

**Mississippi Division of Medicaid**  
**INCREASED PRIMARY CARE 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	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Site of Service	<ul style="list-style-type: none"> <li>• This column is used to denote the site of service.</li> <li>1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility.</li> <li>2. Facility Rate: he rate paid for professional services performed in a facility setting.</li> <li>3. EP Modifier Non-Facility Rate: The rate paid for EPSDT professional services performed in a setting that is not a facility.</li> </ul>
4	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
5	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
6	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns I and J became effective.</li> </ul>
7	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns I and J.</li> </ul>
8	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service.</li> </ul>
9	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> <li>• MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.</li> </ul>

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Print Date: JULY 15, 2022



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Code	Description	Site of Service	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90460	IMADM ANY ROUTE 1ST VAC/TOX	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	9	12.98
90471	IMMUNIZATION ADMIN	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/1999	1	12.98
90472	IMMUNIZATION ADMIN, EACH ADD	EP Modifier Non-Facility Rate	0	999	7/1/2020	12/31/1999	8	11.66
90473	IMMUNE ADMIN ORAL/NASAL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	1	12.98
90474	IMMUNE ADMIN ORAL/NASAL ADDL	EP Modifier Non-Facility Rate	0	18	7/1/2020	12/31/1999	1	11.66
99202	OFFICE O/P NEW SF 15-29 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	1	46.22
99202	OFFICE O/P NEW SF 15-29 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	66.91
99203	OFFICE O/P NEW LOW 30-44 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	1	78.84
99203	OFFICE O/P NEW LOW 30-44 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	103.61
99204	OFFICE O/P NEW MOD 45-59 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	1	127.89
99204	OFFICE O/P NEW MOD 45-59 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	155.57
99205	OFFICE O/P NEW HI 60-74 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	1	173.43
99205	OFFICE O/P NEW HI 60-74 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	206.06
99211	OFFICE O/P EST MINIMAL PROB	Facility Rate	0	999	7/1/2022	12/31/1999	1	8.5
99211	OFFICE O/P EST MINIMAL PROB	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	20.74
99212	OFFICE O/P EST SF 10-19 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	2	34.3
99212	OFFICE O/P EST SF 10-19 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	2	51.78
99213	OFFICE O/P EST LOW 20-29 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	2	63.34
99213	OFFICE O/P EST LOW 20-29 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	2	84.02
99214	OFFICE O/P EST MOD 30-39 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	2	93.12
99214	OFFICE O/P EST MOD 30-39 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	2	119.06
99215	OFFICE O/P EST HI 40-54 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	1	137.91
99215	OFFICE O/P EST HI 40-54 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	168.21
99217	OBS CARE DIS, DAY MGNT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	66.78
99218	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	91.89
99219	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	124.63
99220	INITIAL OBSERVATION CARE, PER	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	168.63
99221	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	94.05
99222	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	126.9
99223	INITIAL HOSPITAL CARE, PER DAY	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	186.35
99231	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	36.38
99232	SUBSEQUENT HOSPITAL CARE, PER	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	67.03
99233	SUBSEQUENT HOSPITAL CARE	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	96.36
99234	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	122.55
99235	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	155.58
99236	OBSERV/HOSP SAME DATE	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	199.46
99238	HOSPITAL DISCHARGE DAY MANAGEM	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	67.07
99241	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2022	12/31/1999	1	30.3
99241	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	42.54
99242	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2022	12/31/1999	1	63.79
99242	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	80.98
99243	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2022	12/31/1999	1	89.7
99243	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	111.55
99244	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2022	12/31/1999	1	143.53
99244	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	167.43
99245	OFFICE CONSULTATION FOR A NEW	Facility Rate	0	999	7/1/2022	12/31/1999	1	177.87
99245	OFFICE CONSULTATION FOR A NEW	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	204.68
99251	INPATIENT CONSULT NEW OR EST PATIENT, PR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	46.02
99252	INPATIENT CONSULT NEW OR EST PATIENT, EX	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	69.62
99253	INPATIENT CONSULT NEW OR EST PATIENT, DE	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	107.68
99254	INPATIENT CONSULT NEW OR EST PATIENT, CO	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	155.5
99255	INPATIENT CONSULT NEW OR EST PATIENT, CO	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	188.05
99281	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	20.98
99282	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	40.62
99283	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	69.17
99284	EMERGENCY DEPARTMENT VISIT FOR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	117.06
99285	EMERGENCY DEPT VISIT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	170.03
99291	CRITICAL CARE, FIRST HOUR	Facility Rate	0	999	7/1/2022	12/31/1999	1	206.62
99291	CRITICAL CARE, FIRST HOUR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	259.95
99292	CRITICAL CARE, ADDL 30 MIN	Facility Rate	0	999	7/1/2022	12/31/1999	8	103.72
99292	CRITICAL CARE, ADDL 30 MIN	Non-Facility Rate	0	999	7/1/2022	12/31/1999	8	114.79
99304	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	83.2
99305	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	120.12

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99306	NURSING FACILITY CARE, INIT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	154.25
99307	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	40.57
99308	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	63.8
99309	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	84.23
99310	NURSING FAC CARE, SUBSEQ	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	124.5
99315	NURSING FAC DISCHARGE DAY	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	67.37
99318	ANNUAL NURSING FAC ASSESSMNT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	88.83
99324	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	50.68
99325	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	74.21
99326	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	128.77
99327	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	172.75
99328	DOMICIL/R-HOME VISIT NEW PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	203.29
99334	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	56.43
99335	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	88.94
99336	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	125.97
99337	DOMICIL/R-HOME VISIT EST PAT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	180.57
99341	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	50.68
99342	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	72.52
99343	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	118.31
99344	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	168.7
99345	HOME VISIT, NEW PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	204.28
99347	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	51.21
99348	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	77.93
99349	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	119.72
99350	HOME VISIT, ESTAB PATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	166.05
99354	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2022	12/31/1999	1	112.84
99354	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	119.84
99355	PROLONG E&M/PSYCTX SERV O/P	Facility Rate	0	999	7/1/2022	12/31/1999	4	80.42
99355	PROLONG E&M/PSYCTX SERV O/P	Non-Facility Rate	0	999	7/1/2022	12/31/1999	4	87.12
99356	PROLONGD SERV IP/OBSERV 1ST HR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	84.75
99357	PROLONGED SERVICE, INPATIENT	Non-Facility Rate	0	999	7/1/2022	12/31/1999	4	85.04
99381	PREV VISIT, NEW, INFANT	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	101.09
99382	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	1	4	7/1/2022	12/31/1999	1	105.65
99383	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	5	11	7/1/2022	12/31/1999	1	109.99
99384	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	12	17	7/1/2022	12/31/1999	1	125.26
99385	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	18	39	7/1/2022	12/31/1999	1	121.38
99386	INITIAL EVALUATION AND MANAGEM	Facility Rate	40	64	7/1/2022	12/31/1999	1	111.5
99386	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	40	64	7/1/2022	12/31/1999	1	140.93
99387	INITIAL EVALUATION AND MANAGEM	Facility Rate	65	999	7/1/2022	12/31/1999	1	119.66
99387	INITIAL EVALUATION AND MANAGEM	Non-Facility Rate	65	999	7/1/2022	12/31/1999	1	152.29
99391	PREV VISIT, EST, INFANT	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	91.34
99392	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	1	4	7/1/2022	12/31/1999	1	97.3
99393	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	5	11	7/1/2022	12/31/1999	1	97.01
99394	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	12	17	7/1/2022	12/31/1999	1	106.49
99395	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	18	39	7/1/2022	12/31/1999	1	108.8
99396	PERIODIC REEVALUATION AND MANA	Facility Rate	40	64	7/1/2022	12/31/1999	1	90.97
99396	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	40	64	7/1/2022	12/31/1999	1	116.9
99397	PERIODIC REEVALUATION AND MANA	Facility Rate	65	999	7/1/2022	12/31/1999	1	95.83
99397	PERIODIC REEVALUATION AND MANA	Non-Facility Rate	65	999	7/1/2022	12/31/1999	1	125.55
99401	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	0	20	7/1/2022	12/31/1999	1	35.61
99402	COUNSELING AND/OR RISK FACTOR	Facility Rate	0	999	7/1/2022	12/31/1999	1	47.08
99402	COUNSELING AND/OR RISK FACTOR	Non-Facility Rate	0	999	7/1/2022	12/31/1999	1	59.9
99460	INIT EVAL NORMAL NEWBORN PER DAY	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	89.92
99461	INIT CARE NORMAL NEWBORN	Facility Rate	0	1	7/1/2022	12/31/1999	1	59.39
99461	INIT CARE NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	85.03
99462	SUBS CARE PER DAY NORMAL NEWBORN	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	39.73
99463	INIT EVAL NORMAL NEWBORN ADM/DISCH	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	103.31
99464	ATTENDANCE AT DELIVERY W/STAB	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	70.55
99465	DEL ROOM RESUSC NEWBORN	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	137.51
99468	INIT IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	865.77
99469	SUBSQ IP NEONAT CC PER DAY < 28 DAYS	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	375
99471	INIT IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2022	12/31/1999	1	749.54
99472	SUBSQ IP PED CC PER DAY THRU 24 MOS	Non-Facility Rate	0	2	7/1/2022	12/31/1999	1	381.06
99475	INIT IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2022	12/31/1999	1	537.03

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99476	SUBQ IP PED CC PER DAY 2-5 YRS	Non-Facility Rate	2	5	7/1/2022	12/31/1999	1	322.13
99477	INIT HOSP CARE/DAY FOR E/M OF NEONATE	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	327.87
99478	SUBS ICU DAY LOW BIRTH < 1500 G	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	129.3
99479	SUBSQ ICU DAY LOW BIRTH 1500-2500 G	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	117.79
99480	SUBSQ ICU DAY LOW BIRTH 2001-5000 G	Non-Facility Rate	0	1	7/1/2022	12/31/1999	1	112.94
99499	UNLISTED EVALUATION AND MANAGE		0	999	1/1/2014	12/31/1999	1	MP