

**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"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Site of Service	<ul style="list-style-type: none"> <li>• This column is used to denote the site of service.               <ol style="list-style-type: none"> <li>1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility.</li> <li>2. Facility Rate: he rate paid for professional services performed in a facility setting.</li> <li>3. EP Modifier Non-Facility Rate: The rate paid for EPSDT professional services performed in a setting that is not a facility.</li> </ol> </li> </ul>
4	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
5	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
6	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns I and J became effective.</li> </ul>
7	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns I and J.</li> </ul>
8	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service.</li> </ul>
9	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> <li>• MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.</li> </ul>

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Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF  
**MEDICAID**

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90460	IMADM ANY ROUTE 1ST VAC/TOX	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	9	12.98
90471	IMMUNIZATION ADMIN	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	12.98
90472	IMMUNIZATION ADMIN, EACH ADD	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/9999	8	11.66
90473	IMMUNE ADMIN ORAL/NASAL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	1	12.98
90474	IMMUNE ADMIN ORAL/NASAL ADDL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/9999	1	11.66
99202	OFFICE O/P NEW SF 15-29 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	1	47.18
99202	OFFICE O/P NEW SF 15-29 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	69.12
99203	OFFICE O/P NEW LOW 30-44 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	1	70.79
99203	OFFICE O/P NEW LOW 30-44 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	98.29
99204	OFFICE O/P NEW MOD 45-59 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	1	121.11
99204	OFFICE O/P NEW MOD 45-59 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	151.07
99205	OFFICE O/P NEW HI 60-74 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	1	158.24
99205	OFFICE O/P NEW HI 60-74 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	191.29
99211	OFFICE O/P EST MINIMAL PROB	Facility Rate	0	999	7/1/2020	12/31/9999	1	8.70
99211	OFFICE O/P EST MINIMAL PROB	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	20.75
99212	OFFICE O/P EST SF 10-19 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	2	24.06
99212	OFFICE O/P EST SF 10-19 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	41.05
99213	OFFICE O/P EST LOW 20-29 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	2	48.10
99213	OFFICE O/P EST LOW 20-29 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	68.49
99214	OFFICE O/P EST MOD 30-39 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	2	74.17
99214	OFFICE O/P EST MOD 30-39 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	2	99.81
99215	OFFICE O/P EST HI 40-54 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	1	104.79
99215	OFFICE O/P EST HI 40-54 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	134.45
99217	OBS CARE DIS, DAY MGNT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	67.88
99218	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	93.64
99219	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	127.59
99220	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	173.79
99221	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	95.13
99222	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	129.00
99223	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	190.01
99231	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	36.91
99232	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.05
99233	SUBSEQUENT HOSPITAL CARE	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	98.06
99234	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	125.20
99235	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	158.84
99236	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	204.55
99238	HOSPITAL DISCHARGE DAY MANAGEM	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.19
99241	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	30.94
99241	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	43.92
99242	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	65.12
99242	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	83.35
99243	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	91.11
99243	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	114.28
99244	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	146.51
99244	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	171.84
99245	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2020	12/31/9999	1	181.34
99245	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	209.76
99251	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	46.87
99252	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	71.08

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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
99253	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	109.46
99254	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	159.20
99255	PATIENT CONSULT NEW OR EST PATIENT,	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	191.68
99281	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	21.28
99282	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	41.00
99283	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	61.52
99284	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	112.60
99285	EMERGENCY DEPT VISIT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	163.58
99291	CRITICAL CARE, FIRST HOUR	Facility Rate	0	999	7/1/2020	12/31/9999	1	208.98
99291	CRITICAL CARE, FIRST HOUR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	258.72
99292	CRITICAL CARE, ADDL 30 MIN	Facility Rate	0	999	7/1/2020	12/31/9999	8	104.99
99292	CRITICAL CARE, ADDL 30 MIN	Non-Facility Rate	0	999	7/1/2020	12/31/9999	8	115.18
99304	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	84.67
99305	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.53
99306	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	156.68
99307	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	41.05
99308	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	64.38
99309	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	85.13
99310	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	125.86
99315	NURSING FAC DISCHARGE DAY	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	68.50
99318	ANNUAL NURSING FAC ASSESSMNT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	89.92
99324	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.42
99325	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	74.92
99326	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	130.49
99327	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	174.81
99328	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	206.52
99334	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	56.50
99335	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	89.59
99336	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	126.65
99337	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	182.39
99341	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.42
99342	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	74.00
99343	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.71
99344	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	171.32
99345	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	208.32
99347	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	51.37
99348	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	79.00
99349	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	120.83
99350	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	168.10
99354	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/9999	1	114.72
99354	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	121.51
99355	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2020	12/31/9999	4	86.48
99355	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2020	12/31/9999	4	92.34
99356	PROLONGD SERV IP/OBSERV 1ST HR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	86.83
99357	PROLONGED SERVICE, INPATIENT	Non-Facility Rate	0	999	7/1/2020	12/31/9999	4	87.45
99381	PREV VISIT, NEW, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	101.97
99382	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	106.92
99383	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	111.57
99384	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	126.43
99385	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	122.49
99386	INITIAL EVALUATION AND MANAGEM	Facility Rate	40	64	7/1/2020	12/31/9999	1	113.43
99386	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	142.16

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99387	INITIAL EVALUATION AND MANAGEM	Facility Rate	65	999	7/1/2020	12/31/9999	1	121.84
99387	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	154.28
99391	PREV VISIT, EST, INFANT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	92.13
99392	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	1	4	7/1/2020	12/31/9999	1	98.26
99393	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	5	11	7/1/2020	12/31/9999	1	97.95
99394	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	12	17	7/1/2020	12/31/9999	1	107.86
99395	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	18	39	7/1/2020	12/31/9999	1	110.55
99396	PERIODIC REEVALUATION AND MANA	Facility Rate	40	64	7/1/2020	12/31/9999	1	92.43
99396	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	40	64	7/1/2020	12/31/9999	1	117.77
99397	PERIODIC REEVALUATION AND MANA	Facility Rate	65	999	7/1/2020	12/31/9999	1	97.39
99397	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	65	999	7/1/2020	12/31/9999	1	126.43
99401	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	9	20	7/1/2020	12/31/9999	1	36.11
99402	COUNSELING AND/OR RISK FACTOR	Facility Rate	0	999	7/1/2020	12/31/9999	1	48.02
99402	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	0	999	7/1/2020	12/31/9999	1	60.38
99460	INIT EVAL NORMAL NEWBORN PER DAY	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	90.41
99461	INIT CARE NORMAL NEWBORN	Facility Rate	0	1	7/1/2020	12/31/9999	1	59.45
99461	INIT CARE NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	83.85
99462	SUBS CARE PER DAY NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	39.74
99463	INIT EVAL NORMAL NEWBORN ADM/DISCH	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	104.19
99464	ATTENDANCE AT DELIVERY W/STAB	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	70.70
99465	DEL ROOM RESUSC NEWBORN	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	138.19
99468	INIT IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	869.60
99469	SUBSQ IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	376.56
99471	INIT IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	752.68
99472	SUBSQ IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2020	12/31/9999	1	379.90
99475	INIT IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	529.86
99476	SUBQ IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2020	12/31/9999	1	326.54
99477	INIT HOSP CARE/DAY FOR E/M OF NEONAT	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	330.17
99478	SUBS ICU DAY LOW BIRTH < 1500 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	129.80
99479	SUBSQ ICU DAY LOW BIRTH 1500-2500 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	117.82
99480	SUBSQ ICU DAY LOW BIRTH 2001-5000 G	Non-Facility Rate	0	1	7/1/2020	12/31/9999	1	113.17
99499	UNLISTED EVALUATION AND MANAGE		0	999	1/1/2014	12/31/9999	1	MP