

Mississippi Division of Medicaid
INDEPENDENT LIVING WAIVER (ILW) 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	• This column describes the type of service_or procedure rendered for the Division of Medicaid.
2	Procedure Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
3	Code Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
4	Modifier Status	MODIFIER USAGE • This column is used to denote the type of service. U2 -Medicaid level of care 2, as defined by each state
5	Prior Authorization	• This column identifies the codes that require prior authorizations reviewed by the Division of Medicaid long-term care program nurses on the plan of services/support and approved by DOM social workers.
6	Min Age	• This column is the covered minimum age for the service.
7	Max Age	• This column is the covered maximum age for the service.
8	Begin Date	• This column represents the begin date of which the fee in columns L became effective.
9	End Date	• This column represents the end date of the fee segment in columns L.
10	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
11	Max Units	• This column represents the maximum number of units the Division of Medicaid will allow for each code. IAP - Individualized Approved Plan - One time initial expense per Lifetime
12	Frequency	• Time Frame Abbreviations: D - Daily IAP- Individualized Approved Plan M - Per Month
13	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit. MP - Manual Pricing
14	Provider Type Allowed	•This column denotes the type of covered/non-covered service rendered for each provider. W08 - Multi Service - HCBS
15	Place of Service	•This column denotes the place of service covered service can be rendered. 12 - Home

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 Print Date: October 7, 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.

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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. 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 Required	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Frequency	Fee	Provider Type	Place of Service
Personal Care Attendant	S5125	Attendant care service /15m	U2	No	16	999	7/1/2020	12/31/9999	IAP	IAP	\$4.19	WO8	12
Environmental Accessibility Adaptations	S5165	Home modifications per serv	U2	No	16	999	1/1/2012	12/31/9999	1	IAP	MP	WO8	12
Home Delivered Meals	S5170	Homedelivered prepared meal	U2	No	16	999	3/1/2020	12/31/9999	2	Daily	\$4.96 per meal	WO8	12
Case Management	T2022	Case management, per month	U2	No	16	999	7/1/2019	12/31/9999	1	Monthly	\$157.87	WO8	12
Specialized Medical Supplies	T2028	Special supply, nos waiver	U2	Yes - Priced by PA	16	999	1/1/2012	12/31/9999	IAP	IAP	MP	WO8	12
Specialized Medical Equipment	T2029	Special med equip, noswaiver	U2	Yes - Priced by PA	16	999	1/1/2012	12/31/9999	IAP	IAP	MP	WO8	12
Transition Assistance	T2038	Comm trans waiver/service	U2	Yes - Priced by PA	16	999	7/1/2005	12/31/9999	1	Once Per Lifetime	Not to exceed \$800	WO8	12