

Mississippi Division of Medicaid
PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) SERVICES 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	• 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	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	• This column is the covered minimum age for the service.
5	Max Age	• This column is the covered maximum age for the service.
6	Fee Begin Date	• This column represents the date of which the fee became effective.
7	Fee End Date	• This column represents the date of which the fee end.
8	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
9	Service Limit	• This column identifies restrictions for the code.
10	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit.

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 PRINT DATE: October 3, 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.

***NOTE: Revisions effective July 1, 2021, include discontinuation of the UC Modifier for transportation for dates of service on and before June 30, 2021. A separate and distinct procedure code will be used and requires prior authorization for dates of service on and after July 1, 2021.**

Code	Description	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Service Limit	FEE
T1025	Ped compr care pkg, per diem	Yes	0	20	10/1/2022	12/31/2299	1	One (1) unit equals more than six (6) hours up to twelve (12) hours per day	276.00
T1026	Ped compr care pkg, per hour	Yes	0	20	10/1/2022	12/31/2299	6	Six (6) hours or less per day. One (1) unit equals one (1) hour.	46.00
T2002	Transportation, per diem	Yes	0	20	10/1/2022	12/31/2299	1	Once per day	40.25