Mississippi Division of Medicaid PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) 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	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 begin date of which the fee in columns J became effective					
7	End Date	 This column represents the end date of the fee segment in columns J. 					
8	Max Units	 This column represents the maximum units the Division of Medicaid covers for the service. 					
9	Service Limit	This column identifies restrictions for the code.					
10	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit.					



Mississippi Division of Medicaid PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) SERVICES FEE SCHEDULE Effective Date: 07/01/2021

Print Date: July 1, 2021

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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*NOTE: Revisions effective July 1, 2021, include discontinuation of the UC Modifier for transportation for dates of service on and before June 30, 2021. A separate and distinct procedure code will be used and requires prior authorization for dates of service on and after July 1, 2021.

Code	Description	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Service Limit	FEE			
T1025	Ped compr care pkg, per diem	Yes	0	999	7/1/2014	12/31/1999	1	One (1) unit equals more than six (6) hours up to twelve (12) hours per day	240.00			
T1026	Ped compr care pkg, per hour	Yes	0	999	1/1/2020	12/31/1999	6	Six (6) hours or less per day. One (1) unit equals one (1) hour.	40.00			
T2002	Transportation, per diem	Yes	0	999	7/1/2021	12/31/1999	1	Once per day	35.00			