

**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	<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 Status	<ul style="list-style-type: none"> • This column is used to denote the type of service. <ol style="list-style-type: none"> 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	<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 begin date of which the fee in columns J became effective.
8	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns J.
9	Max Units	<ul style="list-style-type: none"> • This column represents the maximum units the Division of Medicaid 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.

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Print Date: July 16, 2021

Effective: July 1, 2020



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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	20	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	20	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	20	8/15/2009	12/31/9999	24	51.00
S9124	Nursing Care, in the Home by a Licensed Practical Nurse (LPN), Per Hour	EP	Yes	0	20	8/15/2009	12/31/9999	24	26.00
T1001	Nursing Assessment/Evaluation (Supervision Visit)		No	0	20	7/1/2020	12/31/9999	1	34.00