

Mississippi Division of Medicaid
Traumatic Brain Injury/Spinal Cord Injury (TBI-SCI) Waiver 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. U5 - Medicaid level of care 5, 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	Frequency	• 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	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit. MP - Manually Priced
12	Provider Type Allowed	• This column denotes the types of covered/non-covered services rendered for each provider. W08 - Multi Service - HCBS
13	Place of Service	• This column denotes the types of covered/non-covered services rendered for each place of service where rendered. 12 - Home. 21 - Inpatient Hospital 31 - Skilled Nursing Facility 32 - Nursing Facility 54 - ICFMR- Intermediate Care Facility-MR

Mississippi Division of Medicaid
Traumatic Brain Injury/Spinal Cord Injury Waiver (TBI-SCI) Fee Schedule
 Print Date: October 7, 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/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	U5	0	999	7/1/2020	12/31/9999	96 (1 unit = 15 min)	IAP	\$4.19 (1 unit = 15 min)	W08	12
In Home Companion Respite	S5150	Unskilled respite care /15m	U5	0	999	7/1/2009	12/31/9999	96 (1 unit = 15 min) Not to exceed 288 hours (12 days/1152 units) per federal fiscal year	Daily	\$3.32 (1 unit = 15 min)	W08	12
Institutional Respite	S5151	Unskilled respitcare /diem	U5	0	999	7/1/2009	12/31/9999	1 Not to exceed 720 hours (30 days) per federal fiscal year	Daily	\$239.04	W08	21, 31, 32, 54
Environmental Accessibility Adaptations	S5165	Home modifications per serv	U5	0	999	1/1/2012	12/31/9999	1	IAP	MP	W08	12
Home Delivered Meals	S5170	Home delivered prepared meal	U5	0	999	3/1/2020	12/31/9999	2	Daily	\$4.96 per meal	W08	12
In Home Nursing Respite	T1005	Respite care service 15 min	U5	0	999	7/1/2009	12/31/9999	96 (1 unit = 15 min) Not to exceed 288 hours (12 days/1152 units) per federal fiscal year	Daily	\$6.58 (1 unit = 15 min)	W08	12
Case Management	T2022	Contracted services per day	U5	0	999	7/1/2019	12/31/9999	1	Monthly	\$157.87	W08	12
Specialized Medical Supplies	T2028	Special supply, nos waiver	U5	0	999	1/1/2012	12/31/9999	IAP	IAP	MP	W08	12
Specialized Medical Equipment	T2029	Special med equip, nos waiver	U5	0	999	1/1/2012	12/31/9999	IAP	IAP	MP	W08	12
Transition Assistance	T2038	Comm trans waiver/service	U5	0	999	7/1/2005	12/31/1999	1	Once Per Lifetime	Not to exceed \$800	W08	12