



Mississippi Division of Medicaid
EXTENDED SERVICES FOR PERINATAL HIGH RISK MANAGEMENT AND INFANT SERVICE SYSTEMS (PHRM/ISS) 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](#)

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	• This column is used to denote the type of service. HD - Used to identify high risk pregnant women and high risk infants under the program for PHRM/ISS services. ** . The HD modifier is required for all codes billed for beneficiaries enrolled in the PHRM/ISS program and is used to drive pricing for some codes.
4	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
5	Per Time Frame	• Time Frame Abbreviations: M - Per Month MN - As medically necessary per care plan. O - Once
6	Service Limit	• This column identifies restrictions the code.
7	Min Age	• This column is the covered minimum age for the service.
8	Max Age	• This column is the covered maximum age for the service.
9	Begin Date	• This column represents the begin date of which the fee in columns L became effective.
10	End Date	• This column represents the end date of the fee segment in columns L.
11	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
12	Reimbursement Rate per unit	• This column is the maximum amount that Division of Medicaid will pay for each unit.

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EXTENDED SERVICES FOR THE PERINATAL HIGH RISK MANAGEMENT AND INFANT SERVICE SYSTEM (PHRM/ISS) FEE SCHEDULE

Effective Date: April 1, 2022
 Print Date: May 24, 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.

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.

Target case management and extended services are covered for high risk pregnant/postpartum women and high risk infants through approved case management agencies.

Code	Description	Modifier Status	PA	Per Time Frame	Service Limit	Min Age	Max Age	Begin Date	End Date	Max Units	Reimbursement Rate per unit
97802	Nutrition Assessment/Evaluation	HD	No	O	Per Pregnancy or per infant(s)	0	999	7/1/2021	12/31/9999	1	31.73
99501	RN Home Visit for Postnatal Assessment and Follow-Up	HD	No	O	Per Pregnancy during post-partum period	0	55	7/1/2021	12/31/9999	1	68.00
99502	RN Home Visit for Newborn Care and Assessment	HD	No	O	Lifetime	0	1	7/1/2021	12/31/9999	1	68.00
H0025	Behavioral Health Prevention Education Service	HD	No	MN	Once per day	0	999	7/1/2021	12/31/9999	1	25.25
H0031	Mental Health Assessment By Non-physician	HD	No	O	Per Pregnancy or per infant(s)	0	999	7/1/2021	12/31/9999	1	110.70
S9470	Nutritional Counseling, Dietician Visit	HD	No	MN	Once per day	0	55	7/1/2021	12/31/9999	1	25.25
T1001	RN Nursing Assessment/Evaluation	HD	No	O	Per Pregnancy or per infant(s)	0	999	7/1/2020	12/31/9999	1	34.00
T1002	RN Services, up to 15 minutes	HD	No	MN	Max of 4 units per day	0	999	7/1/2005	12/31/9999	4	18.45
T1023	Screening (Maternal/Infant Risk)	HD	No	O	Per Pregnancy or per infant(s)	0	55	7/1/2021	12/31/9999	1	18.90
T2023	Targeted Case Management	HD	No	M	Monthly	0	999	1/1/2019	12/31/9999	1	151.01

Effective July 1, 2021, The use of modifier HD is required for PHRM/ISS services.