

Mississippi Division of Medicaid
PRIVATE DUTY NURSING (PDN) 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	Modifier Status	• This column is used to denote the type of service. 1. EP - Service provided as part of medicaid early periodic screening diagnosis and treatment (EPSDT) program 2. TG - Complex/high tech level of care
4	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
5	Min Age	• This column is the covered minimum age for the service.
6	Max Age	• This column is the covered maximum age for the service.
7	Begin Date	• This column represents the begin date of which the fee in columns J became effective.
8	End Date	• This column represents the end date of the fee segment in columns J.
9	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
10	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit.

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PRIVATE DUTY NURSING (PDN)FEE SCHEDULE
 Print Date: July 16, 2021
 Effective: July 1, 2020



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
S9122	Certified Nursing Assistant (CNA) Providing Care in the Home, Per Hour		Yes	0	999	7/1/2020	12/31/9999	24	17.26
S9123	Nursing Care, in the Home by a Registered Nurse (RN), Per Hour	EP	Yes	0	999	8/15/2009	12/31/9999	24	34.00
S9123	Nursing Care, in the Home by a Registered Nurse (RN), Per Hour	TG - HOME VENTILATOR	Yes	0	999	8/15/2009	12/31/9999	24	51.00
S9124	Nursing Care, in the Home by a Licensed Practtical Nurse (LPN), Per Hour	EP	Yes	0	999	8/15/2009	12/31/9999	24	26.00
T1001	Nursing Assessment/Evaluation (Supervision Visit)		No	0	999	7/1/2020	12/31/9999	1	34.00