

**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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Print Date: JULY 15, 2022



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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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**Target case management and extended services are covered for high risk pregnant/postpartum women and high risk infants through approved case management agencies.  
 Effective July 1, 2021, The use of modifier HD is required for PHRM/ISS services**

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	7/1/2022	12/31/9999	1	30.83
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