

Mississippi Division of Medicaid
Therapeutic and Evaluation 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.

1. HA - Child/Adolescent Program (to be used for all services rendered to a beneficiary under the age of 21)
2. HF - Required for Substance Use Disorder Services
3. HT - Required for all services for beneficiaries enrolled in PRTF LOC Wraparound

Note Number	Column Title	Details
1	Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	• This column is the covered minimum age for the service.
5	Max Age	• This column is the covered maximum age for the service.
6	Begin Date	• This column represents the beginning date that the fees in columns I became effective.
7	End Date	• This column represents the end date of the fee segment in columns I.
8	Max Units	• This column represents the maximum units DOM covers for the service.
9	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit of service.

Mississippi Division of Medicaid
Therapeutic and Evaluation Mental Health Services Fee Schedule

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

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.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90785	Psytx complex interactive	No	0	999	7/1/2020	12/31/9999	1	13.16
90791	Psych diagnostic evaluation	No	0	999	7/1/2020	12/31/9999	1	122.74
90832	Psytx w pt 30 minutes	No	0	999	7/1/2020	12/31/9999	1	60.07
90834	Psytx w pt 45 minutes	No	0	999	7/1/2020	12/31/9999	1	79.90
90837	Psytx w pt 60 minutes	No	0	999	7/1/2020	12/31/9999	1	119.68
90846	Family psytx w/o pt 50 min	No	0	999	7/1/2020	12/31/9999	1	88.33
90847	Family psytx w/pt 50 min	No	0	999	7/1/2020	12/31/9999	1	91.50
90853	Group psychotherapy	No	0	999	7/1/2020	12/31/9999	1	23.81
96112	Devel tst phys/qhp 1st hr	Yes	0	20	7/1/2020	12/31/9999	1	116.88
96113	Devel tst phys/qhp ea addl	Yes	0	20	7/1/2020	12/31/9999	6	52.33
96127	Brief emotional/behav assmt	No	0	999	7/1/2020	12/31/9999	2	3.78
96130	Psycl tst eval phys/qhp 1st	No	0	999	7/1/2020	12/31/9999	1	103.14
96131	Psycl tst eval phys/qhp ea	No	0	999	7/1/2020	12/31/9999	7	79.07
96132	Nrpsyc tst eval phys/qhp 1st	Yes	0	20	7/1/2020	12/31/9999	1	114.26
96133	Nrpsyc tst eval phys/qhp ea	Yes	0	20	7/1/2020	12/31/9999	7	85.86
96136	Psycl/nrpsyc tst phy/qhp 1st	No	0	999	7/1/2020	12/31/9999	1	38.84
96137	Psycl/nrpsyc tst phy/qhp ea	No	0	999	7/1/2020	12/31/9999	11	35.52
H0032	Mh svc plan dev by non-md	No	0	21	10/1/2003	12/31/9999	1	18.45

* H0032 may only be billed by providers who are participating in the Wraparound Child and Family Team