	Psytx w pt 30 minutes	NO	0	999	7/1/2020	12/31/9999	1	36	60.07
90833	Psytx w pt w e/m 30 min	NO	0	999	7/1/2020	12/31/9999	1	36	61.45
90834	Psytx w pt 45 minutes	NO	0	999	7/1/2020	12/31/9999	1	36	79.90
90836	Psytx w pt w e/m 45 min	NO	0	999	7/1/2020	12/31/9999	1	36	77.83
90837	Psytx w pt 60 minutes	NO	0	999	7/1/2020	12/31/9999	1	36	119.68
90838	Psytx w pt w e/m 60 min	NO	0	999	7/1/2020	12/31/9999	1	36	102.35
90846	Family psytx w/o pt 50 min	NO	0	999	7/1/2020	12/31/9999	1	24	88.33
90847	Family psytx w/pt 50 min	NO	0	999	7/1/2020	12/31/9999	1	24	91.50
90849	Multiple family group psytx	NO	0	999	7/1/2020	12/31/9999	1	40	30.48
90853	Group psychotherapy	NO	0	999	7/1/2020	12/31/9999	1	40	23.81
96127	Brief emotional/behav assmt	NO	0	999	7/1/2020	12/31/9999	2	12	3.78
96130	Psycl tst eval phys/qhp 1st	NO	0	999	7/1/2020	12/31/9999	1	4	103.14
96131	Psycl tst eval phys/ghp ea	NO	0	999	7/1/2020	12/31/9999	4	4	79.07
96136	Psycl/nrpsyc tst phy/qhp 1st	NO	0	999	7/1/2020	12/31/9999	1	4	38.84
96137	Psycl/nrpsyc tst phy/qhp ea	NO	0	999	7/1/2020	12/31/9999	4	4	35.52
96372	Ther/proph/diag inj sc/im	NO	0	999	7/1/2020	12/31/9999	4	N/A	11.68
99202	Office/outpatient visit new	NO	0	999	7/1/2020	12/31/9999	1	N/A	62.21
99203	Office/outpatient visit new	NO	0	999	7/1/2020	12/31/9999	1	, N/A	88.46
99204	Office/outpatient visit new	NO	0	999	7/1/2020	12/31/9999	1	N/A	135.96
99205	Office/outpatient visit new	NO	0	999	7/1/2020	12/31/9999	1	N/A	172.16
99211	Office/outpatient visit est	NO	0	999	7/1/2020	12/31/9999	1	, N/A	18.68
99212	Office/outpatient visit est	NO	0	999	7/1/2020	12/31/9999	2	, N/A	36.95
99213	Office/outpatient visit est	NO	0	999	7/1/2020	12/31/9999	2	, N/A	61.64
99214	Office/outpatient visit est	NO	0	999	7/1/2020	12/31/9999	2	, N/A	89.83
99215	Office/outpatient visit est	NO	0	999	7/1/2020	12/31/9999	1	, N/A	121.01
99304	Nursing facility care init	NO	0	999	7/1/2020	12/31/9999	1	, N/A	76.20
99305	Nursing facility care init	NO	0	999	7/1/2020	12/31/9999	1	N/A	109.38
99306	Nursing facility care init	NO	0	999	7/1/2020	12/31/9999	1	, N/A	141.01
99307	Nursing fac care subseq	NO	0	999	7/1/2020	12/31/9999	1	, N/A	36.95
99308	Nursing fac care subseq	NO	0	999	7/1/2020	12/31/9999	1	N/A	57.94
99309	Nursing fac care subseq	NO	0	999	7/1/2020	12/31/9999	1	N/A	76.62
99310	Nursing fac care subseq	NO	0	999	7/1/2020	12/31/9999	1	N/A	113.27
99324	Domicil/r-home visit new pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	46.28
99325	Domicil/r-home visit new pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	67.43
99326	Domicil/r-home visit new pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	117.44
99327	Domicil/r-home visit new pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	157.33
99328	Domicil/r-home visit new pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	185.87
99334	Domicil/r-home visit est pat	NO	0	999	7/1/2020	12/31/9999	1	, N/A	50.85
99335	Domicil/r-home visit est pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	80.63
99336	Domicil/r-home visit est pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	113.99
99337	Domicil/r-home visit est pat	NO	0	999	7/1/2020	12/31/9999	1	N/A	164.15
99354	Prolong e&m/psyctx serv o/p	NO	0	999	7/1/2020	12/31/9999	1	N/A	109.36
99355	Prolong e&m/psyctx serv o/p	NO	0	999	7/1/2020	12/31/9999	4	N/A	83.11
H0018	Short-term rest treat	Yes	0	999	9/1/2020	12/31/9999	1	60	504.62
H0031	Mh health assess by non-md	NO	0	999	10/1/2003	12/31/9999	1	4	110.47
H0032	Mh svc plan dev by non-md	NO	0	999	10/1/2003	12/31/9999	1	4	18.45

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Code	Description	ΡΑ	Min Age	Max Age	Begin Date	End Date	Max Units	Annual Limit	Fee
H0035	Mh partial hosp tx under 24h	Yes	0	999	10/1/2003	12/31/9999	1	100	113.00
H0038	Self-help/peer svc per 15min	NO	0	999	1/1/2012	12/31/9999	6	200	7.83
H0039	Asser com tx face-face/15min	Yes	0	999	7/1/2012	12/31/9999	40	1,600	27.50
H0039	Asser com tx face-face/15min	Yes	0	999	4/1/2021	12/31/9999	40	1,600	24.75
H2011	Crisis interven svc, 15 min	No	0	999	7/1/2012	12/31/9999	32	N/A	21.88
H2011	Crisis interven svc, 15 min	No	0	999	7/1/2012	12/31/9999	32	N/A	30.00
H2012	Behav hlth day treat, per hr	Yes	3	20	7/1/2014	12/31/9999	5	N/A	32.00
H2015	Comp comm supp svc, 15 min	NO	0	999	9/1/2020	12/31/9999	96	400	14.88
H2017	Psysoc rehab svc, 15 min	Yes	18	999	9/1/2020	12/31/9999	20	N/A	3.87
T1002	Rn services up to 15 minutes	NO	0	999	7/1/2005	12/31/9999	4	144	18.45
T1017	Targeted case management	NO	0	999	3/1/2015	12/31/9999	8	260	14.88
T1502	Medication admin visit	NO	0	999	10/1/2003	12/31/9999	2	12	4.76
T2023	Targeted case management, per month	Yes	0	21	7/1/2021	12/31/9999	1	12	1,200.00

Δ Rate without U8 modifier

Rate with U8 modifier

TF Telephonic rate

HE Face to Face rate

HT Multi-Disiplinary or PRTF Level of Care

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∆ ∞ TF HF

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