



# MISSISSIPPI CODE/BENEFIT EXCEPTIONS

Effective Q2, 2024

**Medicaid:**  
**PT/OT/ST:** PA required after initial evaluation. Initial evaluation does not require PA.  
**All Home Health Care Services:** PA for visits 1 through 36 per calendar year, including home-based OT/PT & ST. Initial evaluation does not require PA.  
[portal.ms-medicaid-mesa.com/ms/provider/Home/tabid/135/Default.aspx](https://portal.ms-medicaid-mesa.com/ms/provider/Home/tabid/135/Default.aspx).  
**Transportation Services:** Non-emergent air transportation and non-emergent hospital to hospital transfers require PA.

**Marketplace:**  
For PT/OT, PA required after initial evaluation + 12 visits/year. For ST, PA required after initial evaluation + 6 visits/year.  
**Home healthcare and home infusion therapy** (after 7 visits for home settings).

**Healthcare Administered Drug Requests faxed to:**  
Medicaid & Marketplace (844) 312-6371

**Y: PA REQUIRED / N: NO PA REQUIRED / NC: NOT COVERED**

**Laboratories:** Prior Authorization is required if service code is listed on the code matrix for both PAR and NON-PAR providers.

**All hospice services require PA.**

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
97153		NC	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97154		NC	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97155		NC	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
97156		NC	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2067	Y		MEDICATION ASSISSTED TX METHADONE; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2068	Y		MED ASST TX BUPRENORPHINE ORAL; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2069	Y		MED ASST TX BUPRENORPHINE INJ; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
G2070	Y		MAT BUPRENORPHINE IMPLANT INSRT; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2071	Y		MAT BUPRENORPHINE IMPL REMOVAL; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2072	Y		MAT BUPRENORPHINE IMPLANT I AND R; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2073	Y		MEDICATION ASSIST TX NALTREXONE; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2074	Y		MEDICATION ASSIST WEEKLY BUNDLE NOT INCL DRUG	Behavioral/Mental Health, Alcohol-Chemical Dependency	
G2075	Y		MEDICATION ASST TX MEDICATION NOS; WEEKLY BUNDLE	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H0036	Y		CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Includes modifiers HW & HT
H0039	Y		ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2017	Y		PSYSOC REHAB SVC, PER 15 MIN	Behavioral/Mental Health, Alcohol-Chemical Dependency	Prior auth required after initial 80 units.
H2022	Y		COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
H2030	Y		ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Behavioral/Mental Health, Alcohol-Chemical Dependency	
S9480	Y		INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	Behavioral/Mental Health, Alcohol-Chemical Dependency	
A4239	Y		SUPPLY ALLOW FOR TX CGM1 MO SPL EQ 1 U OF SERVICE	Durable Medical Equipment (DME)	
A9274	N		EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
EO424	Y		STATION COMPRS GASOUS O2 SYS RENT; FLWMTR HUMIDFR	Durable Medical Equipment (DME)	
EO425	Y		STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	Durable Medical Equipment (DME)	
EO433	Y		PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Durable Medical Equipment (DME)	
EO439	Y		STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	Durable Medical Equipment (DME)	

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
EO441	Y		STATIONARY O2 CONTENTS GAS 1 MO SUPPLY EQUAL TO 1	Durable Medical Equipment (DME)	
EO442	Y		STATIONARY O2 CONTENTS LQD 1 MO SUPPLY EQUAL TO 1	Durable Medical Equipment (DME)	
EO443	Y		PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY EQUAL TO 1	Durable Medical Equipment (DME)	
EO444	Y		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
EO445	Y		OXIMETER DEVICE MSR BLD O2 LVLS NON-INVASV	Durable Medical Equipment (DME)	
E0561	Y		HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC	Durable Medical Equipment (DME)	
E1353	Y		REGULATOR	Durable Medical Equipment (DME)	
E1354	Y		O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	Durable Medical Equipment (DME)	
E1355	Y		STAND/RACK	Durable Medical Equipment (DME)	
E1356	Y		O2 ACCESS BTTRY PACK/CRTRDGE PRTBLE CONC REPL EA	Durable Medical Equipment (DME)	
E1357	Y		O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA	Durable Medical Equipment (DME)	
E1358	Y		O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	Durable Medical Equipment (DME)	
E1372	Y		IMMERSION EXTERNAL HEATER FOR NEBULIZER	Durable Medical Equipment (DME)	
E1390	Y		O2 CONC 1 DEL PORT 85 PCT OR GT O2 CONC AT PRSC FLW	Durable Medical Equipment (DME)	
E1391	Y		O2 CONC 2 DEL PORT 85 PCT OR GT O2 CONC PRSC FLW RATE	Durable Medical Equipment (DME)	
E1405	Y		OXYGEN AND WATER VAPOR ENRICHING SYS W/HEATED	Durable Medical Equipment (DME)	
E1406	Y		OXYGEN AND WATR VAPOR ENRICHING SYS W/O HEATED	Durable Medical Equipment (DME)	
K0738	Y		PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR	Durable Medical Equipment (DME)	
J1000	Y	Y	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1050	Y	Y	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	Healthcare Administered Drugs	PA Required for off-label use only.

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
J1071	Y	Y	INJECTION TESTOSTERONE CYPIONATE 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1380	Y	Y	INJECTION ESTRADIOL VALERATE UP TO 10 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1410	Y	Y	INJECTION ESTROGEN CONJUGATED PER 25 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J1435	Y	Y	INJECTION ESTRONE PER 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J3121	Y	Y	INJECTION TESTOSTERONE ENANTHATE 1 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
J9217	Y	Y	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
S0138		Y	FINASTERIDE 5 MG	Healthcare Administered Drugs	Prior authorization required for members under 18 years of age.
Q5001	Y		HOSPICE/HOME HEALTH CARE PROV PT HOME/ RESIDENCE	Home Health Care Services	
Q5002	Y		HOSPICE/HOME HEALTH CARE IN ASSISTED LIVING FACL	Home Health Care Services	
Q5003	Y		HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF	Home Health Care Services	
Q5004	Y		HOSPICE CARE PROVIDED SKILLED NURSING FACILITY	Home Health Care Services	
Q5005	Y		HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Home Health Care Services	
Q5006	Y		HOSPICE CARE PROV INPATIENT HOSPICE FACILITY	Home Health Care Services	
Q5007	Y		HOSPICE CARE PROV LONG TERM CARE FACILITY	Home Health Care Services	
Q5008	Y		HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY	Home Health Care Services	
Q5009	Y		HOSPICE/HOME HEALTH CARE PROVIDED IN PLACE NOS	Home Health Care Services	
Q5010	Y		HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	Home Health Care Services	
59840	Y		INDUCED ABORTION DILATION AND CURETTAGE	OP Hosp/Amb Surgery Center (ASC) Procedures	
59841	Y		INDUCED ABORTION DILATION AND EVACUATION	OP Hosp/Amb Surgery Center (ASC) Procedures	
59850	Y		INDUCED ABORTION 1 OR GT AMNIOTIC INJX W/D AND	OP Hosp/Amb Surgery Center (ASC) Procedures	

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
59851	Y		INDUCE ABORT 1 OR GT AMNIOT NJXS DLVR FETUS D AND C	OP Hosp/Amb Surgery Center (ASC) Procedures	
59852	Y		INDUCE ABORT 1 OR GT AMNIOT NJXS DLVR FETUS HYSTOTM	OP Hosp/Amb Surgery Center (ASC) Procedures	
59855	Y		INDUCED ABORT 1 OR GT VAG SUPPOSITORIES DLVR FETUS	OP Hosp/Amb Surgery Center (ASC) Procedures	
59856	Y		INDUCED ABORT 1 OR GT VAG SUPP DLVR FETUS D AND C	OP Hosp/Amb Surgery Center (ASC) Procedures	
59857	Y		INDUCED ABORT 1 OR GT VAG SUPPOS DLVR FETUS HYSTOT	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2260	Y		INDUCED ABORTION 17TO 24 WEEKS	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2265	Y		INDUCED ABORTION 25 TO 28 WEEKS	OP Hosp/Amb Surgery Center (ASC) Procedures	
S2266	Y		INDUCED ABORTION 29 TO 31 WEEKS	OP Hosp/Amb Surgery Center (ASC) Procedures	
92507	Y		TX SPEECH LANG VOICE COMMN AND AUDITORY PROC IND	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
92508	Y		TX SPEECH LANGUAGE VOICE COMMN AUDITRY 2 OR MORE INDIVL	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
92630	Y		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
92633	Y		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97039	Y		UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97110	Y		THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97112	Y		THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAN	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97113	Y		THER PX 1 OR MORE AREAS EACH 15 MIN AQUA THRPY W/EXERCSS	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97116	Y		THER PX 1 OR MORE AREAS EA 15 MIN GAIT TRAING W/STAIR	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97124	Y		THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97129	Y		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
97130	Y		THER IVNTN COG FUNCJ CNTCT EA ADDL 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97139	Y		UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97140	Y		MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97150	Y		THERAPEUTIC PROCEDURES GROUP 2 OR MORE INDVDUALS	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97530	Y		THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97533	Y		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
97535	Y		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	Physical, Occupational, and Speech Therapy	PA required after initial evaluation for PT/OT/ST. No PA required for initial evaluation.
98940		Y	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	Physical, Occupational, and Speech Therapy	For PT/OT/Chiropractic, PA required after initial evaluation + 12 visits/year.
98941		Y	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	Physical, Occupational, and Speech Therapy	For PT/OT/Chiropractic, PA required after initial evaluation + 12 visits/year.
98942		Y	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	Physical, Occupational, and Speech Therapy	For PT/OT/Chiropractic, PA required after initial evaluation + 12 visits/year.
98943		Y	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1 OR GT REGION	Physical, Occupational, and Speech Therapy	For PT/OT/Chiropractic, PA required after initial evaluation + 12 visits/year.
A9600	Y		STRONTIUM SR-89 CHLORID THERAPEUTIC PER MCI	Radiation Therapy & Radio Surgery	
A9699	Y		RADIOPHARMACEUTICAL THERAPEUTIC NOC	Radiation Therapy & Radio Surgery	
A9700	Y		SUP OF INJ CONTRST MAT-ECHO P/STUDY	Radiation Therapy & Radio Surgery	
T2002	Y		NON EMERGENCY TRANSPORTATION; PER DIEM	Transportation Services	
41899	Y		UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	Unlisted/Miscellaneous Codes	
97157		NC			
97158		NC			
97810	NC				
97811	NC				
97813	NC				
0373T		NC			

Code	Medicaid	Marketplace	Description for “Y” Exceptions	Service Category for “Y” Exceptions	Code Notes
J1729	N				
J9177	NC				
J9202	NC				

