

**Mississippi Division of Medicaid**  
**PRIVATE DUTY NURSING (PDN) FEE SCHEDULE**  
**COVER SHEET**



**Additional References:**

- [MS Division of Medicaid Website](#)
- [MESA Portal for Providers](#)
- [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	Modifier Status	<ul style="list-style-type: none"> <li>• This column is used to denote the type of service.                             <ol style="list-style-type: none"> <li>1. EP - Service provided as part of medicaid early periodic screening diagnosis and treatment (EPSDT) program</li> <li>2. TG - Complex/high tech level of care</li> </ol> </li> </ul>
4	Prior Authorization	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> </ul>
5	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
6	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
7	Fee Begin Date	<ul style="list-style-type: none"> <li>• This column represents the date of which the fee became effective.</li> </ul>
8	Fee End Date	<ul style="list-style-type: none"> <li>• This column represents the date of which the fee end.</li> </ul>
9	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>
10	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> </ul>

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**PRINT DATE: October 3, 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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Code	Description	Modifier	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Fee
S9122	Certified Nursing Assistant (CNA) Providing Care in the Home, Per Hour		Yes	0	20	7/1/2020	12/31/2299	24	19.26
S9123	Nursing Care, in the Home by a Registered Nurse (RN), Per Hour	EP	Yes	0	20	8/15/2009	12/31/2299	24	39.10
S9123	Nursing Care, in the Home by a Registered Nurse (RN), Per Hour	TG - HOME VENTILATOR	Yes	0	20	8/15/2009	12/31/2299	24	58.65
S9124	Nursing Care, in the Home by a Licensed Practtcal Nurse (LPN), Per Hour	EP	Yes	0	20	8/15/2009	12/31/2299	24	29.90
T1001	Nursing Assessment/Evaluation (Supervision Visit)		No	0	20	7/1/2020	12/31/2299	1	39.10