

Mississippi Division of Medicaid
Intellectual and Development Disabilities (IDD) Community Support Program (1915i) 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. U7 modifier must be in the 1st modifier position for all CSP-services rendered.

1. U7 - Medicaid level of care 7, as defined by each state.
2. HW - Community and Private Mental Health Centers (C/PMHC)
3. TF - Medium support level of care
4. TG - Complex/high tech level of care
5. UN - Two patients served.
6. UP - Three patients served

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	Modifier Status	MODIFIER USAGE • This column is used to denote the type of service.
4	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed. <u>*NOTE</u> :Service Authorization is given through the Department of Mental Health Regional Center Targeted Case Managers according to an individuals Plan of Services and Supports (PSS).
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 beginning date that the fees in columns L became effective.
8	End Date	• This column represents the end date of the fee segment in columns L.
9	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
10	Maximum Allowable Units	• This column identifies restrictions to the PSS limits and/or maximum allowable units for the code service.

11	Per Time Frame	<ul style="list-style-type: none"> • Time Frame Abbreviations: D - Daily M - Per Month Y - Per State Fiscal Year
12	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for services for each unit.
13	Place of Service	<ul style="list-style-type: none"> • This column denotes the types of covered/non-covered services rendered for each place of service where rendered. 12 - Home 99 - Other
14	Provider Type Allowed	<ul style="list-style-type: none"> • This column denotes the types of covered/non-covered services rendered for each provider. X00 - IDDCSP X05 - CommMntlHI

Mississippi Division of Medicaid
Intellectual and Development Disabilities (IDD)
Community Support Program (CSP) 1915i Website Fee Schedule
 Print Date: January 4, 2022



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.

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NOTE: CSP 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 DMH. For CSP services, service authorizations are reviewed by the DMH Targeted Case Managers on the plan of services/support and approved by DMH Bureau of Intellectual Disabilities staff. Members may only receive CSP services during periods of active CSP eligibility as defined by the Start and End Dates of CSP specific lock-in segments.Ⓜ

Any combination of codes billed with S5100, T2015, and T2047 is limited to a maximum of 138 hours per month.

Code	Description	Modifier Status		PA	Min Age	Max Age	Begin Date	End Date	Maximum Allowable Units	Per Time Frame	Fee	Place of Service	Provider Type Allowed
		Mod 1	Mod 2										
H2023	Supported Employ, per 15 min	U7		Yes	18	999	11/1/2018	12/31/9999	360	Y	8.80	99	X05
H2025	Supported Maint Employ, per 15 min	U7		Yes	18	999	11/1/2018	12/31/9999	400	M	8.35	99	X05
H2025	Supported Maint Employ, per 15 min	U7	UN	Yes	18	999	11/1/2018	12/31/9999	400	M	5.22	99	X05
H2025	Supported Maint Employ, per 15 min	U7	UP	Yes	18	999	11/1/2018	12/31/9999	400	M	4.17	99	X05
S5100	Adult Daycare Services 15M	U7		Yes	18	999	11/1/2018	12/31/9999	16	D	3.78	99	X05
S5100	Adult Daycare Services 15M	U7	TF	Yes	18	999	11/1/2018	12/31/9999	16	D	4.10	99	X05
S5100	Adult Daycare Services 15M	U7	TG	Yes	18	999	11/1/2018	12/31/9999	16	D	4.66	99	X05
S5135	Adult Companioncare per 15M, 1 person	U7		Yes	18	999	11/1/2018	12/31/9999	16	D	6.34	99, 12	X05
S5135	Adult Companioncare per 15M	U7	UN	Yes	18	999	11/1/2018	12/31/9999	16	D	3.97	99, 12	X05
S5135	Adult Companioncare per 15M	U7	UP	Yes	18	999	11/1/2018	12/31/9999	16	D	3.17	99, 12	X05
T2015	Habil Prevoc Waiver per HR	U7		Yes	18	999	11/1/2018	12/31/9999	6	D	12.48	99	X05
T2015	Habil Prevoc Waiver per HR	U7	TF	Yes	18	999	11/1/2018	12/31/9999	6	D	13.28	99	X05
T2015	Habil Prevoc Waiver per HR	U7	TG	Yes	18	999	11/1/2018	12/31/9999	6	D	14.64	99	X05
T2047	Habil Prevoc Waiver per 15 minute	U7		Yes	18	999	1/1/2021	12/31/9999	24	Y	3.12	99	X05
T2047	Habil Prevoc Waiver per 15 minute	U7	TF	Yes	18	999	1/1/2021	12/31/9999	24	D	3.32	99	X05

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Code	Description	Modifier Status		PA	Min Age	Max Age	Begin Date	End Date	Maximum Allowable Units	Per Time Frame	Fee	Place of Service	Provider Type Allowed
		Mod 1	Mod 2										
T2047	Habil Prevoc Waiver per 15 minute	U7	TG	Yes	18	999	1/1/2021	12/31/9999	24	D	3.66	99	X05

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Targeted Case Management
 Print Date: January 4, 2022



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Code	Description	Modifier Status		PA	Min Age	Max Age	Begin Date	End Date	Maximum Allowable	Per Time Frame	Fee	Place of Service	Provider Type
		Mod 1	Mod 2										
T2023	Targeted Case MGMT per MO	U7	HW	No	18	999	1/1/2019	12/31/9999	1	M	151.01	99	X00