

Mississippi Division of Medicaid
Therapeutic and Evaluation Mental Health Services Fee Schedule
COVER SHEET



Additional References:

- [MS Division of Medicaid Website](#)
- [MESA Portal for Providers](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

MODIFIER USAGE

NOTE: The modifier is used to denote the type of service.

1. HA - Child/Adolescent Program (to be used for all services rendered to a beneficiary under the age of 21)
2. HF - Required for Substance Use Disorder Services
3. HT - Required for all services for beneficiaries enrolled in PRTF LOC Wraparound

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 DOM covers for the service.
9	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit of service.

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 PRINT DATE: October 3, 2022



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MEDICAID

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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	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Fee
90785	Psytx complex interactive	NO	0	999	7/1/2022	12/31/2299	3	12.84
90791	Psych diagnostic evaluation	NO	0	999	7/1/2022	12/31/2299	1	153.84
90832	Psytx w pt 30 minutes	NO	0	999	7/1/2022	12/31/2299	2	67.00
90834	Psytx w pt 45 minutes	NO	0	999	7/1/2022	12/31/2299	2	88.43
90837	Psytx w pt 60 minutes	NO	0	999	7/1/2022	12/31/2299	2	130.04
90846	Family psytx w/o pt 50 min	NO	0	999	7/1/2022	12/31/2299	1	85.81
90847	Family psytx w/pt 50 min	NO	0	999	7/1/2022	12/31/2299	1	88.92
90853	Group psychotherapy	NO	0	999	7/1/2022	12/31/2299	1	23.52
96112	Devel tst phys/qhp 1st hr	YES	0	20	7/1/2022	12/31/2299	1	109.77
96113	Devel tst phys/qhp ea addl	YES	0	20	7/1/2022	12/31/2299	6	51.49
96127	Brief emotional/behav assmt	NO	0	999	7/1/2022	12/31/2299	3	3.62
96130	Psycl tst eval phys/qhp 1st	NO	0	999	7/1/2022	12/31/2299	1	104.06
96131	Psycl tst eval phys/qhp ea	NO	0	999	7/1/2022	12/31/2299	7	77.62
96132	Nrpsyc tst eval phys/qhp 1st	YES	0	20	7/1/2022	12/31/2299	1	112.46
96133	Nrpsyc tst eval phys/qhp ea	YES	0	20	7/1/2022	12/31/2299	7	87.10
96136	Psycl/nrpsyc tst phy/qhp 1st	NO	0	999	7/1/2022	12/31/2299	1	36.59
96137	Psycl/nrpsyc tst phy/qhp ea	NO	0	999	7/1/2022	12/31/2299	11	32.84
H0032	Mh svc plan dev by non-md	No	0	20	10/1/2003	12/31/2299	1	18.45

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**** H0032 may only be billed by independent providers who are participating in Wraparound Child and Family Team Meetings for children under the age of twenty-one (21).**