

**Mississippi Division of Medicaid**  
**ASSISTED LIVING WAIVER 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](#)
- [DOM HCBS Waiver Providers Webpage](#)
- [Medicaid Administrative Code - Part 200 General Provider Information](#)
- [Medicaid Administrative Code - Part 208 Home & Community Based Services](#)

Note Number	Column Title	Details
1	Waiver Service Name	<ul style="list-style-type: none"> <li>• This column describes the Waiver Service Names rendered at the Division of Medicaid.  AL - Assisted Living Services  TBI - TBI Residential</li> </ul>
2	Procedure Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
3	Code 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>
4	Modifier Status	<p>MODIFIER USAGE</p> <ul style="list-style-type: none"> <li>• This column is used to denote the type of service.</li> </ul> <ol style="list-style-type: none"> <li>1. U4 - Medicaid level of care 4, as defined by each state</li> <li>2. U6 - Medicaid level of care 6, as defined by each state</li> </ol>
5	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
6	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
7	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in column L became effective.</li> </ul>
8	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in column L.</li> </ul>
9	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>
10	Frequency	<ul style="list-style-type: none"> <li>• Time Frame Abbreviations:  D - Daily  M - Per Month</li> </ul>
11	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> </ul>
12	Provider Type	<ul style="list-style-type: none"> <li>• This column denotes the types of covered/non-covered services rendered for each provider.  WC0 - Assisted Living Services Provider  W00 - Case Management</li> </ul>
13	Place of Service	<ul style="list-style-type: none"> <li>• This column denotes the types of covered/non-covered services rendered for each place of service where rendered.   33 - Custodial Care Facility</li> </ul>

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Print Date: October 7, 2021

Effective 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: Waiver services may only be rendered and paid in accordance with frequencies and units approved on the individual member's Plan of Services and Supports (PSS) which is developed through a person-centered process based on their unique acuity and needs reviewed and approved by LTC. For waiver services, prior authorizations are reviewed by the Division of Medicaid long-term care program nurses on the plan of services/support and approved by DOM social workers. Members may only receive waiver services during periods of active waiver eligibility as defined by the Start and End Dates of waiver specific lock-in segments.**

Waiver Service Name	Procedure Code	Code Description	Modifier Status		Min Age	Max Age	Begin Date	End Date	Max Units	Frequency	Fee	Provider Type	Place of Service
			Mod 1	Mod 2									
Assisted Living Services	T1020	Personal care ser per diem	U4		21	999	12/1/2013	12/31/9999	1	Daily	\$54.05	WCO	33
TBI Residential	T1020	Personal care ser per diem	U4	U6	21	999	5/1/2014	12/31/9999	1	Daily	\$400.00	WCO	33