

Mississippi Division of Medicaid
COMMUNITY MENTAL HEALTH 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](#)

MODIFIER USAGE

NOTE: The modifier is used to denote the type of service. HW modifier must be in the 1st modifier position for all C/PMHC services rendered. The modifier HT indicates intensive services provided to those enrolled in PRTF LOC services.

1. HE - Face-to-Face Service (only required for Crisis Response (H2011))
2. HF - Required for Substance Use Disorder Services
3. HT - Multi-Disiplinary or PRTF Level of Care
4. HW - Community and Private Mental Health Centers (C/PMHC)
5. TF - Telephonic Service (only required for Crisis Response (H2011))
6. U8 - Medicaid level of care 8, as defined by each state (only required for Asser Com Tx/ICORT (H0039)).

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	Prior Authorization	<ul style="list-style-type: none"> • This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
5	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
6	Begin Date	<ul style="list-style-type: none"> • This column represents the beginning date that the fees in column J became effective.
7	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in column J.
8	Max Units	<ul style="list-style-type: none"> • This column represents the maximum units the Division of Medicaid covers for the service.
9	Annual Limit	<ul style="list-style-type: none"> • This column represents the annual limit allowance per procedure code per state fiscal year. • 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.
10	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for services for each unit.

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Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Annual Limit	Fee
90785	Psytx complex interactive	No	0	999	07/01/2020	12/31/9999	1	4	13.16
90791	Psych diagnostic evaluation	No	0	999	07/01/2020	12/31/9999	1	4	122.74
90792	Psych diag eval w/med srvc	No	0	999	07/01/2020	12/31/9999	1	72	135.68
90832	Psytx w pt 30 minutes	No	0	999	07/01/2020	12/31/9999	1	36	60.07
90833	Psytx w pt w e/m 30 min	No	0	999	07/01/2020	12/31/9999	1	36	61.45
90834	Psytx w pt 45 minutes	No	0	999	07/01/2020	12/31/9999	1	36	79.90
90836	Psytx w pt w e/m 45 min	No	0	999	07/01/2020	12/31/9999	1	36	77.83
90837	Psytx w pt 60 minutes	No	0	999	07/01/2020	12/31/9999	1	36	119.68
90838	Psytx w pt w e/m 60 min	No	0	999	07/01/2020	12/31/9999	1	36	102.35
90846	Family psytx w/o pt 50 min	No	0	999	07/01/2020	12/31/9999	1	24	88.33
90847	Family psytx w/pt 50 min	No	0	999	07/01/2020	12/31/9999	1	24	91.50
90849	Multiple family group psytx	No	0	999	07/01/2020	12/31/9999	1	40	30.48
90853	Group psychotherapy	No	0	999	07/01/2020	12/31/9999	1	40	23.81
96127	Brief emotional/behav assmt	No	0	999	07/01/2020	12/31/9999	2	12	3.78
96130	Psycl tst eval phys/qhp 1st	No	0	999	07/01/2020	12/31/9999	1	4	103.14
96131	Psycl tst eval phys/qhp ea	No	0	999	07/01/2020	12/31/9999	7	4	79.07
96136	Psycl/nrpsyc tst phy/qhp 1st	No	0	999	07/01/2020	12/31/9999	1	4	38.84
96137	Psycl/nrpsyc tst phy/qhp ea	No	0	999	07/01/2020	12/31/9999	11	4	35.52
96372	Ther/proph/diag inj sc/im	No	0	999	07/01/2020	12/31/9999	4	N/A	11.68
99202	Office/outpatient visit new	No	0	999	07/01/2020	12/31/9999	1	N/A	62.21
99203	Office/outpatient visit new	No	0	999	07/01/2020	12/31/9999	1	N/A	88.46
99204	Office/outpatient visit new	No	0	999	07/01/2020	12/31/9999	1	N/A	135.96
99205	Office/outpatient visit new	No	0	999	07/01/2020	12/31/9999	1	N/A	172.16
99211	Office/outpatient visit est	No	0	999	07/01/2020	12/31/9999	1	N/A	18.68
99212	Office/outpatient visit est	No	0	999	07/01/2020	12/31/9999	2	N/A	36.95
99213	Office/outpatient visit est	No	0	999	07/01/2020	12/31/9999	2	N/A	61.64
99214	Office/outpatient visit est	No	0	999	07/01/2020	12/31/9999	2	N/A	89.83
99215	Office/outpatient visit est	No	0	999	07/01/2020	12/31/9999	1	N/A	121.01
99304	Nursing facility care init	No	0	999	07/01/2020	12/31/9999	1	N/A	76.20
99305	Nursing facility care init	No	0	999	07/01/2020	12/31/9999	1	N/A	109.38
99306	Nursing facility care init	No	0	999	07/01/2020	12/31/9999	1	N/A	141.01
99307	Nursing fac care subseq	No	0	999	07/01/2020	12/31/9999	1	N/A	36.95
99308	Nursing fac care subseq	No	0	999	07/01/2020	12/31/9999	1	N/A	57.94
99309	Nursing fac care subseq	No	0	999	07/01/2020	12/31/9999	1	N/A	76.62
99310	Nursing fac care subseq	No	0	999	07/01/2020	12/31/9999	1	N/A	113.27
99324	Domicil/r-home visit new pat	No	0	999	07/01/2020	12/31/9999	1	N/A	46.28
99325	Domicil/r-home visit new pat	No	0	999	07/01/2020	12/31/9999	1	N/A	67.43
99326	Domicil/r-home visit new pat	No	0	999	07/01/2020	12/31/9999	1	N/A	117.44
99327	Domicil/r-home visit new pat	No	0	999	07/01/2020	12/31/9999	1	N/A	157.33
99328	Domicil/r-home visit new pat	No	0	999	07/01/2020	12/31/9999	1	N/A	185.87
99334	Domicil/r-home visit est pat	No	0	999	07/01/2020	12/31/9999	1	N/A	50.85
99335	Domicil/r-home visit est pat	No	0	999	07/01/2020	12/31/9999	1	N/A	80.63
99336	Domicil/r-home visit est pat	No	0	999	07/01/2020	12/31/9999	1	N/A	113.99
99337	Domicil/r-home visit est pat	No	0	999	07/01/2020	12/31/9999	1	N/A	164.15
99354	Prolong e&m/psytx serv o/p	No	0	999	07/01/2020	12/31/9999	1	N/A	109.36
99355	Prolong e&m/psytx serv o/p	No	0	999	07/01/2020	12/31/9999	4	N/A	83.11

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Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Annual Limit	Fee	
H0018	Short-term rest treat	Yes	0	999	09/01/2020	12/31/9999	1	60	504.62	
H0031	Mh health assess by non-md	No	0	999	07/01/2021	12/31/9999	1	4	110.70	
H0032	Mh svc plan dev by non-md	No	0	999	10/01/2003	12/31/9999	1	4	18.45	
H0035	Mh partial hosp tx under 24h	Yes	0	999	10/01/2003	12/31/9999	1	100	113.00	
H0038	Self-help/peer svc per 15min	No	0	999	01/01/2012	12/31/9999	6	200	7.83	
H0039	Asser com tx face-face/15min	Yes	0	999	07/01/2012	12/31/9999	40	1,600	27.50	Δ
H0039	Asser com tx face-face/15min	Yes	0	999	07/01/2012	12/31/9999	40	1,600	27.50	∞
H2011	Crisis interven svc, 15 min	No	0	999	07/01/2012	12/31/9999	32	N/A	15.00	TF
H2011	Crisis interven svc, 15 min	No	0	999	07/01/2012	12/31/9999	32	N/A	15.00	HE
H2012	Behav hlth day treat, per hr	Yes	0	20	07/01/2014	12/31/9999	5	N/A	32.00	
H2015	Comp comm supp svc, 15 min	No	0	999	09/01/2020	12/31/9999	96	400	14.88	
H2017	Psyc soc rehab svc, 15 min	Yes	18	999	09/01/2020	12/31/9999	20	N/A	3.87	
T1002	Rn services up to 15 minutes	No	0	999	07/01/2005	12/31/9999	4	144	18.45	
T1017	Targeted case management	No	0	999	03/01/2015	12/31/9999	8	260	15.12	
T1502	Medication admin visit	No	0	999	10/01/2003	12/31/9999	2	12	4.76	
T2023	Targeted case management, per month	Yes	0	21	7/1/2021	12/31/9999	1	12	151.01	HT

- Δ** Rate without U8 modifier
- ∞** Rate with U8 modifier
- TF** Telephonic rate
- HE** Face to Face rate
- HT** Multi-Disiplinary or PRTF Level of Care