MISSISSIPPI CODE/BENEFIT EXCEPTIONS

Effective Q3, 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.
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	

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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	
A9274	N		EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA	Durable Medical Equipment (DME)	
E0424	Y		STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	Durable Medical Equipment (DME)	
E0425	Y		STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	Durable Medical Equipment (DME)	
E0433	Y		PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR	Durable Medical Equipment (DME)	
E0439	Y		STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	Durable Medical Equipment (DME)	
E0441	Y		STATIONARY O2 CONTENTS GAS 1 MO SUPPLY EQUAL TO 1 UNIT	Durable Medical Equipment (DME)	
E0442	Y		STATIONARY O2 CONTENTS LQD 1 MO SUPPLY EQUAL TO 1 UNIT	Durable Medical Equipment (DME)	
E0443	Y		PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY EQUAL TO 1 UNIT	Durable Medical Equipment (DME)	
E0444	Y		RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Durable Medical Equipment (DME)	
E0445	Y		OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV	Durable Medical Equipment (DME)	
E0561	Y		HUMDIFIR NON-HEATED USED W/POS AIRWAY PRESS DEVC	Durable Medical Equipment (DME)	

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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 BATTRY 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 02 CONC AT PRSC FLW RATE	Durable Medical Equipment (DME)	
E1391	Y		O2 CONC 2 DEL PORT 85 PCT OR GT O2 CONC PRSC FLW RATE EA	Durable Medical Equipment (DME)	
E1405	Y		OXYGEN AND WATER VAPOR ENRICHING SYS W/HEATED DELIV	Durable Medical Equipment (DME)	
E1406	Y		OXYGEN AND WATR VAPOR ENRICHING SYS W/O HEATED DELIV	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.
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	

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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 C/EVACJ	OP Hosp/Amb Surgery Center (ASC) Procedures	
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 AND /E	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.

Code	Medicaid	Marketplace	Description for "Y" Exceptions	Service Category for "Y" Exceptions	Code Notes
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.
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 ACTVITY 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.

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