

Mississippi Division of Medicaid
INDEPENDENT LIVING WAIVER (ILW) FEE SCHEDULE
COVER SHEET



MISSISSIPPI DIVISION OF
MEDICAID

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 | 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 K became effective. |
| 8 | End Date | • This column represents the end date of the fee segment in columns K. |
| 9 | Max Units | • This column represents the maximum units the Division of Medicaid covers for the service. |
| 10 | 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 |
| 11 | Frequency | • Time Frame Abbreviations: D - Daily IAP- Individualized Approved Plan M - Per Month |
| 12 | Fee | • This column is the maximum amount that Division of Medicaid will pay for each unit. MP - Manual Pricing |
| 13 | 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
Effective date: July 1, 2021



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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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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 Required | 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 | 16 | 999 | 7/1/2020 | 12/31/9999 | IAP | IAP | \$4.19 | WO8 | 12 |
| Environmental Accessibility Adaptations | S5165 | Home modifications per serv | U2 | 16 | 999 | 1/1/2012 | 12/31/9999 | 1 | IAP | MP | WO8 | 12 |
| Home Delivered Meals | S5170 | Homedelivered prepared meal | U2 | 16 | 999 | 3/1/2020 | 12/31/9999 | 2 | Daily | \$4.96 per meal | WO8 | 12 |
| Case Management | T2022 | Case management, per month | U2 | 16 | 999 | 7/1/2019 | 12/31/9999 | 1 | Monthly | \$157.87 | WO8 | 12 |
| Specialized Medical Supplies | T2028 | Special supply, nos waiver | U2 | 16 | 999 | 1/1/2012 | 12/31/9999 | IAP | IAP | MP | WO8 | 12 |
| Specialized Medical Equipment | T2029 | Special med equip, noswaiver | U2 | 16 | 999 | 1/1/2012 | 12/31/9999 | IAP | IAP | MP | WO8 | 12 |
| Transition Assistance | T2038 | Comm trans waiver/service | U2 | 16 | 999 | 7/1/2005 | 12/31/9999 | 1 | Once Per Lifetime | Not to exceed \$800 | WO8 | 12 |