

MS Division of Medicaid Website MS Envision Interactive Fee Schedule MS Envision Downloadable Fee Schedule

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	Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Modifier	<ul> <li>This column is used to denote the type of service.</li> <li>1. SC - Medical Supply</li> <li>2. KR - Daily Rental</li> <li>3. NU - New Purchase</li> <li>4. UE - Used Purchase</li> <li>5. RR - Monthly Rental</li> <li>6. RB - DME Repair</li> </ul>
4	Prior Authorization	<ul> <li>This column identifies the codes that require prior authorization before the service is performed.</li> <li>Priced by PA (prior authorization) - require a prior authorization with the invoice submittal to Fiscal Agent for approval prior to service(s) rendered.</li> </ul>
5	Min Age	This column is the covered minimum age for the service.
6	Max Age	This column is the covered maximum age for the service.
7	Begin Date	• This column represents the begin date of which the fee in columns J and K became effective.
8	End Date	• This column represents the end date of which the fee in columns J and K became effective.
9	Max Units	This column represents the maximum units DOM covers for the service.
10	Fee	<ul> <li>This column is the maximum amount that Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>When there is no maximum fee listed (0.00), the provider must request prior authorization or submit a By Report claim, as identified on the fee schedules.</li> </ul>
11	Fee Reduced	<ul> <li>This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for the DME, medical supply or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>When the maximum fee is listed as (0.00), the provider must request prior authorization or submit a By Report claim, as identified on the fee schedules.</li> </ul>

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.67	2.54
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	NU	Yes	0	999	07/01/2020	12/31/9999	1	801.39	761.32
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	RR	Yes	0	999	07/01/2020	12/31/9999	1	80.14	76.13
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	UE	Yes	0	999	07/01/2020	12/31/9999	1	400.70	380.67
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	KR	Yes	0	999	07/01/2020	12/31/9999	1	8.12	7.71
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,435.12	2,313.36
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	RR	Yes	0	999	07/01/2020	12/31/9999	1	243.51	231.33
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,217.56	1,156.68
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	KR	Yes	0	999	07/01/2020	12/31/9999	1	8.12	7.71
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,435.12	2,313.36
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	RR	Yes	0	999	07/01/2020	12/31/9999	1	243.51	231.33
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,217.56	1,156.68
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	NU	Yes	0	999	07/01/2020	12/31/9999	1	16.66	15.83
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED WITH TIP	NU	Yes	0	999	07/01/2020	12/31/9999	1	45.65	43.37
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED PAIR COMPLETE WITH TIPS AND HANDGRIPS	NU	Yes	0	999	07/01/2020	12/31/9999	1	68.35	64.93
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS ADJUSTABLE OR FIXED EACH WITH TIP AND HANDGRIP	NU	Yes	0	999	07/01/2020	12/31/9999	2	42.06	39.96
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED PAIR WITH PADS TIPS AND HANDGRIPS	NU	Yes	0	999	07/01/2020	12/31/9999	1	34.39	32.67
E0113	CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	NU	Yes	0	999	07/01/2020	12/31/9999	2	19.65	18.67

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0114	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED PAIR WITH PADS TIPS AND HANDGRIPS	NU	Yes	0	999	07/01/2020	12/31/9999	1	43.86	41.67
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, AND HANDGRIP	NU	Yes	0	999	07/01/2020	12/31/9999	2	24.46	23.24
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	179.04	170.09
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU	Yes	0	999	07/01/2020	12/31/9999	1	43.70	41.52
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NU	Yes	0	999	07/01/2020	12/31/9999	1	48.29	45.88
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU	Yes	0	999	07/01/2020	12/31/9999	1	66.73	63.39
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NU	Yes	0	999	07/01/2020	12/31/9999	1	64.44	61.22
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.36	1.29
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	NU	Yes	0	999	07/01/2020	12/31/9999	1	407.02	386.67
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	RR	Yes	0	999	07/01/2020	12/31/9999	1	40.70	38.67
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	UE	Yes	0	999	07/01/2020	12/31/9999	1	203.51	193.33
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.29	0.28
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	86.73	82.39
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR	Yes	0	999	07/01/2020	12/31/9999	1	8.67	8.24
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	1	43.36	41.19
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.47	0.45
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NU	Yes	0	999	07/01/2020	12/31/9999	1	140.24	133.23

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	RR	Yes	0	999	07/01/2020	12/31/9999	1	14.02	13.32
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	UE	Yes	0	999	07/01/2020	12/31/9999	1	70.12	66.61
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	NU	Yes	3	20	07/01/2020	12/31/9999	2	64.50	61.28
E0154	PLATFORM ATTACHMENT, WALKER EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	49.46	46.99
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR SEAT ATTACHMENT, WALKER	NU	Yes	0	999	07/01/2020	12/31/9999	1	19.79	18.80
E0156	SEAT ATTACHMENT, WALKER	NU	Yes	0	999	07/01/2020	12/31/9999	1	17.40	16.53
E0157	CRUTCH ATTACHMENT, WALKER, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	52.18	49.57
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NU	Yes	0	999	07/01/2020	12/31/9999	1	20.32	19.30
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	13.51	12.83
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NU	Yes	0	999	07/01/2020	12/31/9999	1	69.14	65.68
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.42	0.40
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	NU	Yes	0	999	07/01/2020	12/31/9999	1	126.48	120.16
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR	Yes	0	999	07/01/2020	12/31/9999	1	12.65	12.02
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	UE	Yes	0	999	07/01/2020	12/31/9999	1	63.24	60.08
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	NU	Yes	0	999	07/01/2020	12/31/9999	1	10.27	9.76
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.40	0.38
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH	NU	Yes	0	999	07/01/2020	12/31/9999	1	120.87	114.83
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH	RR	Yes	0	999	07/01/2020	12/31/9999	1	12.09	11.49
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH	UE	Yes	0	999	07/01/2020	12/31/9999	1	60.44	57.42

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.63	0.60
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	NU	Yes	0	999	07/01/2020	12/31/9999	1	188.48	179.06
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	RR	Yes	0	999	07/01/2020	12/31/9999	1	18.85	17.91
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,	UE	Yes	0	999	07/01/2020	12/31/9999	1	94.24	89.53
E0184	DRY PRESSURE MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	160.23	152.22
E0185	GEL OR GEL LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.67	0.64
E0185	GEL OR GEL LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	199.81	189.82
E0185	GEL OR GEL LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	19.98	18.98
E0185	GEL OR GEL LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	99.90	94.91
E0186	AIR PRESSURE MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.53	0.50
E0186	AIR PRESSURE MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	160.32	152.30
E0186	AIR PRESSURE MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	16.03	15.23
E0186	AIR PRESSURE MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	80.16	76.15
E0187	WATER PRESSURE MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.61	0.58
E0187	WATER PRESSURE MATTRESS	NU	Yes	0	999 999	07/01/2020	12/31/9999	1	183.36	174.19
E0187 E0187	WATER PRESSURE MATTRESS WATER PRESSURE MATTRESS	RR UE	Yes Yes	0	999	07/01/2020	12/31/9999 12/31/9999	1	18.34 91.68	17.42 87.10
E0187	SYNTHETIC SHEEPSKIN PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	22.97	21.82
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NU	Yes	0	20	07/01/2020	12/31/9999	1	41.06	39.01
E0191	HEEL OR ELBOW PROTECTOR, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	4	8.93	8.48
E0194	AIR FLUIDIZED BED	KR	Yes	0	20	07/01/2020	12/31/9999	1	100.82	95.78
E0194	AIR FLUIDIZED BED	RR	Yes	0	20	07/01/2020	12/31/9999	1	3,024.55	2,873.32
E0196	GEL PRESSURE MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.86	0.82
E0196	GEL PRESSURE MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	256.64	243.81
E0196	GEL PRESSURE MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	25.66	24.38
E0196 E0197	GEL PRESSURE MATTRESS AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE KR	Yes Yes	0	999 999	07/01/2020	12/31/9999 12/31/9999	1	0.66	121.90 0.63

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	199.44	189.47
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	19.94	18.94
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	99.72	94.73
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.58	0.55
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	175.04	166.29
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	17.50	16.63
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	87.52	83.14
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	25.33	24.06
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.21	0.20
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	RR	Yes	0	20	07/01/2020	12/31/9999	1	6.26	5.95
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	RR	Yes	0	1	07/01/2020	12/31/9999	1	58.19	55.28
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.51	0.48
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	RR	Yes	0	20	07/01/2020	12/31/9999	1	15.33	14.56
E0210	ELECTRIC HEAT PAD, STANDARD	NU	Yes	0	999	07/01/2020	12/31/9999	1	26.00	24.70
E0215	ELECTRIC HEAT PAD, MOIST	NU	Yes	0	999	07/01/2020	12/31/9999	1	55.97	53.17
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.53	1.45
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	NU	Yes	0	20	07/01/2020	12/31/9999	1	458.90	435.96
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	RR	Yes	0	20	07/01/2020	12/31/9999	1	45.89	43.60

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	UE	Yes	0	20	07/01/2020	12/31/9999	1	229.45	217.98
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.53	0.50
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	NU	Yes	0	999	07/01/2020	12/31/9999	1	160.32	152.30
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	RR	Yes	0	999	07/01/2020	12/31/9999	1	16.03	15.23
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	UE	Yes	0	999	07/01/2020	12/31/9999	1	80.16	76.15
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	NU	Yes - Priced by PA	0	999	01/01/2004	12/31/9999	1	0.00	0.00
E0244	RAISED TOILET SEAT	NU	Yes	0	999	10/01/1998	12/31/9999	1	42.00	39.90
E0245	TUB STOOL OR BENCH	NU	Yes	0	999	10/01/2003	12/31/9999	1	58.00	55.10
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.99	1.89
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	596.40	566.58
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	59.64	56.66
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	298.20	283.29
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.81	1.72
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	542.24	515.13
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	54.22	51.51
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	271.12	257.56
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.22	2.11

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	665.52	632.24
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	66.55	63.22
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	332.76	316.12
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO WITH ANY TYPE SIDERAILS, W/O MATTR	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.81	1.72
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO WITH ANY TYPE SIDERAILS, W/O MATTR	NU	Yes	0	999	07/01/2020	12/31/9999	1	541.60	514.52
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO WITH ANY TYPE SIDERAILS, W/O MATTR	RR	Yes	0	999	07/01/2020	12/31/9999	1	54.16	51.45
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO WITH ANY TYPE SIDERAILS, W/O MATTR	UE	Yes	0	999	07/01/2020	12/31/9999	1	270.80	257.26
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS WITH MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.76	2.62
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	828.40	786.98
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	82.84	78.70
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	414.20	393.49
E0261	HOSP BED, SEMI ELEC HEAD AND FOOT ADJ, WITH ANY TYPE SIDE RAILS, W/O MAT	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.44	2.32
E0261	HOSP BED, SEMI ELEC HEAD AND FOOT ADJ, WITH ANY TYPE SIDE RAILS, W/O MAT	NU	Yes	0	999	07/01/2020	12/31/9999	1	731.76	695.17
E0261	HOSP BED, SEMI ELEC HEAD AND FOOT ADJ, WITH ANY TYPE SIDE RAILS, W/O MAT	RR	Yes	0	999	07/01/2020	12/31/9999	1	73.18	69.52
E0261	HOSP BED, SEMI ELEC HEAD AND FOOT ADJ, WITH ANY TYPE SIDE RAILS, W/O MAT	UE	Yes	0	999	07/01/2020	12/31/9999	1	365.88	347.59

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH A	KR	Yes	0	999	07/01/2020	12/31/9999	1	4.43	4.21
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH A	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,329.12	1,262.66
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH A	RR	Yes	0	999	07/01/2020	12/31/9999	1	132.91	126.26
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH A	UE	Yes	0	999	07/01/2020	12/31/9999	1	664.56	631.33
E0266	HOSPITAL BED, TOTAL ELEC HEAD, FOOT, AND HGHT ADJ, WITH ANY TYPE SIDE	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.71	3.52
E0266	HOSPITAL BED, TOTAL ELEC HEAD, FOOT, AND HGHT ADJ, WITH ANY TYPE SIDE	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,112.72	1,057.08
E0266	HOSPITAL BED, TOTAL ELEC HEAD, FOOT, AND HGHT ADJ, WITH ANY TYPE SIDE	RR	Yes	0	999	07/01/2020	12/31/9999	1	111.27	105.71
E0266	HOSPITAL BED, TOTAL ELEC HEAD, FOOT, AND HGHT ADJ, WITH ANY TYPE SIDE	UE	Yes	0	999	07/01/2020	12/31/9999	1	556.36	528.54
E0271	MATTRESS, INNERSPRING	NU	Yes	0	999	07/01/2020	12/31/9999	1	129.21	122.75
E0272	MATTRESS, FOAM RUBBER	NU	Yes	0	999	07/01/2020	12/31/9999	1	129.72	123.23
E0273	BED BOARD	NU	Yes	0	20	10/01/1998	12/31/9999	1	59.36	56.39
E0274	OVERBED TABLE	KR	Yes	0	20	10/01/1998	12/31/9999	1	0.34	0.32
E0274	OVERBED TABLE	NU	Yes	0	20	10/01/1998	12/31/9999	1	101.36	96.29
E0274	OVERBED TABLE	RR	Yes	0	20	10/01/1998	12/31/9999	1	10.14	9.63
E0274 E0275	OVERBED TABLE BED PAN, STANDARD, METAL OR PLASTIC	UE NU	Yes Yes	0	20 999	10/01/1998 07/01/2020	12/31/9999 12/31/9999	1	50.68 13.17	48.15 12.51
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	NU	Yes	0	999	07/01/2020	12/31/9999	1	11.38	10.81
E0277	POWERED PRESSURE REDUCING AIR MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	12.17	11.56
E0277	POWERED PRESSURE REDUCING AIR MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,652.24	3,469.63
E0277	POWERED PRESSURE REDUCING AIR MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	365.22	346.96
E0277	POWERED PRESSURE REDUCING AIR MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,826.12	1,734.81
E0280	BED, CRADLE, ANY TYPE	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.09	0.09
E0280	BED, CRADLE, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	1	26.02	24.72
E0280	BED, CRADLE, ANY TYPE	RR	Yes	0	20	07/01/2020	12/31/9999	1	2.60	2.47
E0280 E0290	BED, CRADLE, ANY TYPE HOSPITAL BED, FIXED HEIGHT, WEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	UE KR	Yes Yes	0	20 999	07/01/2020	12/31/9999 12/31/9999	1	13.01 1.67	12.36 1.59
E0290	HOSPITAL BED, FIXED HEIGHT, WEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	501.68	476.60

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0290	HOSPITAL BED, FIXED HEIGHT, WEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	50.17	47.66
E0290	HOSPITAL BED, FIXED HEIGHT, WEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	250.84	238.30
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.34	1.27
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	402.08	381.98
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	40.21	38.20
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	201.04	190.99
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	KR	Yes	0	20	04/01/2020	12/31/9999	1	5.48	5.21
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	NU	Yes	0	20	04/01/2020	12/31/9999	1	1,998.56	1,898.63
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	RR	Yes	0	20	04/01/2020	12/31/9999	1	199.86	189.87
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	UE	Yes	0	20	04/01/2020	12/31/9999	1	999.28	949.32
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	5.53	5.25
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,657.76	1,574.87
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	165.78	157.49

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	828.88	787.44
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	16.35	15.53
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	4,905.60	4,660.32
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	490.56	466.03
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	2,452.80	2,330.16
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	6.00	5.70
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,800.48	1,710.46
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	180.05	171.05

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	900.24	855.23
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	17.28	16.42
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	5,182.88	4,923.74
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	518.29	492.38
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	2,591.44	2,461.87
E0305	BED SIDE RAILS, HALF LENGTH	KR	Yes	0	999	07/01/2020	12/31/9999	2	0.39	0.37
E0305	BED SIDE RAILS, HALF LENGTH	NU	Yes	0	999	07/01/2020	12/31/9999	2	117.92	112.02
E0305	BED SIDE RAILS, HALF LENGTH	RR	Yes	0	999	07/01/2020	12/31/9999	2	11.79	11.20
E0305	BED SIDE RAILS, HALF LENGTH	UE	Yes	0	999	07/01/2020	12/31/9999	2	58.96	56.01
E0310	BED SIDE RAILS, FULL LENGTH	KR	Yes	0	999	07/01/2020	12/31/9999	2	0.40	0.38
E0310	BED SIDE RAILS, FULL LENGTH	NU	Yes	0	999	07/01/2020	12/31/9999	2	118.63	112.70
E0310	BED SIDE RAILS, FULL LENGTH	RR	Yes	0	999	07/01/2020	12/31/9999	2	11.86	11.27
E0310	BED SIDE RAILS, FULL LENGTH	UE	Yes	0	999	07/01/2020	12/31/9999	2	59.32	56.35
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	NU	Yes	0	999	07/01/2020	12/31/9999	1	8.66	8.23
E0326	URINAL, FEMALE, JUG/TYPE, ANY MATERIAL	NU	Yes	0	999	07/01/2020	12/31/9999	1	9.11	8.65
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	KR	Yes	0	20	04/01/2020	12/31/9999	1	12.36	11.74

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	NU	Yes	0	20	04/01/2020	12/31/9999	1	4,510.00	4,284.50
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	RR	Yes	0	20	04/01/2020	12/31/9999	1	451.00	428.45
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	UE	Yes	0	20	04/01/2020	12/31/9999	1	2,255.00	2,142.25
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	KR	Yes	0	20	04/01/2020	12/31/9999	1	16.44	15.62
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	NU	Yes	0	20	04/01/2020	12/31/9999	1	6,000.00	5,700.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	RR	Yes	0	20	04/01/2020	12/31/9999	1	600.00	570.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBRD, FOOTBRD & SIDE RAILS UP TO 24 IN ABOVE SPRING, INCL MATTRESS	UE	Yes	0	20	04/01/2020	12/31/9999	1	3,000.00	2,850.00
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	KR	Yes	0	20	07/01/2020	12/31/9999	1	8.10	7.70
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	20	07/01/2020	12/31/9999	1	2,429.12	2,307.66

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR	Yes	0	20	07/01/2020	12/31/9999	1	242.91	230.76
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE	Yes	0	20	07/01/2020	12/31/9999	1	1,214.56	1,153.83
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	9.23	8.77
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,770.48	2,631.96
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	277.05	263.20
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,385.24	1,315.98
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	KR	Yes	0	20	07/01/2020	12/31/9999	1	10.17	9.66
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	RR	Yes	0	20	07/01/2020	12/31/9999	1	305.21	289.95
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.65	3.47
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR	Yes	0	999	07/01/2020	12/31/9999	1	109.42	103.95
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	NU	Yes	0	999	05/01/1999	12/31/9999	1	303.60	288.42

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	UE	Yes	0	999	05/01/1999	12/31/9999	1	151.80	144.21
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	UE	Yes	0	999	05/01/1999	12/31/9999	1	98.28	93.37
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	NU	Yes	0	999	01/01/1990	12/31/9999	1	196.56	186.73
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.65	0.62
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR	Yes	0	999	07/01/2020	12/31/9999	1	19.52	18.54
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.20	1.14
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	RR	Yes	0	999	07/01/2020	12/31/9999	1	35.97	34.17

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0434	PORTABLE LIQUID OXYGEN SYSTEM RENTAL, INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.20	1.14
E0434	PORTABLE LIQUID OXYGEN SYSTEM RENTAL, INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	RR	Yes	0	999	07/01/2020	12/31/9999	1	35.97	34.17
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.65	3.47
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	RR	Yes	0	999	07/01/2020	12/31/9999	1	109.42	103.95
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	NU	Yes	0	999	05/01/1999	12/31/9999	1	303.60	288.42
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	UE	Yes	0	999	05/01/1999	12/31/9999	1	151.80	144.21
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	NU	Yes	0	999	07/01/2020	12/31/9999	1	52.14	49.53
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	NU	Yes	0	999	07/01/2020	12/31/9999	1	52.14	49.53
E0443	= 1 UNIT	NU	Yes	0	999	07/01/2020	12/31/9999	1	50.06	47.56
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	NU	Yes	0	999	07/01/2020	12/31/9999	1	50.06	47.56

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	KR	Yes - Priced by PA	0	999	10/01/2003	12/31/9999	1	0.00	0.00
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	NU	Yes - Priced by PA	0	999	10/01/2003	12/31/9999	1	0.00	0.00
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	RR	Yes - Priced by PA	0	999	10/01/2003	12/31/9999	1	0.00	0.00
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	UE	Yes - Priced by PA	0	999	10/01/2003	12/31/9999	1	0.00	0.00
E0457	CHEST SHELL (CUIRASS)	KR	Yes	0	999	07/01/2013	12/31/9999	1	1.78	1.69
E0457	CHEST SHELL (CUIRASS)	NU	Yes	0	999	07/01/2013	12/31/9999	1	532.27	505.66
E0457	CHEST SHELL (CUIRASS)	RR	Yes	0	999	07/01/2013	12/31/9999	1	53.22	50.56
E0457	CHEST SHELL (CUIRASS)	UE	Yes	0	999	07/01/2013	12/31/9999	1	266.14	252.83
E0459	CHEST WRAP	KR	Yes	0	999	07/01/2013	12/31/9999	1	1.25	1.19
E0459	CHEST WRAP	RR	Yes	0	999	07/01/2013	12/31/9999	1	37.47	35.60
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	KR	Yes	0	999	07/01/2020	12/31/9999	2	25.14	23.88
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	RR	Yes	0	999	07/01/2020	12/31/9999	2	754.06	716.36
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	KR	Yes	0	999	07/01/2020	12/31/9999	2	25.14	23.88
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	RR	Yes	0	999	07/01/2020	12/31/9999	2	754.06	716.36
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	KR	Yes	0	999	07/01/2020	12/31/9999	1	4.67	4.44
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,402.32	1,332.20

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	ΡΑ	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR	Yes	0	999	07/01/2020	12/31/9999	1	140.23	133.22
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	KR	Yes	0	999	07/01/2020	12/31/9999	1	11.64	11.06
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,493.12	3,318.46
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR	Yes	0	999	07/01/2020	12/31/9999	1	349.31	331.84
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	KR	Yes	0	999	07/01/2020	12/31/9999	1	13.59	12.91

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	NU	Yes	0	999	07/01/2020	12/31/9999	1	4,076.88	3,873.04
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	RR	Yes	0	999	07/01/2020	12/31/9999	1	407.69	387.31
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC; HOME MODEL	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.16	1.10
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC; HOME MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	347.20	329.84
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC; HOME MODEL	RR	Yes	0	20	07/01/2020	12/31/9999	1	34.72	32.98
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC; HOME MODEL	UE	Yes	0	20	07/01/2020	12/31/9999	1	173.60	164.92
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESS	KR	Yes	0	999	07/01/2020	12/31/9999	1	11.94	11.34
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,581.36	3,402.29
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESS	RR	Yes	0	999	07/01/2020	12/31/9999	1	358.14	340.23
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESS	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,790.68	1,701.15
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	9,880.72	9,386.68
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	RR	Yes	0	999	07/01/2020	12/31/9999	1	988.07	938.67
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE,	NU	Yes	0	999	07/01/2020	12/31/9999	1	34.33	32.61

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0500	IPPB MACHINE, ALL TYPES WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.89	2.75
E0500	IPPB MACHINE, ALL TYPES WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	NU	Yes	0	999	07/01/2020	12/31/9999	1	867.04	823.69
E0500	IPPB MACHINE, ALL TYPES WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	RR	Yes	0	999	07/01/2020	12/31/9999	1	86.70	82.37
E0500	IPPB MACHINE, ALL TYPES WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	UE	Yes	0	999	07/01/2020	12/31/9999	1	433.52	411.84
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE	KR	Yes - Priced by PA	0	999	09/01/2007	12/31/9999	1	0.00	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE	NU	Yes - Priced by PA	0	999	09/01/2007	12/31/9999	1	0.00	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE	RR	Yes - Priced by PA	0	999	09/01/2007	12/31/9999	1	0.00	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE	UE	Yes - Priced by PA	0	999	09/01/2007	12/31/9999	1	0.00	0.00
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.25	0.24
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU	Yes	0	999	07/01/2020	12/31/9999	1	74.52	70.79
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR	Yes	0	999	07/01/2020	12/31/9999	1	7.45	7.08
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE	Yes	0	999	07/01/2020	12/31/9999	1	37.26	35.40
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.60	0.57
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NU	Yes	0	999	07/01/2020	12/31/9999	1	181.14	172.08

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR	Yes	0	999	07/01/2020	12/31/9999	1	18.11	17.20
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	UE	Yes	0	999	07/01/2020	12/31/9999	1	90.57	86.04
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.41	1.34
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	NU	Yes	0	999	07/01/2020	12/31/9999	1	424.24	403.03
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	RR	Yes	0	999	07/01/2020	12/31/9999	1	42.42	40.30
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN	UE	Yes	0	999	07/01/2020	12/31/9999	1	212.12	201.51
E0570	NEBULIZER, WITH COMPRESSOR	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.33	0.31
E0570	NEBULIZER, WITH COMPRESSOR	NU	Yes	0	999	07/01/2020	12/31/9999	1	99.92	94.92
E0570	NEBULIZER, WITH COMPRESSOR	RR	Yes	0	999	07/01/2020	12/31/9999	1	9.99	9.49
E0570	NEBULIZER, WITH COMPRESSOR	UE	Yes	0	999	07/01/2020	12/31/9999	1	49.96	47.46
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.71	2.57
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	NU	Yes	0	999	07/01/2020	12/31/9999	1	812.00	771.40
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	RR	Yes	0	999	07/01/2020	12/31/9999	1	81.20	77.14
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	UE	Yes	0	999	07/01/2020	12/31/9999	1	406.00	385.70
E0580	NEBULIZER, DURABLE OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.36	0.34
E0580	NEBULIZER, DURABLE OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	NU	Yes	0	999	07/01/2020	12/31/9999	1	106.68	101.35
E0580	NEBULIZER, DURABLE OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR	Yes	0	999	07/01/2020	12/31/9999	1	10.67	10.14
E0580	NEBULIZER, DURABLE OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	UE	Yes	0	999	07/01/2020	12/31/9999	1	53.34	50.67

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.87	0.83
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	NU	Yes	0	999	07/01/2020	12/31/9999	1	262.00	248.90
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	RR	Yes	0	999	07/01/2020	12/31/9999	1	26.20	24.89
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	UE	Yes	0	999	07/01/2020	12/31/9999	1	131.00	124.45
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.21	1.15
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	NU	Yes	0	999	07/01/2020	12/31/9999	1	361.68	343.60
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	RR	Yes	0	999	07/01/2020	12/31/9999	1	36.17	34.36
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	UE	Yes	0	999	07/01/2020	12/31/9999	1	180.84	171.80
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.94	1.84
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	NU	Yes	0	999	07/01/2020	12/31/9999	1	582.32	553.20
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	RR	Yes	0	999	07/01/2020	12/31/9999	1	58.23	55.32
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	UE	Yes	0	999	07/01/2020	12/31/9999	1	291.16	276.60
E0602	BREAST PUMP, MANUAL, ANY TYPE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.09	0.09
E0602	BREAST PUMP, MANUAL, ANY TYPE	NU	Yes	0	999	07/01/2020	12/31/9999	1	27.43	26.06
E0602	BREAST PUMP, MANUAL, ANY TYPE	RR	Yes	0	999	07/01/2020	12/31/9999	1	2.74	2.60
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	KR	Yes	0	999	04/01/2020	12/31/9999	1	0.43	0.41
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	NU	Yes	0	999	04/01/2020	12/31/9999	1	157.15	149.29
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	RR	Yes	0	999	04/01/2020	12/31/9999	1	15.72	14.93
E0605	VAPORIZER, ROOM TYPE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.08	0.08
E0605	VAPORIZER, ROOM TYPE	NU	Yes	0	999	07/01/2020	12/31/9999	1	24.55	23.32
E0605	VAPORIZER, ROOM TYPE	RR	Yes	0	999	07/01/2020	12/31/9999	1	2.46	2.34
E0606	POSTURAL DRAINAGE BOARD	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.71	0.67
E0606	POSTURAL DRAINAGE BOARD	NU	Yes	0	999	07/01/2020	12/31/9999	1	213.36	202.69
E0606	POSTURAL DRAINAGE BOARD	RR	Yes	0	999	07/01/2020	12/31/9999	1	21.34	20.27
E0606	POSTURAL DRAINAGE BOARD	UE	Yes	0	999	07/01/2020	12/31/9999	1	106.68	101.35
E0607	HOME BLOOD GLUCOSE MONITOR	NU	No	0	999	07/01/2020	12/31/9999	1	62.10	59.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0607	HOME BLOOD GLUCOSE MONITOR	UE	No	0	999	07/01/2020	12/31/9999	1	31.05	29.50
E0610	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.74	0.70
E0610	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS	NU	Yes	0	999	07/01/2020	12/31/9999	1	221.06	210.01
E0610	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS	RR	Yes	0	999	07/01/2020	12/31/9999	1	22.11	21.00
E0610	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS	UE	Yes	0	999	07/01/2020	12/31/9999	1	110.53	105.00
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.48	1.41
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	NU	Yes	0	999	07/01/2020	12/31/9999	1	444.99	422.74
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	RR	Yes	0	999	07/01/2020	12/31/9999	1	44.50	42.28
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	UE	Yes	0	999	07/01/2020	12/31/9999	1	222.50	211.38
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	KR	Yes	0	999	07/01/2020	12/31/9999	1	8.69	8.26
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,605.76	2,475.47
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	RR	Yes	0	999	07/01/2020	12/31/9999	1	260.58	247.55
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,302.88	1,237.74

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0619	APNEA MONITOR, WITH RECORDING FEATURE	KR	Yes	0	999	10/01/2003	12/31/9999	1	7.49	7.12
E0619	APNEA MONITOR, WITH RECORDING FEATURE	NU	Yes	0	999	10/01/2003	12/31/9999	1	2,246.92	2,134.57
E0619	APNEA MONITOR, WITH RECORDING FEATURE	RR	Yes	0	999	10/01/2003	12/31/9999	1	224.62	213.39
E0619	APNEA MONITOR, WITH RECORDING FEATURE	UE	Yes	0	999	10/01/2003	12/31/9999	1	1,123.46	1,067.29
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.89	0.85
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	NU	Yes	0	999	07/01/2020	12/31/9999	1	267.54	254.16
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	RR	Yes	0	999	07/01/2020	12/31/9999	1	26.75	25.41
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	UE	Yes	0	999	07/01/2020	12/31/9999	1	133.77	127.08
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.19	2.08
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	NU	Yes	0	999	07/01/2020	12/31/9999	1	657.36	624.49
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	RR	Yes	0	999	07/01/2020	12/31/9999	1	65.74	62.45
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	UE	Yes	0	999	07/01/2020	12/31/9999	1	328.68	312.25
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.59	3.41
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,077.44	1,023.57
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	RR	Yes	0	999	07/01/2020	12/31/9999	1	107.74	102.35
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	UE	Yes	0	999	07/01/2020	12/31/9999	1	538.72	511.78
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT	KR	Yes	0	999	04/01/2020	12/31/9999	1	5.97	5.67
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT	NU	Yes	0	999	04/01/2020	12/31/9999	1	2,179.95	2,070.95
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT	RR	Yes	0	999	04/01/2020	12/31/9999	1	218.00	207.10
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT	UE	Yes	0	999	04/01/2020	12/31/9999	1	1,089.98	1,035.48

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	KR	Yes	0	999	04/01/2020	12/31/9999	1	5.01	4.76
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	NU	Yes	0	999	04/01/2020	12/31/9999	1	1,828.17	1,736.76
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RR	Yes	0	999	04/01/2020	12/31/9999	1	182.82	173.68
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	UE	Yes	0	999	04/01/2020	12/31/9999	1	914.08	868.38
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	KR	Yes	0	999	04/01/2020	12/31/9999	1	6.00	5.70
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	NU	Yes	0	999	04/01/2020	12/31/9999	1	2,190.55	2,081.02
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RR	Yes	0	999	04/01/2020	12/31/9999	1	219.06	208.11
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	UE	Yes	0	999	04/01/2020	12/31/9999	1	1,095.28	1,040.52
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	KR	Yes	0	999	04/01/2020	12/31/9999	1	6.54	6.21
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	NU	Yes	0	999	04/01/2020	12/31/9999	1	2,388.91	2,269.46

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	RR	Yes	0	999	04/01/2020	12/31/9999	1	238.89	226.95
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	UE	Yes	0	999	04/01/2020	12/31/9999	1	1,194.46	1,134.74
E0650	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.90	1.81
E0650	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	568.95	540.50
E0650	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	RR	Yes	0	20	07/01/2020	12/31/9999	1	56.90	54.06
E0650	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL	UE	Yes	0	20	07/01/2020	12/31/9999	1	284.48	270.26
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL, WITHOUT CALIBRATED GRADIENT PRESSURE	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.85	2.71
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL, WITHOUT CALIBRATED GRADIENT PRESSURE	NU	Yes	0	999	07/01/2020	12/31/9999	1	853.57	810.89
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL, WITHOUT CALIBRATED GRADIENT PRESSURE	RR	Yes	0	999	07/01/2020	12/31/9999	1	85.36	81.09
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL, WITHOUT CALIBRATED GRADIENT PRESSURE	UE	Yes	0	999	07/01/2020	12/31/9999	1	426.78	405.44
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	KR	Yes	0	999	07/01/2020	12/31/9999	1	13.96	13.26
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	NU	Yes	0	999	07/01/2020	12/31/9999	1	4,188.06	3,978.66
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	RR	Yes	0	999	07/01/2020	12/31/9999	1	418.81	397.87
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	UE	Yes	0	999	07/01/2020	12/31/9999	1	2,094.03	1,989.33
E0655	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.28	0.27

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0655	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	NU	Yes	0	20	07/01/2020	12/31/9999	2	85.26	81.00
E0655	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	RR	Yes	0	20	07/01/2020	12/31/9999	2	8.53	8.10
E0655	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	UE	Yes	0	20	07/01/2020	12/31/9999	2	42.63	40.50
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.49	0.47
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	NU	Yes	0	20	07/01/2020	12/31/9999	2	148.48	141.06
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	RR	Yes	0	20	07/01/2020	12/31/9999	2	14.85	14.11
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	UE	Yes	0	20	07/01/2020	12/31/9999	2	74.24	70.53
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.36	0.34
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	NU	Yes	0	20	07/01/2020	12/31/9999	2	108.23	102.82
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	RR	Yes	0	20	07/01/2020	12/31/9999	2	10.82	10.28
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	UE	Yes	0	20	07/01/2020	12/31/9999	2	54.12	51.41
E0666	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.36	0.34
E0666	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	NU	Yes	0	20	07/01/2020	12/31/9999	2	109.10	103.65
E0666	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	RR	Yes	0	20	07/01/2020	12/31/9999	2	10.91	10.36

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0666	NON SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	UE	Yes	0	20	07/01/2020	12/31/9999	2	54.55	51.82
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNUEMATIC COMPRESSOR, FULL LEG	KR	Yes	0	999	07/01/2020	12/31/9999	2	0.85	0.81
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNUEMATIC COMPRESSOR, FULL LEG	NU	Yes	0	999	07/01/2020	12/31/9999	2	255.78	242.99
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNUEMATIC COMPRESSOR, FULL LEG	RR	Yes	0	999	07/01/2020	12/31/9999	2	25.58	24.30
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNUEMATIC COMPRESSOR, FULL LEG	UE	Yes	0	999	07/01/2020	12/31/9999	2	127.89	121.50
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	KR	Yes	0	999	07/01/2020	12/31/9999	2	1.16	1.10
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	NU	Yes	0	999	07/01/2020	12/31/9999	2	349.08	331.63
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	RR	Yes	0	999	07/01/2020	12/31/9999	2	34.91	33.16
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	UE	Yes	0	999	07/01/2020	12/31/9999	2	174.54	165.81
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	KR	Yes	0	999	07/01/2020	12/31/9999	2	0.57	0.54
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	NU	Yes	0	999	07/01/2020	12/31/9999	2	170.38	161.86
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	RR	Yes	0	999	07/01/2020	12/31/9999	2	17.04	16.19
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	UE	Yes	0	999	07/01/2020	12/31/9999	2	85.19	80.93
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE	KR	Yes	0	20	07/01/2020	12/31/9999	1	3.43	3.26

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,030.00	978.50
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	RR	Yes	0	20	07/01/2020	12/31/9999	1	103.00	97.85
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	UE	Yes	0	20	07/01/2020	12/31/9999	1	515.00	489.25
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	KR	Yes	0	20	07/01/2020	12/31/9999	2	1.29	1.23
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	NU	Yes	0	20	07/01/2020	12/31/9999	2	386.02	366.72
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	RR	Yes	0	20	07/01/2020	12/31/9999	2	38.60	36.67
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	UE	Yes	0	20	07/01/2020	12/31/9999	2	193.01	183.36
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	KR	Yes	0	20	07/01/2020	12/31/9999	2	1.00	0.95
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	NU	Yes	0	20	07/01/2020	12/31/9999	2	299.93	284.93
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	RR	Yes	0	20	07/01/2020	12/31/9999	2	29.99	28.49
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	UE	Yes	0	20	07/01/2020	12/31/9999	2	149.96	142.46
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALFLEG	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.83	0.79
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALFLEG	NU	Yes	0	20	07/01/2020	12/31/9999	2	249.23	236.77
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALFLEG	RR	Yes	0	20	07/01/2020	12/31/9999	2	24.92	23.67
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALFLEG	UE	Yes	0	20	07/01/2020	12/31/9999	2	124.62	118.39
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	NU	Yes - Priced by PA	0	20	01/01/2007	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	KR	Yes	0	20	07/01/2020	12/31/9999	1	2.78	2.64
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	NU	Yes	0	20	07/01/2020	12/31/9999	1	835.14	793.38
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	RR	Yes	0	20	07/01/2020	12/31/9999	1	83.51	79.33
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	UE	Yes	0	20	07/01/2020	12/31/9999	1	417.57	396.69
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	KR	Yes	0	20	07/01/2020	12/31/9999	1	3.50	3.33
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,048.71	996.27
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	RR	Yes	0	20	07/01/2020	12/31/9999	1	104.87	99.63
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	UE	Yes	0	20	07/01/2020	12/31/9999	1	524.36	498.14
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	KR	Yes	0	20	07/01/2020	12/31/9999	1	4.31	4.09

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	ΡΑ	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,292.76	1,228.12
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	RR	Yes	0	20	07/01/2020	12/31/9999	1	129.28	122.82
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	UE	Yes	0	20	07/01/2020	12/31/9999	1	646.38	614.06
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	KR	Yes	0	20	07/01/2020	12/31/9999	1	13.72	13.03
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	NU	Yes	0	20	07/01/2020	12/31/9999	1	4,114.74	3,909.00
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	RR	Yes	0	20	07/01/2020	12/31/9999	1	411.47	390.90
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	UE	Yes	0	20	07/01/2020	12/31/9999	1	2,057.37	1,954.50
E0705	TRANSFER DEVICE, ANY TYPE, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	45.66	43.38
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.67	0.64
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	NU	Yes	0	999	07/01/2020	12/31/9999	1	199.82	189.83

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	RR	Yes	0	999	07/01/2020	12/31/9999	1	19.98	18.98
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	UE	Yes	0	999	07/01/2020	12/31/9999	1	99.91	94.91
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.67	0.64
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	NU	Yes	0	999	07/01/2020	12/31/9999	1	201.50	191.43
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	RR	Yes	0	999	07/01/2020	12/31/9999	1	20.15	19.14
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	UE	Yes	0	999	07/01/2020	12/31/9999	1	100.75	95.71
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.67	0.64
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES	NU	Yes	0	999	07/01/2020	12/31/9999	1	202.08	191.98
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES	RR	Yes	0	999	07/01/2020	12/31/9999	1	20.21	19.20
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES	UE	Yes	0	999	07/01/2020	12/31/9999	1	101.04	95.99
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	KR	Yes	0	20	07/01/2020	12/31/9999	1	2.41	2.29
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	RR	Yes	0	20	07/01/2020	12/31/9999	1	72.34	68.72
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.36	2.24
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	RR	Yes	0	999	07/01/2020	12/31/9999	1	70.72	67.18
E0746	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	KR	Yes	0	999	10/01/1998	12/31/9999	1	0.99	0.94

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0746	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	NU	Yes	0	999	10/01/1998	12/31/9999	1	296.25	281.44
E0746	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	RR	Yes	0	999	10/01/1998	12/31/9999	1	29.63	28.15
E0746	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	UE	Yes	0	999	10/01/1998	12/31/9999	1	148.13	140.72
E0747	OSTEOGENISIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	KR	Yes	0	20	07/01/2020	12/31/9999	1	12.13	11.52
E0747	OSTEOGENISIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	RR	Yes	0	20	07/01/2020	12/31/9999	1	363.96	345.76
E0748	OSTEGENESIS STIMULATOR, ELECTRICAL, NON INVASIVE, SPINAL APPLICATIONS	KR	Yes	0	20	07/01/2020	12/31/9999	1	12.05	11.45
E0748	OSTEGENESIS STIMULATOR, ELECTRICAL, NON INVASIVE, SPINAL APPLICATIONS	NU	Yes	0	20	07/01/2020	12/31/9999	1	3,616.00	3,435.20
E0748	OSTEGENESIS STIMULATOR, ELECTRICAL, NON INVASIVE, SPINAL APPLICATIONS	RR	Yes	0	20	07/01/2020	12/31/9999	1	361.60	343.52
E0748	OSTEGENESIS STIMULATOR, ELECTRICAL, NON INVASIVE, SPINAL APPLICATIONS	UE	Yes	0	20	07/01/2020	12/31/9999	1	1,808.00	1,717.60
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRAORAL / NONINVASIVE)	NU	Yes	0	20	10/01/1998	12/31/9999	1	31.96	30.36
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRAORAL / NONINVASIVE)	UE	Yes	0	20	10/01/1998	12/31/9999	1	15.98	15.18
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON INVASIVE	KR	Yes	0	999	07/01/2020	12/31/9999	1	10.02	9.52
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON INVASIVE	RR	Yes	0	999	07/01/2020	12/31/9999	1	300.48	285.46
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	KR	Yes	0	20	07/01/2020	12/31/9999	1	3.41	3.24
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,021.92	970.82
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	RR	Yes	0	20	07/01/2020	12/31/9999	1	102.19	97.08
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	UE	Yes	0	20	07/01/2020	12/31/9999	1	510.96	485.41

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOS	KR	Yes - Priced by PA	0	20	01/01/2009	12/31/9999	1	0.00	0.00
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOS	RR	Yes - Priced by PA	0	20	01/01/2009	12/31/9999	1	0.00	0.00
E0776	IV POLE	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.42	0.40
E0776	IV POLE	NU	Yes	0	999	07/01/2020	12/31/9999	1	125.05	118.80
E0776	IV POLE	RR	Yes	0	999	07/01/2020	12/31/9999	1	12.50	11.88
E0776	IV POLE	UE	Yes	0	999	07/01/2020	12/31/9999	1	62.52	59.39
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT	KR	Yes	0	999	07/01/2020	12/31/9999	1	6.98	6.63
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT	RR	Yes	0	999	07/01/2020	12/31/9999	1	209.54	199.06
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	KR	Yes	0	999	07/01/2020	12/31/9999	1	12.39	11.77
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,717.04	3,531.19
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	RR	Yes	0	999	07/01/2020	12/31/9999	1	371.70	353.12
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,858.52	1,765.59
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	KR	Yes	0	999	07/01/2020	12/31/9999	1	8.07	7.67
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,419.52	2,298.54
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	RR	Yes	0	999	07/01/2020	12/31/9999	1	241.95	229.85
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,209.76	1,149.27
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.23	0.22
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	NU	Yes	0	999	07/01/2020	12/31/9999	1	68.10	64.70

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	RR	Yes	0	999	07/01/2020	12/31/9999	1	6.81	6.47
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	UE	Yes	0	999	07/01/2020	12/31/9999	1	34.05	32.35
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.60	1.52
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	NU	Yes	0	999	07/01/2020	12/31/9999	1	478.96	455.01
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	RR	Yes	0	999	07/01/2020	12/31/9999	1	47.90	45.51
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	UE	Yes	0	999	07/01/2020	12/31/9999	1	239.48	227.51
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.33	0.31
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	NU	Yes	0	999	07/01/2020	12/31/9999	1	97.63	92.75
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	RR	Yes	0	999	07/01/2020	12/31/9999	1	9.76	9.27
E0850	TRACTION STAND, FREESTANDING, CERVICAL TRACTION	UE	Yes	0	999	07/01/2020	12/31/9999	1	48.82	46.38
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.56	1.48
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	NU	Yes	0	999	07/01/2020	12/31/9999	1	467.12	443.76
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	RR	Yes	0	999	07/01/2020	12/31/9999	1	46.71	44.37
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	UE	Yes	0	999	07/01/2020	12/31/9999	1	233.56	221.88
E0856	CERVICAL TRACTION DEVICE WITH INFLATABLE AIR BLADDER(S)	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.48	0.46

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0856	CERVICAL TRACTION DEVICE WITH INFLATABLE AIR BLADDER(S)	NU	Yes	0	999	07/01/2020	12/31/9999	1	143.04	135.89
E0856	CERVICAL TRACTION DEVICE WITH INFLATABLE AIR BLADDER(S)	RR	Yes	0	999	07/01/2020	12/31/9999	1	14.30	13.59
E0856	CERVICAL TRACTION DEVICE WITH INFLATABLE AIR BLADDER(S)	UE	Yes	0	999	07/01/2020	12/31/9999	1	71.52	67.94
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.12	0.11
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	NU	Yes	0	999	07/01/2020	12/31/9999	1	35.82	34.03
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	RR	Yes	0	999	07/01/2020	12/31/9999	1	3.58	3.40
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	UE	Yes	0	999	07/01/2020	12/31/9999	1	17.91	17.01
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY (E.G., BUCK'S)	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.31	0.29
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY (E.G., BUCK'S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	91.89	87.30
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY (E.G., BUCK'S)	RR	Yes	0	20	07/01/2020	12/31/9999	1	9.19	8.73
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY (E.G., BUCK'S)	UE	Yes	0	20	07/01/2020	12/31/9999	1	45.94	43.64
E0880	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK'S)	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.33	0.31
E0880	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK'S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	99.18	94.22
E0880	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK'S)	RR	Yes	0	20	07/01/2020	12/31/9999	1	9.92	9.42
E0880	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (E.G., BUCK'S)	UE	Yes	0	20	07/01/2020	12/31/9999	1	49.59	47.11
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.32	0.30
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	NU	Yes	0	999	07/01/2020	12/31/9999	1	95.11	90.35
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	RR	Yes	0	999	07/01/2020	12/31/9999	1	9.51	9.03
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	UE	Yes	0	999	07/01/2020	12/31/9999	1	47.56	45.18

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.34	0.32
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	NU	Yes	0	999	07/01/2020	12/31/9999	1	101.22	96.16
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	RR	Yes	0	999	07/01/2020	12/31/9999	1	10.12	9.61
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	UE	Yes	0	999	07/01/2020	12/31/9999	1	50.61	48.08
E0910	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.40	0.38
E0910	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	NU	Yes	0	999	07/01/2020	12/31/9999	1	118.72	112.78
E0910	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR	Yes	0	999	07/01/2020	12/31/9999	1	11.87	11.28
E0910	TRAPEZE BARS, ALSO KNOWN AS PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	UE	Yes	0	999	07/01/2020	12/31/9999	1	59.36	56.39
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.27	1.21
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	NU	Yes	0	999	07/01/2020	12/31/9999	1	382.08	362.98
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	RR	Yes	0	999	07/01/2020	12/31/9999	1	38.21	36.30
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	UE	Yes	0	999	07/01/2020	12/31/9999	1	191.04	181.49
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.71	2.57

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	NU	Yes	0	999	07/01/2020	12/31/9999	1	812.56	771.93
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	RR	Yes	0	999	07/01/2020	12/31/9999	1	81.26	77.20
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	UE	Yes	0	999	07/01/2020	12/31/9999	1	406.28	385.97
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.70	0.67
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	NU	Yes	0	999	07/01/2020	12/31/9999	1	209.52	199.04
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	RR	Yes	0	999	07/01/2020	12/31/9999	1	20.95	19.90
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	UE	Yes	0	999	07/01/2020	12/31/9999	1	104.76	99.52
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.14	1.08
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	1	342.88	325.74
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	RR	Yes	0	20	07/01/2020	12/31/9999	1	34.29	32.58
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	UE	Yes	0	20	07/01/2020	12/31/9999	1	171.44	162.87
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	74.15	70.44
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	1	37.08	35.23
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	12.07	11.47
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	2	6.04	5.74
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	14.13	13.42
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	7.06	6.71
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	360.56	342.53
E0958	MANUAL WHEELCHAIR	UE	Yes	0	20	07/01/2020	12/31/9999	1	180.28	171.27

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	39.07	37.12
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	19.54	18.56
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	20.50	19.48
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	10.25	9.74
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	56.38	53.56
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	1	28.19	26.78
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.04	57.99
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	30.52	28.99
E0968	COMMODE SEAT, WHEELCHAIR	NU	Yes	0	20	07/01/2020	12/31/9999	1	166.56	158.23
E0968	COMMODE SEAT, WHEELCHAIR	UE	Yes	0	20	07/01/2020	12/31/9999	1	83.28	79.12
E0969	NARROWING DEVICE, WHEELCHAIR	NU	Yes	0	20	07/01/2020	12/31/9999	1	145.57	138.29
E0969	NARROWING DEVICE, WHEELCHAIR	UE	Yes	0	20	07/01/2020	12/31/9999	1	72.78	69.14
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	NU	Yes	0	20	10/01/1998	12/31/9999	2	31.24	29.68
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	UE	Yes	0	20	10/01/1998	12/31/9999	2	15.62	14.84
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	33.06	31.41
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	2	16.53	15.70
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	61.94	58.84
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	2	30.97	29.42

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	67.78	64.39
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	33.89	32.20
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	27.55	26.17
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	1	13.78	13.09
E0980	SAFETY VEST, WHEELCHAIR	NU	Yes	0	20	07/01/2020	12/31/9999	1	30.28	28.77
E0980	SAFETY VEST, WHEELCHAIR	UE	Yes	0	20	07/01/2020	12/31/9999	1	15.14	14.38
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	69.95	66.45
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	UE	Yes	0	999	07/01/2020	12/31/9999	2	34.98	33.23
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NU	Yes	0	20	07/01/2020	12/31/9999	1	77.77	73.88
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	UE	Yes	0	20	07/01/2020	12/31/9999	1	38.88	36.94
E0994	ARM REST, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	13.93	13.23
E0994	ARM REST, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	6.96	6.61
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	20.70	19.67
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	2	10.35	9.83
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	KR	Yes	0	20	07/01/2020	12/31/9999	1	3.00	2.85
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	899.76	854.77
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	RR	Yes	0	20	07/01/2020	12/31/9999	1	89.98	85.48

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	UE	Yes	0	20	07/01/2020	12/31/9999	1	449.88	427.39
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	174.08	165.38
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	UE	Yes	0	20	07/01/2020	12/31/9999	2	87.04	82.69
E1031	ROLL ABOUT CHAIR, ANY AND ALL TYPES WITH CUSTORS 5 INCHES OR GREATER	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.27	1.21
E1031	ROLL ABOUT CHAIR, ANY AND ALL TYPES WITH CUSTORS 5 INCHES OR GREATER	NU	Yes	0	20	07/01/2020	12/31/9999	1	382.32	363.20
E1031	ROLL ABOUT CHAIR, ANY AND ALL TYPES WITH CUSTORS 5 INCHES OR GREATER	RR	Yes	0	20	07/01/2020	12/31/9999	1	38.23	36.32
E1031	ROLL ABOUT CHAIR, ANY AND ALL TYPES WITH CUSTORS 5 INCHES OR GREATER	UE	Yes	0	20	07/01/2020	12/31/9999	1	191.16	181.60
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.21	3.05
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	NU	Yes	0	999	07/01/2020	12/31/9999	1	962.16	914.05
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR	Yes	0	999	07/01/2020	12/31/9999	1	96.22	91.41
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	UE	Yes	0	999	07/01/2020	12/31/9999	1	481.08	457.03
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.49	0.47
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	NU	Yes	0	999	07/01/2020	12/31/9999	1	146.40	139.08
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR	Yes	0	999	07/01/2020	12/31/9999	1	14.64	13.91
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	UE	Yes	0	999	07/01/2020	12/31/9999	1	73.20	69.54
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.00	0.95

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	NU	Yes	0	999	07/01/2020	12/31/9999	1	299.68	284.70
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	RR	Yes	0	999	07/01/2020	12/31/9999	1	29.97	28.47
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	UE	Yes	0	999	07/01/2020	12/31/9999	1	149.84	142.35
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.68	2.55
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	804.56	764.33
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	80.46	76.44
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	402.28	382.17
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.32	3.15
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	995.84	946.05
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	99.58	94.60
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	497.92	473.02

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING-AWAY, DETACHABLE FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.88	2.74
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING-AWAY, DETACHABLE FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	865.36	822.09
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING-AWAY, DETACHABLE FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	86.54	82.21
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING-AWAY, DETACHABLE FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	432.68	411.05
E1083	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.07	1.97
E1083	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	622.08	590.98
E1083	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	62.21	59.10
E1083	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	311.04	295.49
E1084	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.58	2.45
E1084	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	774.96	736.21
E1084	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	77.50	73.63
E1084	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	387.48	368.11

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1085	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	471.32	447.75
E1085	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	235.66	223.88
E1085	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	10/01/1998	12/31/9999	1	1.57	1.49
E1085	HEMI WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	10/01/1998	12/31/9999	1	47.13	44.77
E1086	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	572.38	543.76
E1086	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	10/01/1998	12/31/9999	1	1.91	1.81
E1086	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	10/01/1998	12/31/9999	1	57.24	54.38
E1086	HEMI WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	10/01/1998	12/31/9999	1	286.21	271.90
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.33	3.16
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	999.60	949.62
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	99.96	94.96
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	499.80	474.81
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING-AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.97	3.77

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING-AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,191.12	1,131.56
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING-AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	119.11	113.15
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING-AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	595.56	565.78
E1089	HIGH STRENGTH WHEELCHAIR, FIXED LENGTH, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	818.58	777.65
E1089	HIGH STRENGTH WHEELCHAIR, FIXED LENGTH, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	409.29	388.83
E1089	HIGH STRENGTH WHEELCHAIR, FIXED LENGTH, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	10/01/1998	12/31/9999	1	2.73	2.59
E1089	HIGH STRENGTH WHEELCHAIR, FIXED LENGTH, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	10/01/1998	12/31/9999	1	81.86	77.77
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWINGAWAY, DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	3.09	2.94
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWINGAWAY, DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	927.36	880.99
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWINGAWAY, DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	92.74	88.10
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWINGAWAY, DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	463.68	440.50

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1092	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.90	3.71
E1092	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,168.96	1,110.51
E1092	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	116.90	111.06
E1092	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	584.48	555.26
E1093	WIDE HEAVY DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.34	3.17
E1093	WIDE HEAVY DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,002.16	952.05
E1093	WIDE HEAVY DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	100.22	95.21
E1093	WIDE HEAVY DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	501.08	476.03
E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.73	2.59
E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	820.00	779.00
E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	82.00	77.90

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	410.00	389.50
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.68	2.55
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	803.04	762.89
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	80.30	76.29
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	401.52	381.44
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	1.06	1.01
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	318.02	302.12
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	31.80	30.21
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	159.01	151.06
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	1.63	1.55
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	489.22	464.76
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	48.92	46.47
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	244.61	232.38

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.15	2.04
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	644.40	612.18
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	64.44	61.22
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	322.20	306.09
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.65	1.57
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	493.84	469.15
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	49.38	46.91
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	246.92	234.57
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	KR	Yes	0	999	07/01/2020	12/31/9999	1	7.33	6.96
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,198.96	2,089.01
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	RR	Yes	0	999	07/01/2020	12/31/9999	1	219.90	208.91
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,099.48	1,044.51
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESETS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.35	2.23
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESETS	NU	Yes	0	999	07/01/2020	12/31/9999	1	705.60	670.32
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESETS	RR	Yes	0	999	07/01/2020	12/31/9999	1	70.56	67.03

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESETS	UE	Yes	0	999	07/01/2020	12/31/9999	1	352.80	335.16
E1171	AMPUTEE, WHEELCHAIR, FIXED FULL LENGTH ARMS WITHOUT FOOT RESTS OR LEG RESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.11	2.00
E1171	AMPUTEE, WHEELCHAIR, FIXED FULL LENGTH ARMS WITHOUT FOOT RESTS OR LEG RESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	633.12	601.46
E1171	AMPUTEE, WHEELCHAIR, FIXED FULL LENGTH ARMS WITHOUT FOOT RESTS OR LEG RESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	63.31	60.14
E1171	AMPUTEE, WHEELCHAIR, FIXED FULL LENGTH ARMS WITHOUT FOOT RESTS OR LEG RESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	316.56	300.73
E1172	AMPUTEE, WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH WITHOUT FOOTRESTS OR LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.58	2.45
E1172	AMPUTEE, WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH WITHOUT FOOTRESTS OR LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	774.00	735.30
E1172	AMPUTEE, WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH WITHOUT FOOTRESTS OR LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	77.40	73.53
E1172	AMPUTEE, WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH WITHOUT FOOTRESTS OR LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	387.00	367.65
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.67	2.54
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	800.48	760.46
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	80.05	76.05
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	400.24	380.23

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.08	2.93
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	924.88	878.64
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	92.49	87.87
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	462.44	439.32
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.31	3.14
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	992.40	942.78
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	99.24	94.28
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	496.20	471.39
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.29	2.18
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	687.36	652.99
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	68.74	65.30
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	343.68	326.50
E1220	WHEELCHAIR; SPECIALLY SIZE OR CONTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY, AND JUSTIFCATION)	NU	Yes - Priced by PA	0	999	10/01/1998	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.47	1.40
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	441.60	419.52
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	44.16	41.95
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	220.80	209.76
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.10	2.00
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	629.92	598.42
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	62.99	59.84
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	314.96	299.21
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.29	2.18
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	687.92	653.52
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	68.79	65.35
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	343.96	326.76
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.51	2.38
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	754.16	716.45
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	75.42	71.65
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	377.08	358.23
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.17	1.11
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	349.52	332.04
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR	Yes	0	999	07/01/2020	12/31/9999	1	34.95	33.20

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	UE	Yes	0	999	07/01/2020	12/31/9999	1	174.76	166.02
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES), EACH	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.38	1.31
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES), EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	415.27	394.51
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES), EACH	RR	Yes	0	999	07/01/2020	12/31/9999	1	41.53	39.45
E1226	MANUAL WHEELCHAIR ACCESSORY, FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES), EACH	UE	Yes	0	999	07/01/2020	12/31/9999	1	207.64	197.26
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	257.91	245.01
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	221.44	210.37
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,786.79	1,697.45
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	UE	Yes	0	20	07/01/2020	12/31/9999	1	893.40	848.73
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEA	KR	Yes	0	20	07/01/2020	12/31/9999	1	6.63	6.30
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEA	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,987.60	1,888.22
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEA	RR	Yes	0	20	07/01/2020	12/31/9999	1	198.76	188.82
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEA	UE	Yes	0	20	07/01/2020	12/31/9999	1	993.80	944.11

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SE	KR	Yes	0	20	07/01/2020	12/31/9999	1	6.86	6.52
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SE	NU	Yes	0	20	07/01/2020	12/31/9999	1	2,059.28	1,956.32
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SE	RR	Yes	0	20	07/01/2020	12/31/9999	1	205.93	195.63
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SE	UE	Yes	0	20	07/01/2020	12/31/9999	1	1,029.64	978.16
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT	KR	Yes	0	20	07/01/2020	12/31/9999	1	5.98	5.68
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,792.80	1,703.16
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT	RR	Yes	0	20	07/01/2020	12/31/9999	1	179.28	170.32
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT	UE	Yes	0	20	07/01/2020	12/31/9999	1	896.40	851.58
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	KR	Yes	0	20	07/01/2020	12/31/9999	1	5.75	5.46
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,726.40	1,640.08
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RR	Yes	0	20	07/01/2020	12/31/9999	1	172.64	164.01
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	UE	Yes	0	20	07/01/2020	12/31/9999	1	863.20	820.04
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	KR	Yes	0	20	07/01/2020	12/31/9999	1	5.08	4.83
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,523.04	1,446.89
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	RR	Yes	0	20	07/01/2020	12/31/9999	1	152.30	144.69
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	UE	Yes	0	20	07/01/2020	12/31/9999	1	761.52	723.44
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	KR	Yes	0	20	07/01/2020	12/31/9999	1	5.12	4.86
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,536.32	1,459.50

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	Yes	0	20	07/01/2020	12/31/9999	1	153.63	145.95
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	UE	Yes	0	20	07/01/2020	12/31/9999	1	768.16	729.75
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	KR	Yes	0	20	07/01/2020	12/31/9999	1	5.08	4.83
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,523.04	1,446.89
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	Yes	0	20	07/01/2020	12/31/9999	1	152.30	144.69
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	UE	Yes	0	20	07/01/2020	12/31/9999	1	761.52	723.44
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.71	2.57
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	813.92	773.22
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	81.39	77.32
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	406.96	386.61
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	1.73	1.64
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	517.61	491.73
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	51.76	49.17
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	258.80	245.86
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	2.12	2.01

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	634.79	603.05
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	63.48	60.31
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	317.39	301.52
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.08	1.98
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	623.60	592.42
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	62.36	59.24
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	311.80	296.21
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.46	3.29
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,036.96	985.11
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	103.70	98.52
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	518.48	492.56
E1285	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	2.74	2.60
E1285	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	821.35	780.28
E1285	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	82.14	78.03

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1285	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	410.68	390.15
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	KR	Yes	0	999	05/01/1999	12/31/9999	1	2.84	2.70
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	NU	Yes	0	999	05/01/1999	12/31/9999	1	852.26	809.65
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	RR	Yes	0	999	05/01/1999	12/31/9999	1	85.23	80.97
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOTRESTS	UE	Yes	0	999	05/01/1999	12/31/9999	1	426.13	404.82
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEG RESTS	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.20	3.04
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEG RESTS	NU	Yes	0	999	07/01/2020	12/31/9999	1	959.52	911.54
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEG RESTS	RR	Yes	0	999	07/01/2020	12/31/9999	1	95.95	91.15
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEG RESTS	UE	Yes	0	999	07/01/2020	12/31/9999	1	479.76	455.77
E1296	SPECIAL WHEELCHAIR; SEAT HEIGHT FROM FLOOR	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.52	1.44
E1296	SPECIAL WHEELCHAIR; SEAT HEIGHT FROM FLOOR	NU	Yes	0	999	07/01/2020	12/31/9999	1	456.94	434.09
E1296	SPECIAL WHEELCHAIR; SEAT HEIGHT FROM FLOOR	RR	Yes	0	999	07/01/2020	12/31/9999	1	45.69	43.41
E1296	SPECIAL WHEELCHAIR; SEAT HEIGHT FROM FLOOR	UE	Yes	0	999	07/01/2020	12/31/9999	1	228.47	217.05
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.32	0.30
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	NU	Yes	0	999	07/01/2020	12/31/9999	1	97.22	92.36
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	RR	Yes	0	999	07/01/2020	12/31/9999	1	9.72	9.23
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	UE	Yes	0	999	07/01/2020	12/31/9999	1	48.61	46.18
E1298	SPECIAL WHEELCHAIR; SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.31	1.24
E1298	SPECIAL WHEELCHAIR; SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	NU	Yes	0	999	07/01/2020	12/31/9999	1	393.75	374.06
E1298	SPECIAL WHEELCHAIR; SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	RR	Yes	0	999	07/01/2020	12/31/9999	1	39.38	37.41

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1298	SPECIAL WHEELCHAIR; SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	UE	Yes	0	999	07/01/2020	12/31/9999	1	196.88	187.04
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	KR	Yes	0	20	10/01/1998	12/31/9999	1	0.20	0.19
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	NU	Yes	0	20	10/01/1998	12/31/9999	1	59.25	56.29
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	RR	Yes	0	20	10/01/1998	12/31/9999	1	5.93	5.63
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	UE	Yes	0	20	10/01/1998	12/31/9999	1	29.63	28.15
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.65	3.47
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR	Yes	0	999	07/01/2020	12/31/9999	1	109.42	103.95
E1391	OXYGEN CONCENTRATOR	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.65	3.47
E1391	OXYGEN CONCENTRATOR	RR	Yes	0	999	07/01/2020	12/31/9999	1	109.42	103.95
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.20	1.14
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	RR	Yes	0	999	07/01/2020	12/31/9999	1	35.97	34.17
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	KR	Yes - Priced by PA	0	999	01/01/1983	12/31/9999	1	0.00	0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	NU	Yes - Priced by PA	0	999	01/01/1983	12/31/9999	1	0.00	0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	RR	Yes - Priced by PA	0	999	01/01/1983	12/31/9999	1	0.00	0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	UE	Yes - Priced by PA	0	999	01/01/1983	12/31/9999	1	0.00	0.00
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM, WITH HEATED DELIVERY	KR	Yes	0	999	07/01/2020	12/31/9999	1	4.53	4.30
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM, WITH HEATED DELIVERY	RR	Yes	0	999	07/01/2020	12/31/9999	1	135.82	129.03
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM, WITHOUT HEATED DELIVERY	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.99	3.79
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM, WITHOUT HEATED DELIVERY	RR	Yes	0	999	07/01/2020	12/31/9999	1	119.62	113.64
E1700	JAW MOTION REHABILITATION SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	1	320.56	304.53

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1700	JAW MOTION REHABILITATION SYSTEM	UE	Yes	0	20	07/01/2020	12/31/9999	1	160.28	152.27
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG OF 6	NU	Yes	0	20	07/01/2020	12/31/9999	3	8.37	7.95
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG OF 200	NU	Yes	0	20	07/01/2020	12/31/9999	1	17.82	16.93
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.23	3.07
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	967.76	919.37
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	2	96.78	91.94
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	2	483.88	459.69
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.58	3.40
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,074.48	1,020.76
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	RR	Yes	0	20	07/01/2020	12/31/9999	2	107.45	102.08
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	UE	Yes	0	20	07/01/2020	12/31/9999	2	537.24	510.38
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.33	3.16
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	998.16	948.25

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	2	99.82	94.83
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	2	499.08	474.13
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEX AND/OR EXT W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	KR	Yes	0	20	07/01/2020	12/31/9999	2	2.94	2.79
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEX AND/OR EXT W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	NU	Yes	0	20	07/01/2020	12/31/9999	2	881.76	837.67
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEX AND/OR EXT W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	RR	Yes	0	20	07/01/2020	12/31/9999	2	88.18	83.77
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEX AND/OR EXT W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	UE	Yes	0	20	07/01/2020	12/31/9999	2	440.88	418.84
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.28	3.12
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	984.24	935.03
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	2	98.42	93.50
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	2	492.12	467.51
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.72	3.53

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,117.12	1,061.26
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	RR	Yes	0	20	07/01/2020	12/31/9999	2	111.71	106.12
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXT AND/OR FLEX, W/WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	UE	Yes	0	20	07/01/2020	12/31/9999	2	558.56	530.63
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	KR	Yes	0	20	07/01/2020	12/31/9999	2	2.66	2.53
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	NU	Yes	0	20	07/01/2020	12/31/9999	2	799.20	759.24
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	RR	Yes	0	20	07/01/2020	12/31/9999	2	79.92	75.92
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	UE	Yes	0	20	07/01/2020	12/31/9999	2	399.60	379.62
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.33	3.16
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	998.16	948.25
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	2	99.82	94.83
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	2	499.08	474.13
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEX AND/OR EXT. W/ WO BANGE OF	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.78	3.59

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEX AND/OR EXT, W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,134.32	1,077.60
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEX AND/OR EXT, W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	RR	Yes	0	20	07/01/2020	12/31/9999	2	113.43	107.76
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEX AND/OR EXT, W/ WO RANGE OF MOTION ADJ, INCL ALL COMPONENTS AND ACCESSORIES	UE	Yes	0	20	07/01/2020	12/31/9999	2	567.16	538.80
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/WO RANGE OF MOTION ADJ, INCL ALL COMP AND ACCS	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.86	3.67
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/WO RANGE OF MOTION ADJ, INCL ALL COMP AND ACCS	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,158.40	1,100.48
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/WO RANGE OF MOTION ADJ, INCL ALL COMP AND ACCS	RR	Yes	0	20	07/01/2020	12/31/9999	2	115.84	110.05
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/WO RANGE OF MOTION ADJ, INCL ALL COMP AND ACCS	UE	Yes	0	20	07/01/2020	12/31/9999	2	579.20	550.24
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	KR	Yes	0	20	07/01/2020	12/31/9999	2	0.25	0.24
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	NU	Yes	0	20	07/01/2020	12/31/9999	2	75.98	72.18
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	RR	Yes	0	20	07/01/2020	12/31/9999	2	7.60	7.22
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	UE	Yes	0	20	07/01/2020	12/31/9999	2	37.99	36.09

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	KR	Yes	0	20	07/01/2020	12/31/9999	1	0.33	0.31
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	NU	Yes	0	20	07/01/2020	12/31/9999	1	97.81	92.92
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	RR	Yes	0	20	07/01/2020	12/31/9999	1	9.78	9.29
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	UE	Yes	0	20	07/01/2020	12/31/9999	1	48.90	46.46
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	3	3.33	3.16
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	3	998.16	948.25
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	3	99.82	94.83
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	3	499.08	474.13
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	KR	Yes	0	20	07/01/2020	12/31/9999	2	3.33	3.16
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	998.16	948.25
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	RR	Yes	0	20	07/01/2020	12/31/9999	2	99.82	94.83
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	UE	Yes	0	20	07/01/2020	12/31/9999	2	499.08	474.13
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.44	1.37
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	NU	Yes	0	20	07/01/2020	12/31/9999	1	431.52	409.94

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	RR	Yes	0	20	07/01/2020	12/31/9999	1	43.15	40.99
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	UE	Yes	0	20	07/01/2020	12/31/9999	1	215.76	204.97
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	KR	Yes	0	20	07/01/2020	12/31/9999	1	1.99	1.89
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	NU	Yes	0	20	07/01/2020	12/31/9999	1	597.77	567.88
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	RR	Yes	0	20	07/01/2020	12/31/9999	1	59.78	56.79
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	UE	Yes	0	20	07/01/2020	12/31/9999	1	298.88	283.94
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	80.06	76.06
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	NU	Yes	0	999	07/01/2020	12/31/9999	2	151.86	144.27
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	NU	Yes	0	999	07/01/2020	12/31/9999	2	104.78	99.54
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	NU	Yes	0	999	07/01/2020	12/31/9999	2	136.34	129.52
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	NU	Yes	0	999	07/01/2020	12/31/9999	2	77.54	73.66
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	172.10	163.50
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	119.74	113.75
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	381.42	362.35

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	KR	Yes	0	999	07/01/2020	12/31/9999	1	32.44	30.82
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	NU	Yes	0	999	07/01/2020	12/31/9999	1	9,732.48	9,245.86
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	RR	Yes	0	999	07/01/2020	12/31/9999	1	973.25	924.59
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	NU	Yes	0	999	07/01/2020	12/31/9999	1	363.43	345.26
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,111.35	1,055.78
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,466.04	1,392.74
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE- RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	NU	Yes	0	999	07/01/2020	12/31/9999	1	2,149.65	2,042.17
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,324.07	3,157.87
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	NU	Yes	0	999	07/01/2020	12/31/9999	1	6,290.37	5,975.85
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	NU	Yes - Priced by PA	0	999	01/01/2004	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	NU	Yes - Priced by PA	0	999	01/01/2004	12/31/9999	1	0.00	0.00
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	NU	Yes - Priced by PA	0	999	01/01/2004	12/31/9999	1	0.00	0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	41.04	38.99
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	83.50	79.33
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	104.44	99.22
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	137.39	130.52
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	197.05	187.20
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	311.29	295.73
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	202.50	192.38
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	248.27	235.86
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	NU	Yes - Priced by PA	0	999	01/01/2005	12/31/9999	1	0.00	0.00
E2610	WHEELCHAIR SEAT CUSHION, POWERED	NU	Yes - Priced by PA	0	999	01/01/2005	12/31/9999	1	0.00	0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	191.61	182.03
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	299.02	284.07

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	288.76	274.32
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	411.65	391.07
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR- LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	330.98	314.43
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR- LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	445.54	423.26
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes - Priced by PA	0	999	01/01/2005	12/31/9999	1	0.00	0.00
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	2	40.00	38.00
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	379.94	360.94
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	NU	Yes	0	999	07/01/2020	12/31/9999	1	420.42	399.40
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.85	0.81
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	256.14	243.33

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	25.61	24.33
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	128.07	121.67
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.08	1.03
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	324.94	308.69
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	32.49	30.87
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	162.47	154.35
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	0.86	0.82
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	259.22	246.26
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	25.92	24.62
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR	UE	Yes	0	999	07/01/2020	12/31/9999	1	129.61	123.13
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.08	1.03
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NU	Yes	0	999	07/01/2020	12/31/9999	1	324.60	308.37

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	RR	Yes	0	999	07/01/2020	12/31/9999	1	32.46	30.84
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	UE	Yes	0	999	07/01/2020	12/31/9999	1	162.30	154.19
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	KR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	NU	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	UE	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	KR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	NU	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	UE	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	KR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	NU	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	RR	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	UE	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
кооо5	ULTRALIGHTWEIGHT WHEELCHAIR	KR	Yes	0	999	07/01/2020	12/31/9999	1	5.73	5.44
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,718.24	1,632.33
кооо5	ULTRALIGHTWEIGHT WHEELCHAIR	RR	Yes	0	999	07/01/2020	12/31/9999	1	171.82	163.23
кооо5	ULTRALIGHTWEIGHT WHEELCHAIR	UE	Yes	0	999	07/01/2020	12/31/9999	1	859.12	816.16
K0006	HEAVY DUTY WHEELCHAIR	KR	Yes	0	999	07/01/2020	12/31/9999	1	2.56	2.43
K0006	HEAVY DUTY WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	768.32	729.90
K0006	HEAVY DUTY WHEELCHAIR	RR	Yes	0	999	07/01/2020	12/31/9999	1	76.83	72.99
K0006	HEAVY DUTY WHEELCHAIR	UE	Yes	0	999	07/01/2020	12/31/9999	1	384.16	364.95
K0007	EXTRA HEAVY DUTY WHEELCHAIR	KR	Yes	0	999	07/01/2020	12/31/9999	1	3.79	3.60
К0007	EXTRA HEAVY DUTY WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,136.80	1,079.96
кооо7	EXTRA HEAVY DUTY WHEELCHAIR	RR	Yes	0	999	07/01/2020	12/31/9999	1	113.68	108.00
кооот	EXTRA HEAVY DUTY WHEELCHAIR	UE	Yes	0	999	07/01/2020	12/31/9999	1	568.40	539.98
к0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	KR	Yes	0	999	07/01/2020	12/31/9999	1	11.22	10.66
к0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	NU	Yes	0	999	07/01/2020	12/31/9999	1	3,365.28	3,197.02
КОО1О	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	RR	Yes	0	999	07/01/2020	12/31/9999	1	336.53	319.70
КОО1О	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	UE	Yes	0	999	07/01/2020	12/31/9999	1	1,682.64	1,598.51
коозт	HIGH MOUNT FLIP-UP FOOTREST, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	32.79	31.15
K0038	LEG STRAP, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	19.08	18.13
K0039	LEG STRAP, H STYLE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	41.67	39.59
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	52.22	49.61
K0041	LARGE SIZE FOOTPLATE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	40.39	38.37
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	15.43	14.66
K0105	IV HANGER, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	88.59	84.16
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	KR	No	0	999	07/01/2020	12/31/9999	1	0.65	0.62
К0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	NU	No	0	999	07/01/2020	12/31/9999	1	196.47	186.65

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	RR	No	0	999	07/01/2020	12/31/9999	1	19.65	18.67
К0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	NU	No	0	999	07/01/2020	12/31/9999	2	0.52	0.49
к0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	NU	Yes	0	999	07/01/2020	12/31/9999	1	23,404.80	22,234.56
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	RR	Yes	0	999	07/01/2020	12/31/9999	1	2,340.48	2,223.46
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY , EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	68.33	64.91
К0733	POWER WHEELCHAIR ACCESSORY 12 TO 24 AMP HR SEALED LEAD ACID BATTERY EA	NU	Yes	0	999	07/01/2020	12/31/9999	2	24.20	22.99
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	KR	Yes	0	999	07/01/2020	12/31/9999	1	1.20	1.14
К0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR	Yes	0	999	07/01/2020	12/31/9999	1	35.97	34.17
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,127.81	1,071.42
L0120	CERVICAL, FLEXIBLE, NON- ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	NU	Yes	0	20	07/01/2020	12/31/9999	1	22.54	21.41

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	163.02	154.87
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	NU	Yes	0	20	07/01/2020	12/31/9999	1	56.26	53.45
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR)	NU	Yes	0	20	07/01/2020	12/31/9999	1	93.81	89.12
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	133.56	126.88
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	565.18	536.92
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO- PIECE, PREFABRICATED, OFF- THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	114.59	108.86
L0174	CERVICAL, COLLAR, SEMI- RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	205.86	195.57
L0180	CERVICAL,MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	NU	Yes	0	20	07/01/2020	12/31/9999	1	279.97	265.97
L0190	CERVICAL,MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS,	NU	Yes	0	20	07/01/2020	12/31/9999	1	421.46	400.39
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABL	NU	Yes	0	20	07/01/2020	12/31/9999	1	386.99	367.64
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	91.78	87.19
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	151.52	143.94
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	NU	Yes - Priced by PA	0	20	10/01/2003	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCT	NU	Yes	0	20	07/01/2020	12/31/9999	1	279.46	265.49
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-	NU	Yes	0	20	07/01/2020	12/31/9999	1	279.46	265.49
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR	NU	Yes	0	20	07/01/2020	12/31/9999	1	801.43	761.36
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DI	NU	Yes	0	20	07/01/2020	12/31/9999	1	801.43	761.36
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAS	NU	Yes	0	20	07/01/2020	12/31/9999	1	718.64	682.71
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAS	NU	Yes	0	20	07/01/2020	12/31/9999	1	808.90	768.46
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PL	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,006.12	955.81
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLA	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,197.76	1,137.87
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	NU	Yes	0	20	07/01/2020	12/31/9999	1	307.99	292.59

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	307.99	292.59
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	NU	Yes	0	20	07/01/2020	12/31/9999	1	386.16	366.85
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES IN	NU	Yes	0	20	07/01/2020	12/31/9999	1	386.16	366.85
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIO	NU	Yes	0	20	07/01/2020	12/31/9999	1	549.76	522.27
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAM	NU	Yes	0	20	07/01/2020	12/31/9999	1	345.09	327.84
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,067.09	1,013.74
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LI	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,223.28	1,162.12
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,426.31	1,354.99
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LI	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,412.94	1,342.29
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LI	NU	Yes	0	20	07/01/2020	12/31/9999	1	808.90	768.46
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVER	NU	Yes	0	20	07/01/2020	12/31/9999	1	227.94	216.54

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS	NU	Yes	0	20	07/01/2020	12/31/9999	1	618.83	587.89
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS	NU	Yes	0	20	07/01/2020	12/31/9999	1	401.06	381.01
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC- SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	1	71.86	68.27
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC- SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	1	194.83	185.09
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI- RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI- RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT,	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FOM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCELOAD ON THE INTERVERTEBRAL DISCS	NU	Yes	0	20	07/01/2020	12/31/9999	1	44.42	42.20
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTEROR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS	NU	Yes	0	20	07/01/2020	12/31/9999	1	62.82	59.68

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS	NU	Yes	0	20	07/01/2020	12/31/9999	1	331.24	314.68
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO- SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS	NU	Yes	0	20	07/01/2020	12/31/9999	1	67.58	64.20
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO- SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DDISCS	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS	NU	Yes	0	20	07/01/2020	12/31/9999	1	130.48	123.96
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	NU	Yes	0	20	07/01/2020	12/31/9999	1	827.22	785.86

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	231.07	219.52
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S)	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION,RIGID POSTERIOR FRAME/PANEL(S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	856.86	814.02
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE SACROCOCCYGEAL JUNCTION TO T-9VERTEVRA	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,264.35	1,201.13
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEALJUNCTION TO T-9 VERTEBRA,	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,096.98	1,042.13
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,062.78	1,009.64
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,096.98	1,042.13
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S)	NU	Yes	0	20	07/01/2020	12/31/9999	1	843.19	801.03

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	62.82	59.68
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF- THE-SHE	NU	Yes	0	20	07/01/2020	12/31/9999	1	331.24	314.68
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRIC	NU	Yes	0	20	07/01/2020	12/31/9999	1	130.48	123.96

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFA	NU	Yes	0	20	07/01/2020	12/31/9999	1	827.22	785.86
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE P	NU	Yes	0	20	07/01/2020	12/31/9999	1	231.07	219.52
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,096.98	1,042.13

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATER	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,096.98	1,042.13
L0700	CTLSO,ANTERIOR-POSTERIOR- LATERALCONTROL,MOULDEDT OPATIENTMODEL	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,734.90	1,648.16
L0710	CTLSO, ANTERIOR-POSTERIOR- LATERAL-CONTROL, MOLDED TO PATIEN MODED, WITH	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,893.76	1,799.07
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	NU	Yes	0	20	07/01/2020	12/31/9999	1	2,011.85	1,911.26
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,627.50	1,546.13
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	1	2,349.93	2,232.43
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS,RINGS AND PINS, ANY MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	1	912.94	867.29
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	1	173.69	165.01
L0970	TLSO, CORSET FRONT	NU	Yes	0	20	07/01/2020	12/31/9999	1	85.65	81.37
L0972	LSO, CORSET FRONT	NU	Yes	0	20	07/01/2020	12/31/9999	1	87.55	83.17
L0974	TLSO, FULL CORSET	NU	Yes	0	20	07/01/2020	12/31/9999	1	178.89	169.95
L0976	LSO, FULL CORSET	NU	Yes	0	20	07/01/2020	12/31/9999	1	159.78	151.79
L0978	AXILLARY CRUTCH EXTENSION	NU	Yes	0	20	07/01/2020	12/31/9999	2	144.26	137.05
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE- SHELF, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	1	13.09	12.44
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE- SHELF, SET OF FOUR (4)	NU	Yes	0	20	07/01/2020	12/31/9999	1	14.26	13.55
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE- SHELF, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	3	45.50	43.23

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1000	CTLSO (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORHTOSIS, INCLUDING M	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,521.43	1,445.36
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE,	NU	Yes - Priced by PA	0	20	01/01/2007	12/31/9999	1	0.00	0.00
L1010	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, AXILLA SLING	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.27	58.21
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	NU	Yes	0	20	07/01/2020	12/31/9999	2	83.71	79.52
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	NU	Yes	0	20	07/01/2020	12/31/9999	1	95.14	90.38
L1030	ADDITION TO CTLSO OR SCOLOSIS ORHTOSIS, LUMBAR BOLSTER PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	63.56	60.38
L1040	ADDITION TO CTLSO OR SCOLIOSIS, LUMBAR OR LUMBAR RIB PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	76.50	72.68
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	66.23	62.92
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	74.71	70.97
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	NU	Yes	0	20	07/01/2020	12/31/9999	2	76.40	72.58
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	NU	Yes	0	20	07/01/2020	12/31/9999	2	52.94	50.29
L1085	ADDITION TO CTLSO OR SCOLIOSOS ORTHOSIS,OUTRIGGER,BILATE RAL WITH VERTICA	NU	Yes	0	20	07/01/2020	12/31/9999	1	147.06	139.71
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	NU	Yes	0	20	07/01/2020	12/31/9999	1	68.69	65.26
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE,	NU	Yes	0	20	07/01/2020	12/31/9999	2	121.26	115.20
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RIGN FLANGE,	NU	Yes	0	20	07/01/2020	12/31/9999	2	205.38	195.11
L1120	ADDITION TO CTLSO, SCOLIOSIS, ORTHOSIS, COVER FOR UPRIGHT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	3	32.71	31.07
L1200	TLSO, INCLUSIVE OF FURNISHING ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,302.34	1,237.22
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	NU	Yes	0	20	07/01/2020	12/31/9999	2	196.09	186.29
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	NU	Yes	0	20	07/01/2020	12/31/9999	1	166.02	157.72

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	NU	Yes	0	20	07/01/2020	12/31/9999	1	425.99	404.69
L1240	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	73.31	69.64
L1250	ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	NU	Yes	0	20	07/01/2020	12/31/9999	2	72.19	68.58
L1260	ADDITION TO TLSO (LOW PROFILE, ANTERIOR THORACIC DEROTATION PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	74.19	70.48
L1270	ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	NU	Yes	0	20	07/01/2020	12/31/9999	3	74.10	70.40
L1280	ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	66.05	62.75
L1290	ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PAD	NU	Yes	0	20	07/01/2020	12/31/9999	2	74.88	71.14
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,251.81	1,189.22
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,288.10	1,223.70
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED SPINAL ORTHOSIS, NOT OTHERWISE	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	1	0.00	0.00
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WIT	NU	Yes	0	20	07/01/2020	12/31/9999	1	96.57	91.74
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER O	NU	Yes	0	20	07/01/2020	12/31/9999	1	32.90	31.26
L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	108.34	102.92
L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	129.28	122.82
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SP	NU	Yes	0	20	07/01/2020	12/31/9999	1	345.79	328.50
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFL	NU	Yes	0	20	07/01/2020	12/31/9999	1	183.38	174.21
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BA	NU	Yes	0	20	07/01/2020	12/31/9999	1	287.25	272.89

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	128.25	121.84
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL,	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,054.38	1,001.66
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTIO	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,112.55	1,056.92
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTIO	NU	Yes	0	20	07/01/2020	12/31/9999	1	746.37	709.05
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDU	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,558.22	1,480.31
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,296.34	1,231.52
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,523.77	1,447.58
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,125.61	1,069.33
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	1	849.24	806.78
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,236.10	1,174.30
L1810	KO, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	97.56	92.68
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF- THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	97.56	92.68
L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	97.17	92.31
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	81.28	77.22
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	237.14	225.28

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	607.47	577.10
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	607.47	577.10
L1834	KO, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	714.69	678.96
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	107.51	102.13
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, C	NU	Yes	0	20	07/01/2020	12/31/9999	2	751.26	713.70
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	723.01	686.86
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,252.81	1,190.17
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	NU	Yes	0	20	07/01/2020	12/31/9999	2	754.75	717.01
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND	NU	Yes	0	20	07/01/2020	12/31/9999	2	957.66	909.78
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	463.49	440.32
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	463.49	440.32

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF- THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	215.70	204.92
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	723.01	686.86
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE- SHELF	RR	Yes	0	20	07/01/2020	12/31/9999	2	72.30	68.69
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	754.75	717.01
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL- LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE- SHELF	RR	Yes	0	20	07/01/2020	12/31/9999	2	75.48	71.71
L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	NU	Yes	0	20	07/01/2020	12/31/9999	2	836.64	794.81

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1900	AFO, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	226.66	215.33
L1902	ANKLE ORTHOSIS ANKLE GUANTLET OR SIMILAR WITH OR WITHOUT JOINTS PREFABRICATED OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.56	58.48
L1904	ANKLE ORTHOSIS ANKLE GUANTLET OR SIMILAR WITH OR WITHOUT JOINTS CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	352.39	334.77
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	102.98	97.83
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	453.42	430.75
L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	200.41	190.39
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	261.98	248.88
L1930	AFO, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	177.28	168.42
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	719.06	683.11
L1940	AFO, PLASTIC OR OTHER MATERIAL, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	400.63	380.60
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACT	NU	Yes	0	20	07/01/2020	12/31/9999	2	735.71	698.92
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	558.18	530.27
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	676.74	642.90

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L1960	AFO, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	415.38	394.61
L1970	AFO, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	614.38	583.66
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	377.70	358.82
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STI	NU	Yes	0	20	07/01/2020	12/31/9999	2	275.03	261.28
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STI	NU	Yes	0	20	07/01/2020	12/31/9999	2	353.38	335.71
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID S	NU	Yes	0	20	07/01/2020	12/31/9999	2	760.10	722.10
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,301.96	3,136.86
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THI	NU	Yes	0	20	07/01/2020	12/31/9999	2	692.90	658.26
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THI	NU	Yes	0	20	07/01/2020	12/31/9999	2	875.02	831.27
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THI	NU	Yes	0	20	07/01/2020	12/31/9999	2	759.17	721.21
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL,WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,654.56	1,571.83
L2035	KAFO, FULL PLASTIC, STATIC, (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	139.59	132.61

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,390.36	1,320.84
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,281.30	1,217.24
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,071.43	1,017.86
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS	NU	Yes	0	20	07/01/2020	12/31/9999	1	136.86	130.02
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,	NU	Yes	0	20	07/01/2020	12/31/9999	1	364.46	346.24
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,	NU	Yes	0	20	07/01/2020	12/31/9999	1	467.78	444.39
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAP	NU	Yes	0	20	07/01/2020	12/31/9999	1	134.38	127.66
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,	NU	Yes	0	20	07/01/2020	12/31/9999	1	286.58	272.25
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,	NU	Yes	0	20	07/01/2020	12/31/9999	1	353.22	335.56
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	NU	Yes	0	20	07/01/2020	12/31/9999	2	509.53	484.05
L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	800.69	760.66
L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	380.18	361.17
L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	434.97	413.22
L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	573.08	544.43

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHO	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,019.67	968.69
L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,285.01	1,220.76
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	604.52	574.29
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	724.79	688.55
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	886.23	841.92
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH	NU	Yes	0	20	07/01/2020	12/31/9999	2	87.76	83.37
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	68.69	65.26
L2184	ADDITION TO LOWE EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	123.78	117.59
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JO	NU	Yes	0	20	07/01/2020	12/31/9999	4	137.16	130.30
L2188	ADDITION TO LOWER EXTREMITY FRACTURE OTHOSIS, QUADRILATERAL BRIM	NU	Yes	0	20	07/01/2020	12/31/9999	2	299.25	284.29
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	NU	Yes	0	20	07/01/2020	12/31/9999	2	77.73	73.84
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND,	NU	Yes	0	20	07/01/2020	12/31/9999	2	267.20	253.84
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	35.63	33.85
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST	NU	Yes	0	20	07/01/2020	12/31/9999	4	57.81	54.92

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RES	NU	Yes	0	20	07/01/2020	12/31/9999	4	66.38	63.06
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS	NU	Yes	0	20	07/01/2020	12/31/9999	2	57.50	54.63
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	77.86	73.97
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	62.68	59.55
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	266.28	252.97
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP(SCOTT-CRAIG TYPE)	NU	Yes	0	20	07/01/2020	12/31/9999	2	150.22	142.71
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRUP	NU	Yes	0	20	07/01/2020	12/31/9999	2	88.26	83.85
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION	NU	Yes	0	20	07/01/2020	12/31/9999	2	40.25	38.24
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATI	NU	Yes	0	20	07/01/2020	12/31/9999	2	97.93	93.03
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	363.78	345.59
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP	NU	Yes	0	20	07/01/2020	12/31/9999	1	205.35	195.08
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR- STRAIGHT	NU	Yes	0	20	07/01/2020	12/31/9999	1	92.19	87.58
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	154.19	146.48
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	294.26	279.55
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	NU	Yes	0	20	07/01/2020	12/31/9999	2	173.10	164.45
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL	NU	Yes	0	20	07/01/2020	12/31/9999	2	408.48	388.06

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED	NU	Yes	0	20	07/01/2020	12/31/9999	2	667.74	634.35
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	NU	Yes	0	20	07/01/2020	12/31/9999	2	38.78	36.84
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	NU	Yes	0	20	07/01/2020	12/31/9999	2	192.37	182.75
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID	NU	Yes	0	20	07/01/2020	12/31/9999	2	84.67	80.44
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	92.26	87.65
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	100.38	95.36
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	136.22	129.41
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	82.03	77.93
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	125.25	118.99
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	NU	Yes	0	20	07/01/2020	12/31/9999	4	87.83	83.44
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	70.26	66.75
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM ( BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	NU	Yes	0	20	07/01/2020	12/31/9999	4	97.90	93.01
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION,	NU	Yes	0	20	07/01/2020	12/31/9999	4	115.50	109.73
L2430	ADDITIONS TO KNEE JNTM RATCHET LOCK FOR ACT AND PROG KNEE EXT, EACH JNT	NU	Yes	0	20	07/01/2020	12/31/9999	4	115.50	109.73
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	NU	Yes	0	20	07/01/2020	12/31/9999	4	76.42	72.60
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	NU	Yes	0	20	07/01/2020	12/31/9999	2	236.42	224.60

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-	NU	Yes	0	20	07/01/2020	12/31/9999	2	632.98	601.33
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-	NU	Yes	0	20	07/01/2020	12/31/9999	2	345.23	327.97
L2525	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,ISCHIAL CONTAINMENT/NAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,184.41	1,125.19
L2526	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,ISCHIAL CONTAINMENT/NAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	638.41	606.49
L2530	ADDITION TO LOWR EXTREMITY, THIGH-WEIGHT BEARING, LACER	NU	Yes	0	20	07/01/2020	12/31/9999	2	176.07	167.27
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER,	NU	Yes	0	20	07/01/2020	12/31/9999	2	316.83	300.99
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH	NU	Yes	0	20	07/01/2020	12/31/9999	2	215.23	204.47
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO	NU	Yes	0	20	07/01/2020	12/31/9999	2	475.92	452.12
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	NU	Yes	0	20	07/01/2020	12/31/9999	2	451.14	428.58
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	NU	Yes	0	20	07/01/2020	12/31/9999	2	153.91	146.21
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	NU	Yes	0	20	07/01/2020	12/31/9999	2	181.99	172.89
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	NU	Yes	0	20	07/01/2020	12/31/9999	2	200.37	190.35
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,ADJUSTABLE FLEXIO	NU	Yes	0	20	07/01/2020	12/31/9999	2	229.81	218.32
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL,HIP JOINT,ADJUSTABLE FLEXION	NU	Yes	0	20	07/01/2020	12/31/9999	2	312.42	296.80
L2627	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,PLASTIC,MOLDED TO PATIENT MOD	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,287.14	1,222.78
L2628	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,METAL FRAME,RECIPROCATING HIP	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,511.98	1,436.38
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND ADN BELT,	NU	Yes	0	20	07/01/2020	12/31/9999	1	185.57	176.29

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT,	NU	Yes	0	20	07/01/2020	12/31/9999	1	251.84	239.25
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL,	NU	Yes	0	20	07/01/2020	12/31/9999	2	89.93	85.43
L2660	ADDITION TO LOWER EXTREMITY, THORACUC CONTROL, THORACIC BAND	NU	Yes	0	20	07/01/2020	12/31/9999	1	139.67	132.69
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL,	NU	Yes	0	20	07/01/2020	12/31/9999	2	127.83	121.44
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL,	NU	Yes	0	20	07/01/2020	12/31/9999	2	117.27	111.41
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OF NICKEL, PER BAR	NU	Yes	0	20	07/01/2020	12/31/9999	8	62.64	59.51
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	8	105.31	100.04
L2760	ADDITION TO LOWER EXTREMTY ORTHOSIS, EXTENSION, PER	NU	Yes	0	20	07/01/2020	12/31/9999	8	45.54	43.26
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON- CORROSIVE FINISH, PER BAR	NU	Yes	0	20	07/01/2020	12/31/9999	8	53.86	51.17
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	31.66	30.08
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	NU	Yes	0	20	07/01/2020	12/31/9999	2	63.68	60.50
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	79.94	75.94
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	NU	Yes	0	20	07/01/2020	12/31/9999	4	58.53	55.60
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS,SOFT INTERFACE FOR MOLDED PLASTIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	65.08	61.83
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS,SOFT INTERFACE FOR MOLDED PLASTIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	73.18	69.52
	16,5110	l	l	l			l			ļ

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE	NU	Yes	0	20	07/01/2020	12/31/9999	4	40.85	38.81
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS,FEMORAL LENGTH SOCK,FRACTURE OR EQU	NU	Yes	0	20	07/01/2020	12/31/9999	4	46.40	44.08
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	NU	Yes - Priced by PA	0	20	01/01/2010	12/31/9999	2	0.00	0.00
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED LOWER EXTREMITY ORTHOS	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	2	0.00	0.00
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY S	NU	Yes	0	20	07/01/2020	12/31/9999	2	253.14	240.48
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	106.57	101.24
L3002	FOOT, INSERT. REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, E	NU	Yes	0	20	07/01/2020	12/31/9999	2	130.14	123.63
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICON GEL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	140.40	133.38
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPP	NU	Yes	0	20	07/01/2020	12/31/9999	2	140.40	133.38
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARS	NU	Yes	0	20	07/01/2020	12/31/9999	2	159.87	151.88
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.50	58.43
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	98.68	93.75
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	37.93	36.03
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	37.93	36.03

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	59.43	56.46
L3070	FOOT, ARCH SUPPORT, NON- REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	25.62	24.34
L3080	FOOT, ARCH SUPPORT, NON- REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	25.62	24.34
L3090	FOOT, ARCH SUPPORT, NON- REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	32.80	31.16
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	34.82	33.08
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	NU	Yes	0	20	07/01/2020	12/31/9999	1	71.75	68.16
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	NU	Yes	0	20	07/01/2020	12/31/9999	1	65.60	62.32
L3160	FOOT, ADJUSTABLE SHOE- STYLED POSITIONING DEVICE	NU	Yes - Priced by PA	0	20	05/01/1999	12/31/9999	2	0.00	0.00
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE- SHELF, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	41.00	38.95
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	NU	Yes	0	20	10/01/1998	12/31/9999	2	23.00	21.85
L3202	ORTHOPEDIC SHOE/ OXFORD WITH SUPINATOR OR PRONATOR, CHILD	NU	Yes	0	20	10/01/1998	12/31/9999	2	25.00	23.75
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	NU	Yes	0	20	10/01/1998	12/31/9999	2	28.00	26.60
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	NU	Yes	0	20	10/01/1998	12/31/9999	2	24.00	22.80
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	NU	Yes	0	20	10/01/1998	12/31/9999	2	25.00	23.75
L3207	ORTHOPEDIC SHOE, HIGHTOP WIT SUPINATOR OR PRONATOR, JUNIOR	NU	Yes	0	20	10/01/1998	12/31/9999	2	27.00	25.65
L3208	SURGICAL BOOT, EACH, INFANT	NU	Yes	0	20	10/01/1998	12/31/9999	2	21.00	19.95
L3209	SURGICAL BOOT, EACH, CHILD	NU	Yes	0	20	10/01/1998	12/31/9999	2	23.00	21.85
L3211	SURGICAL BOOT, EACH, JUNIOR	NU	Yes	0	20	10/01/1998	12/31/9999	2	26.00	24.70
L3212	BENESCH BOOT, PAIR, INFANT	NU	Yes	0	20	10/01/1998	12/31/9999	1	59.00	56.05
L3213	BENESCH BOOT, PAIR, CHILD	NU	Yes	0	20	10/01/1998	12/31/9999	1	62.00	58.90

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3214	BENESCH BOOT, PAIR, JUNIOR	NU	Yes	0	20	10/01/1998	12/31/9999	1	68.00	64.60
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	NU	Yes	0	20	10/01/1998	12/31/9999	2	63.15	59.99
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	NU	Yes	0	20	05/01/1999	12/31/9999	2	86.16	81.85
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	NU	Yes	0	20	10/01/1998	12/31/9999	2	72.64	69.01
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	NU	Yes	0	20	05/01/1999	12/31/9999	2	104.30	99.09
L3224	ORTHOPEDIC FOOTWEAR WOMAN'S SHOE, OXFORD, INTEGRAL PART OF BRACE	NU	Yes	0	20	07/01/2020	12/31/9999	2	44.07	41.87
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE OXFORD, INTEGRAL PAR OF BRACE	NU	Yes	0	20	07/01/2020	12/31/9999	2	50.70	48.17
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	NU	Yes	0	20	05/01/1999	12/31/9999	2	249.00	236.55
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETI	NU	Yes	0	20	10/01/1998	12/31/9999	2	190.98	181.43
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	NU	Yes	0	20	05/01/1999	12/31/9999	2	261.18	248.12
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABR	NU	Yes	0	20	05/01/1999	12/31/9999	2	169.77	161.28
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	NU	Yes	0	20	05/01/1999	12/31/9999	2	80.71	76.67
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH LIFT, ELEVATION,	NU	Yes	0	20	07/01/2020	12/31/9999	4	42.01	39.91
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH LIFT, ELEVATION, HEEL	NU	Yes	0	20	07/01/2020	12/31/9999	4	65.60	62.32
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH LIFT, ELEVATION, HEEL AND	NU	Yes	0	20	07/01/2005	12/31/9999	4	58.78	55.84
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE) LIFT, ELEVATION, METAL EXTENSIO	NU	Yes	0	20	07/01/2020	12/31/9999	2	456.02	433.22
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	NU	Yes	0	20	07/01/2020	12/31/9999	2	59.43	56.46
L3334	LIFT, ELEVATION, HEEL, PER INCH LIFT, ELEVATION, HEEL, PER INCH	NU	Yes	0	20	07/01/2020	12/31/9999	4	30.74	29.20
L3340	HEEL WEDGE, SACH HEEL WEDGE, SACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	68.68	65.25
L3350	HEEL WEDGE HEEL WEDGE	NU	Yes	0	20	07/01/2020	12/31/9999	2	18.42	17.50

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3360	SOLE WEDGE, OUTSIDE SOLE WEDGE, OUTSIDE SOLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	28.70	27.27
L3370	SOLE WEDGE, BETWEEN SOLE WEDGE, BETWEEN SOLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	39.98	37.98
L3380	CLUBFOOT WEDGE CLUBFOOT WEDGE	NU	Yes	0	20	07/01/2020	12/31/9999	2	39.98	37.98
L3390	OUTFLARE WEDGE OUTFLARE WEDGE	NU	Yes	0	20	07/01/2020	12/31/9999	2	39.98	37.98
L3400	METATARSAL BAR WEDGE, ROCKER METATARSAL BAR WEDGE, ROCKER	NU	Yes	0	20	07/01/2020	12/31/9999	2	32.80	31.16
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE METATARSAL BAR WEDGE, BETWEEN SOLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	74.82	71.08
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE FULL SOLE AND HEEL WEDGE, BETWEEN	NU	Yes	0	20	07/01/2020	12/31/9999	2	44.06	41.86
L3430	HEEL, COUNTER, PLASTIC REINFORCED	NU	Yes	0	20	07/01/2020	12/31/9999	2	129.13	122.67
L3440	HEEL, COUNTERR, LEATHER REINFORCED HEEL, COUNTER, LEATHER REINFORCED	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.50	58.43
L3450	HEEL, SACH CUSHION TYPE HEEL, SACH CUSHION TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	85.04	80.79
L3455	HEEL, NEW LEATHER, STANDARD HEEL, NEW LEATHER, STANDARD	NU	Yes	0	20	07/01/2020	12/31/9999	2	32.80	31.16
L3460	HEEL, NEW RUBBER, STANDARD HEEL, NEW RUBBER, STANDARD	NU	Yes	0	20	07/01/2020	12/31/9999	2	27.66	26.28
L3465	HEEL, THOMAS WITH WEDGE HEEL, THOMAS WITH WEDGE	NU	Yes	0	20	07/01/2020	12/31/9999	2	47.14	44.78
L3470	HEEL, THOMAS EXTENDED TO BALL HEEL, THOMAS EXTENDED TO BALL	NU	Yes	0	20	07/01/2020	12/31/9999	2	50.20	47.69
L3480	HEEL, PAD AND DEPRESSION FOR SPUR HEEL, PAD AND DEPRESSION FOR SPUR	NU	Yes	0	20	07/01/2020	12/31/9999	2	50.20	47.69
L3485	HEEL, PAD, REMOVABLE FOR SPUR HEEL, PAD, REMOVABLE FOR SPUR	NU	Yes	0	20	07/01/2005	12/31/9999	2	18.62	17.69
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER ORTHOPEDIC SHOE ADDITION, INSO	NU	Yes	0	20	07/01/2020	12/31/9999	2	23.59	22.41
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER ORTHOPEDIC SHOE ADDITION, INSOL	NU	Yes	0	20	07/01/2020	12/31/9999	2	23.59	22.41
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER ORTHOPEDIC S	NU	Yes	0	20	07/01/2020	12/31/9999	2	25.62	24.34

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF ORTHOPEDIC SHOE ADDITION, SOLE, HAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	25.62	24.34
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL ORTHOPEDIC SHOE ADDITION, SOLE, FUL	NU	Yes	0	20	07/01/2020	12/31/9999	2	41.00	38.95
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD ORTHOPEDIC SHOE ADDITION, TOE	NU	Yes	0	20	07/01/2020	12/31/9999	2	7.18	6.82
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE ORTHOPEDIC SHOE ADDITION, T	NU	Yes	0	20	07/01/2020	12/31/9999	2	18.42	17.50
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	68.68	65.25
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE ORTHOPEDIC SH	NU	Yes	0	20	07/01/2020	12/31/9999	2	52.26	49.65
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER ORTH	NU	Yes	0	20	07/01/2020	12/31/9999	2	43.05	40.90
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR ORTHOPEDIC SHOE ADDITION, MARCH BAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	33.82	32.13
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTI	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.50	58.43
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	1	43.90	41.71
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	660.78	627.74
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING, THORACIC CMPONNT & SUPPORT BAR, WITH OR W/O NONTORSION JOINT/TURNBUKL, MAY INCL SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCL FITTING AND ADJUST	NU	Yes	0	20	07/01/2020	12/31/9999	1	866.85	823.51

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF- THE-SHELF	NU	Yes - Priced by PA	0	20	01/01/2014	12/31/9999	2	0.00	0.00
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	211.76	201.17
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	106.33	101.01
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	530.46	503.94
L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	698.28	663.37
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITI	NU	Yes	0	20	07/01/2020	12/31/9999	2	784.76	745.52
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	78.86	74.92
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	582.24	553.13
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	580.66	551.63
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS,MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTINGAND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	940.33	893.31

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	995.74	945.95
L3806	WRIST HAND FINGER ORTHOSIS, INCL ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BAND/SPRINGS, MAY INC SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABR, INCL FITTING & ADJ	NU	Yes	0	20	07/01/2020	12/31/9999	2	333.11	316.45
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	183.38	174.21
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE	NU	Yes	0	20	07/01/2020	12/31/9999	2	244.94	232.69
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE- SHELF, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	183.38	174.21
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	NU	Yes - Priced by PA	0	20	01/01/2010	12/31/9999	2	0.00	0.00
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTEN	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,145.62	1,088.34
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTEN	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,284.54	1,220.31
L3904	WHFO, EXTERNAL POWERED, ELECTRIC, CUSTOM- FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,614.96	2,484.21

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	727.26	690.90
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	NU	Yes	0	20	07/01/2020	12/31/9999	2	309.37	293.90
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK- UP, NON MOLDED, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	43.94	41.74
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	70.48	66.96
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	198.62	188.69
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	N	Yes	0	20	07/01/2020	12/31/9999	2	389.84	370.35
L3916	WHO NONTORSION JNTS PRE OTS	NU	Yes	0	20	07/01/2020	12/31/9999	2	389.84	370.35
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	77.47	73.60
L3918	METACARP FX ORTHOSIS PRE OTS	NU	Yes	0	20	07/01/2020	12/31/9999	2	77.47	73.60

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	198.62	188.69
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	NU	Yes	0	20	07/01/2020	12/31/9999	2	235.54	223.76
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	63.78	60.59
L3924	HFO WITHOUT JOINTS PRE OTS	NU	Yes	0	20	07/01/2020	12/31/9999	2	63.78	60.59
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	4	38.74	36.80
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	4	25.66	24.38

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.74	58.65
L3930	HFO NONTORSION JNTS PRE OTS	NU	Yes	0	20	07/01/2020	12/31/9999	2	61.74	58.65
L3931	WRIST HAND FINGER ORTHOSIS, INCL ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCL SOFT INTERFACE MATERIAL, STRAPS, PREFAB, INCL FITTING AND ADJ	NU	Yes	0	20	07/01/2020	12/31/9999	2	149.35	141.88
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	3	156.47	148.65
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	3	162.03	153.93
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	NU	Yes - Priced by PA	0	20	05/01/1999	12/31/9999	1	0.00	0.00
L3960	SEWHO, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	604.48	574.26
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN,WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,232.11	1,170.50
L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	629.40	597.93

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	ΡΑ	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,454.70	1,381.97
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,380.83	1,311.79
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTO JOINTS, ELASTIC BANDS,	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,454.70	1,381.97
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUTJOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,232.11	1,170.50
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS,MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,232.11	1,170.50
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,380.83	1,311.79

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS	NU	Yes	0	20	07/01/2020	12/31/9999	1	1,454.70	1,381.97
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	226.70	215.37
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABBRICATED, INCLUDES SHOULDER CAP DESIGN WITH OR WITHOUT JOINTS FOREARM SECTION MAY INCLUDE SOFT INTERFACE TRAPS INCLUDES FITTING AND ADJUSTMENTS	NU	Yes	0	20	07/01/2020	12/31/9999	2	738.16	701.25
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	280.08	266.08
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	298.97	284.02
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS,SOCK,FRACTURE OR EQUAL,EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	25.09	23.84
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED UPPER LIMB ORHTOSIS, NOT OT	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	2	0.00	0.00
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	NU	Yes	0	20	07/01/2020	12/31/9999	1	977.61	928.73
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	NU	Yes - Priced by PA	0	20	01/01/2005	12/31/9999	2	0.00	0.00
L4010	REPLACE TRILATERAL SOCKET BRIM	NU	Yes	0	20	07/01/2020	12/31/9999	2	550.14	522.63
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	687.17	652.81
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	NU	Yes	0	20	07/01/2020	12/31/9999	2	378.35	359.43
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	305.90	290.61
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	245.82	233.53

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	309.38	293.91
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	200.34	190.32
L4060	REPLACE HIGH ROLL CUFF	NU	Yes	0	20	07/01/2020	12/31/9999	2	238.16	226.25
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	NU	Yes	0	20	07/01/2020	12/31/9999	2	227.21	215.85
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	NU	Yes	0	20	07/01/2020	12/31/9999	2	80.10	76.10
L4090	REPLACE METAL BANDS KAFO- AFO, CALF OR DISTAL THIGH	NU	Yes	0	20	07/01/2020	12/31/9999	4	70.90	67.36
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	NU	Yes	0	20	07/01/2020	12/31/9999	2	79.97	75.97
L4110	REPLACE LEATHER CUFF KAFO- AFO, CALF OR DISTAL THIGH	NU	Yes	0	20	07/01/2020	12/31/9999	4	63.55	60.37
L4130	REPLACE PRETIBIAL SHELL	NU	Yes	0	20	07/01/2020	12/31/9999	2	437.38	415.51
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF- THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	78.80	74.86
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	220.46	209.44
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	220.46	209.44
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	141.47	134.40
L4387	WALKING BOOT, NON- PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	127.75	121.36
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	NU	Yes	0	20	07/01/2020	12/31/9999	2	18.98	18.03

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L4394	REPALCE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	NU	Yes	0	20	07/01/2020	12/31/9999	2	13.85	13.16
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NU	Yes	0	20	07/01/2020	12/31/9999	2	135.26	128.50
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE- SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	135.26	128.50
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF- THE-SHELF	NU	Yes	0	20	07/01/2020	12/31/9999	2	62.24	59.13
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,202.50	1,142.38
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	NU	Yes	0	20	07/01/2020	12/31/9999	2	422.52	401.39
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,020.49	969.47
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT WITH TOE FILLER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,733.01	1,646.36
L5050	SYMES PROSTHESIS PLASTVAPC WITH PTB WEIGHT BEARING	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,917.02	1,821.17
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET,	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,205.14	2,094.88
L5100	PATELLAR TENDON BEARING (P T B ) CUFF	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,921.26	1,825.20
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,773.55	2,634.87

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,803.67	2,663.49
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,049.50	2,897.03
L5200	QUAD SOCKET OPEN END, CONSTANT FRIC KNEE SACH FOOT WOOD, PLASTIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,920.33	2,774.31
L5210	ABOVE KNEE, SHORT PROTHESIS, NO KNEE JOINT ("STUBBIES") , WITH	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,937.34	1,840.47
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,202.14	2,092.03
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,037.18	2,885.32
L5250	HIP DISARTICULATION PROTHESIS CANADIAN	NU	Yes	0	20	07/01/2020	12/31/9999	2	4,142.46	3,935.34
L5270	HIP DISARTICULATION PROTHESIS TILT TABLE TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	4,124.07	3,917.87
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	4,092.50	3,887.88
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,196.13	2,086.32
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,143.60	2,986.42
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SIN	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,183.34	3,024.17
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	07/01/2020	12/31/9999	2	4,056.21	3,853.40
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP J	NU	Yes	0	20	07/01/2020	12/31/9999	2	4,222.54	4,011.41
L5500	INITIAL, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,025.38	974.11
L5505	INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, `USMC`	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,418.14	1,347.23
L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON- ALIGNABLE SYSTEM, PYLON,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,162.34	1,104.22
L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON- ALIGNABLE SYSTEM, PYLON,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,148.12	1,090.71

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON- ALIGNABLE SYSTEM, PYLON,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,379.00	1,310.05
L5535	PREPARATORY,BELOW KNEE "PTB" TYPE SOCKET, NON- ALIGNABLE SYSTEM, PYLON, N	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,353.90	1,286.21
L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON- ALIGNABLE SYSTEM, PYLON C	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,445.04	1,372.79
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "US	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,551.72	1,474.13
L5570	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, (NON	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,613.24	1,532.58
L5580	PREPRATORY, ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, (NON-	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,883.35	1,789.18
L5585	PREPARATORY,ABOVE KNEE- KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET,(NON-AL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,317.77	2,201.88
L5590	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, (NON-	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,919.26	1,823.30
L5595	PREPARATORY,HIP DISARTICULATION- HEMIPELVECTOMY,PYLON,NO COVER, SACH FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,390.63	3,221.10
L5600	PREPARATORY,HIP DISARTICULATION- HEMIPELVECTOMY,PLYON,NO COVER,SACH FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,644.78	3,462.54
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, HYDRACADENCE SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,652.96	1,570.31
L5611	ADDITION TO LOWER EXTREMITY, "ENDOSKELETAL SYSTEM" ABOVE KNEE-KNEE DISAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,286.34	1,222.02
L5613	ADDITION TO LOWER EXTREMITY,"ENDOSKELETAL SYSTEM," ABOVE KNEE-KNEE DISAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,011.14	1,910.58
L5614	ADDITIONS TO LOWER EXTREMITY, "ENDOSKELETAL SYSTEM," ABOVE KNEE, KNEE DI	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,362.41	1,294.29
L5616	ADDITION TO LOWER EXTREMITY, "ENDOSKELETAL SYSTEM" ABOVE KNEE, UNIVERSAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,086.81	1,032.47
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE OR B	NU	Yes	0	20	07/01/2020	12/31/9999	2	451.73	429.14

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	NU	Yes	0	20	07/01/2020	12/31/9999	4	238.98	227.03
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	4	221.96	210.86
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	4	289.43	274.96
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	4	290.26	275.75
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	4	380.66	361.63
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	NU	Yes	0	20	07/01/2020	12/31/9999	2	407.02	386.67
L5629	ADDITION TO LOWER EXTREMITY,BELOW KNEE,ACRYLIC SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	253.73	241.04
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL	NU	Yes	0	20	07/01/2020	12/31/9999	2	358.31	340.39
L5631	ADDITION TO LOWER EXTREMITY,ABOVE KNEE OR KNEE DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	2	350.79	333.25
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	195.78	185.99
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING	NU	Yes	0	20	07/01/2020	12/31/9999	2	242.86	230.72
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	203.42	193.25
L5637	ADDITION TO LOWER EXTREMITY,BELOW KNEE, TOTAL CONTACT	NU	Yes	0	20	07/01/2020	12/31/9999	2	230.64	219.11
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	401.78	381.69
L5639	ADDITION TO LOWER EXTREMITY,BELOW KNEE,WOOD SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	895.13	850.37
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	510.51	484.98
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	494.65	469.92
L5643	ADDITION TO LOWER EXTREMITY,HIP DISARTICULATION,FLEXIBLE INNER SOCKET,EX	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,242.64	1,180.51

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	471.56	447.98
L5645	ADDITION TO LOWER EXTREMITY,BELOW KNEE,FLEXIBLE INNER SOCKET,EXTERNAL FR	NU	Yes	0	20	07/01/2020	12/31/9999	2	637.02	605.17
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	437.44	415.57
L5647	ADDITION TO LOWER EXTREMITY,BELOW KNEE SUCTION SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	635.08	603.33
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	525.64	499.36
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,904.68	1,809.45
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	389.76	370.27
L5651	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,FLEXIBLE INNER SOCKET,EXTERNAL FR	NU	Yes	0	20	07/01/2020	12/31/9999	2	958.79	910.85
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	348.08	330.68
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	464.66	441.43
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO,	NU	Yes	0	20	07/01/2020	12/31/9999	2	264.78	251.54
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	224.38	213.16
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBL	NU	Yes	0	20	07/01/2020	12/31/9999	2	301.01	285.96
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	290.29	275.78
L5661	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,MULTI-DUROMETER SYMES	NU	Yes	0	20	07/01/2020	12/31/9999	2	485.86	461.57
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	408.79	388.35

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	NU	Yes	0	20	07/01/2020	12/31/9999	2	55.89	53.10
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	90.14	85.63
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR	NU	Yes	0	20	07/01/2020	12/31/9999	2	216.64	205.81
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	NU	Yes	0	20	07/01/2020	12/31/9999	2	459.09	436.14
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	238.06	226.16
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	NU	Yes	0	20	07/01/2020	12/31/9999	4	567.70	539.32
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	289.31	274.84
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	393.65	373.97
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	31.70	30.12
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	NU	Yes	0	20	07/01/2020	12/31/9999	4	473.06	449.41
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-	NU	Yes	0	20	07/01/2020	12/31/9999	2	264.62	251.39
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,062.02	1,008.92
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER,	NU	Yes	0	20	07/01/2020	12/31/9999	2	499.30	474.34

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,062.02	1,008.92
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	NU	Yes	0	20	07/01/2020	12/31/9999	2	38.42	36.50
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	103.41	98.24
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENS-	NU	Yes	0	20	07/01/2020	12/31/9999	2	40.78	38.74
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	NU	Yes	0	20	07/01/2020	12/31/9999	2	48.77	46.33
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED	NU	Yes	0	20	07/01/2020	12/31/9999	2	78.13	74.22
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT,	NU	Yes	0	20	07/01/2020	12/31/9999	2	106.09	100.79
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND	NU	Yes	0	20	07/01/2020	12/31/9999	2	144.84	137.60
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE	NU	Yes	0	20	07/01/2020	12/31/9999	2	133.70	127.02
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT-	NU	Yes	0	20	07/01/2020	12/31/9999	2	147.72	140.33
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT-	NU	Yes	0	20	07/01/2020	12/31/9999	2	64.09	60.89
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULAT-	NU	Yes	0	20	07/01/2020	12/31/9999	2	104.81	99.57
L5699	ALL LOWER EXTREMITY PROTHESES, SHOULDER HARNESS	NU	Yes	0	20	07/01/2020	12/31/9999	2	188.81	179.37
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,287.52	2,173.14
L5701	REPLACEMENT,SOCKET,ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,747.14	2,609.78
L5702	REPLACEMENT,SOCKET HIP DISARTICULATION,INCLUDING HIP JOINT,MOLDED TO PAT	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,475.53	3,301.75

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,798.62	1,708.69
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	427.94	406.54
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	764.67	726.44
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	2	749.57	712.09
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	2	988.18	938.77
L5710	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	NU	Yes	0	20	07/01/2020	12/31/9999	2	298.58	283.65
L5711	ADDITIONS EXOSKELETAL KNEE- SHIN SYSTEM,SINGLE AXIS,MANUAL LOCK,ULTA-LIGH	NU	Yes	0	20	07/01/2020	12/31/9999	2	417.30	396.44
L5712	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND	NU	Yes	0	20	07/01/2020	12/31/9999	2	349.66	332.18
L5714	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION	NU	Yes	0	20	07/01/2020	12/31/9999	2	359.14	341.18
L5716	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE	NU	Yes	0	20	07/01/2020	12/31/9999	2	581.89	552.80
L5718	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AN	NU	Yes	0	20	07/01/2020	12/31/9999	2	727.30	690.94
L5722	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING,	NU	Yes	0	20	07/01/2020	12/31/9999	2	768.37	729.95
L5724	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,205.09	1,144.84
L5726	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FL	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,388.84	1,319.40
L5728	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND ST	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,899.75	1,804.76
L5780	ADDITION, EXOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PN	NU	Yes	0	20	07/01/2020	12/31/9999	2	914.08	868.38
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MAN	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,230.44	3,068.92

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MAN	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,405.62	3,235.34
L5785	ADDITION,EXOSKELETAL SYSTEM,BELOW KNEE,ULTRA- LIGHT MATERIAL (TITANIUM,CA	NU	Yes	0	20	07/01/2020	12/31/9999	2	513.82	488.13
L5790	ADDITION,EXOSKELETAL SYSTEM,ABOVE KNEE,ULTRA- LIGHT MATERIAL (TITANIUM,CA	NU	Yes	0	20	07/01/2020	12/31/9999	2	574.06	545.36
L5795	ADDITION,EXOSKELETAL SYSTEM,HIP DISARTICULATION,ULTRA- LIGHT MATERIAL(TIT	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,142.95	1,085.80
L5810	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS, MANUAL LOCK	NU	Yes	0	20	07/01/2020	12/31/9999	2	388.70	369.27
L5811	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,MANUAL LOCK,ULTRA-LIG	NU	Yes	0	20	07/01/2020	12/31/9999	2	582.27	553.16
L5812	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FRICTION SWING AND ST	NU	Yes	0	20	07/01/2020	12/31/9999	2	451.33	428.76
L5814	ADD. ENDOSKTL KNEE-SHIN SYST, POLY HYDRAUL,SWG PHASE CNTRL MECH PHS LOCK	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,998.48	2,848.56
L5816	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,MECHA NICAL STANCE PHA	NU	Yes	0	20	07/01/2020	12/31/9999	2	683.08	648.93
L5818	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,FRICTIO N SWING,AND ST	NU	Yes	0	20	07/01/2020	12/31/9999	2	766.70	728.37
L5822	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,PNEUMATIC SWING,FRICT	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,359.57	1,291.59
L5824	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWING PHASE CON	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,224.37	1,163.15
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PH	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,521.33	2,395.26
L5828	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWING AND STANC	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,254.58	2,141.85
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING P	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,514.96	1,439.21

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PN	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,801.17	2,661.11
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUST	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,447.14	1,374.78
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	NU	Yes	0	20	07/01/2020	12/31/9999	2	868.17	824.76
L5850	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,KNEE EXTE	NU	Yes	0	20	07/01/2020	12/31/9999	2	102.14	97.03
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTEN	NU	Yes	0	20	07/01/2020	12/31/9999	2	274.44	260.72
L5910	ADDITION,ENDOSKELETAL SYSTEM,BELOW KNEE,ALIGNABLE SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	2	289.15	274.69
L5920	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,ALIGNABLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	423.62	402.44
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	NU	Yes	0	20	07/01/2020	12/31/9999	2	357.68	339.80
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,717.53	2,581.65
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA- LIGHT MATERIAL (TITANIU	NU	Yes	0	20	07/01/2020	12/31/9999	2	400.48	380.46
L5950	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE,ULTRA- LIGHT MATERIAL(TITANIUM,CA	NU	Yes	0	20	07/01/2020	12/31/9999	2	626.17	594.86
L5960	ADDITION,ENDOSKELETAL SYSTEM,HIP DISARTICULATION,ULTRA- LIGHT MATERIAL(TI	NU	Yes	0	20	07/01/2020	12/31/9999	2	769.67	731.19
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	NU	Yes	0	20	07/01/2020	12/31/9999	1	3,670.12	3,486.61
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROCTECTIVE OUTER SU	NU	Yes	0	20	07/01/2020	12/31/9999	2	506.53	481.20

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SUR	NU	Yes	0	20	07/01/2020	12/31/9999	2	747.70	710.32
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE	NU	Yes	0	20	07/01/2020	12/31/9999	2	952.76	905.12
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACT	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,933.94	2,787.24
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	NU	Yes	0	20	01/01/2014	12/31/9999	2	11,026.77	10,475.43
L5970	ALL LOWER EXTREMITY PROTHESE, FOOT, EXTERNAL KEEL, SACH FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	162.14	154.03
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	NU	Yes	0	20	07/01/2020	12/31/9999	2	162.14	154.03
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	302.87	287.73
L5974	ALL LOWER EXTREMITY PROTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	186.05	176.75
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIB	NU	Yes	0	20	07/01/2020	12/31/9999	2	374.31	355.59
L5976	ALL LOWER EXTREMITY PROTHESES, ENERGY STORING FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	447.11	424.75
L5978	ALL LOWER EXTREMITY PROTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	232.99	221.34
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,821.72	1,730.63
L5980	ALL LOWER EXTREMITY PROTHESES, FLEX FOOT SYSTEM	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,960.17	2,812.16
L5981	ALL LOWER EXTREMITY PROTHESES, FLEX-WALK SYSTEM OR EQUAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,391.42	2,271.85
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROTHESES, AXIAL ROTATION UNIT	NU	Yes	0	20	07/01/2020	12/31/9999	2	461.55	438.47
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	NU	Yes	0	20	07/01/2020	12/31/9999	2	454.82	432.08

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, SYNAMIC PROTHETIC PYLON	NU	Yes	0	20	07/01/2020	12/31/9999	2	227.98	216.58
L5986	ALL LOWER EXTREMITY PROTHESES, MULTI-AXIAL ROTATION UNIT	NU	Yes	0	20	07/01/2020	12/31/9999	2	505.92	480.62
L5987	ALL LOWER EXTREMITY PROTHESES, SHANK FOOT SYSTEM WITH VERTICAL LOADING	NU	Yes	0	20	07/01/2020	12/31/9999	2	5,808.03	5,517.63
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,612.88	1,532.24
L5999	LOWER EXTREMITY PROTHESIS, NOT OTHERWWISE SPECIFIED LOWER EXTREMITY PROS	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	2	0.00	0.00
L6000	PARTIAL HAND, THUMB REMAINING	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,060.81	1,007.77
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,180.50	1,121.48
L6020	PARTIAL HAND, NO FINGER REMAINING	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,100.63	1,045.60
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,516.62	1,440.79
L6055	WRIST DISARTICULATION,MOLDED SOCKET WITH EXPANDABLE INTERFACE,FLEXIBLE E	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,113.78	2,008.09
L6100	BELOW ELBOW PROTHESIS PLASTIC DOUBLE WALL	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,536.58	1,459.75
L6110	BELOW ELBOW PROTHES- MUNSTER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,629.79	1,548.30
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,899.30	1,804.34
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,066.78	1,963.44
L6200	ELBOW DISARTICULATION PROTHESIS	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,178.06	2,069.16
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,907.36	2,761.99
L6250	ABOVE ELBOW PROTHESIS PLASTIC DOUBLE WALL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,282.10	2,168.00
L6300	SHOULDER DISARTICULATION PROTHESIS	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,974.48	2,825.76
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS-	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,568.34	2,439.92

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,403.02	1,332.87
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTIO	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,127.21	2,970.85
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROS-	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,812.43	2,671.81
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,682.86	1,598.72
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,852.57	1,759.94
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,474.98	2,351.23
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,589.34	2,459.87
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,112.43	2,956.81
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SO	NU	Yes	0	20	07/01/2020	12/31/9999	2	3,494.42	3,319.70
L6580	PREPARATORY,WRIST DISARTICULATION OR BELOW ELBOW,SINGLE WALL PLASTIC SOC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,334.10	1,267.40
L6582	PREPARATORY,WRIST DISARTICULATION OR BELOW ELBOW,SINGLE WALL SOCKET,FRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,208.34	1,147.92
L6584	PREPARATORY,ELBOW DISARTICULATION OR ABOVE ELBOW,SINGLE WALL PLASTIC SOC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,894.98	1,800.23
L6586	PREPARATORY,ELBOW DISARTICULATION OR ABOVE ELBOW,SINGLE WALL SOCKET,FRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,773.40	1,684.73
L6588	PREPARATORY,SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC,SINGLE WA	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,330.20	2,213.69
L6590	PREPARATORY,SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC,SINGLE WA	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,213.33	2,102.66
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	149.76	142.27

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	ΡΑ	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	147.87	140.48
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	142.00	134.90
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	NU	Yes	0	20	07/01/2020	12/31/9999	2	153.01	145.36
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST	NU	Yes	0	20	07/01/2020	12/31/9999	2	56.70	53.87
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	NU	Yes	0	20	07/01/2020	12/31/9999	2	244.80	232.56
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH ORWITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,846.68	1,754.35
L6623	UPPER EXTREMITY ADDITION,SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATC	NU	Yes	0	20	07/01/2020	12/31/9999	2	682.85	648.71
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	485.17	460.91
L6628	UPPER EXTREMITY ADDITION,QUICK DISCONNECT HOOK ADAPTER,OTTO BOCK OR EQUA	NU	Yes	0	20	07/01/2020	12/31/9999	2	382.46	363.34
L6629	UPPER EXTREMITY ADDITION,QUICK DISCONNECT LAMINATION COLLAR WITH COUPLIN	NU	Yes	0	20	07/01/2020	12/31/9999	2	116.81	110.97
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	NU	Yes	0	20	07/01/2020	12/31/9999	2	172.06	163.46
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	59.76	56.77
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	NU	Yes	0	20	07/01/2020	12/31/9999	2	140.62	133.59
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	NU	Yes	0	20	07/01/2020	12/31/9999	2	299.93	284.93
L6640	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT, PAIR	NU	Yes	0	20	07/01/2020	12/31/9999	2	266.46	253.14

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	128.08	121.68
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	173.61	164.93
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION- ABDUCTION	NU	Yes	0	20	07/01/2020	12/31/9999	2	320.45	304.43
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	332.70	316.07
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	NU	Yes	0	20	07/01/2020	12/31/9999	4	65.38	62.11
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	NU	Yes	0	20	07/01/2020	12/31/9999	4	73.28	69.62
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	NU	Yes	0	20	07/01/2020	12/31/9999	4	36.77	34.93
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	NU	Yes	0	20	07/01/2020	12/31/9999	2	40.66	38.63
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR	NU	Yes	0	20	07/01/2020	12/31/9999	2	161.34	153.27
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	NU	Yes	0	20	07/01/2020	12/31/9999	2	95.88	91.09
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	NU	Yes	0	20	07/01/2020	12/31/9999	2	110.83	105.29
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	NU	Yes	0	20	07/01/2020	12/31/9999	2	239.54	227.56
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULAT-	NU	Yes	0	20	07/01/2020	12/31/9999	4	185.23	175.97
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULAT-	NU	Yes	0	20	07/01/2020	12/31/9999	4	204.80	194.56
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DIS-	NU	Yes	0	20	07/01/2020	12/31/9999	4	278.30	264.39
L6686	UPPER EXTREMITY ADDITION,SUCTION SOCKET	NU	Yes	0	20	07/01/2020	12/31/9999	2	628.45	597.03
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISART	NU	Yes	0	20	07/01/2020	12/31/9999	2	460.52	437.49

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISART	NU	Yes	0	20	07/01/2020	12/31/9999	2	457.74	434.85
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET,SHOULDER DISARTICULATION	NU	Yes	0	20	07/01/2020	12/31/9999	2	548.43	521.01
L6690	UPPER EXTREMITY ADDITION,FRAME TYPE SOCKET,INTERSCAPULAR- THORACIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	597.63	567.75
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT,EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	276.60	262.77
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	2	446.48	424.16
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE UPPER EX	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,292.11	2,177.50
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	NU	Yes	0	20	07/01/2020	12/31/9999	2	567.70	539.32
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	NU	Yes	0	20	07/01/2020	12/31/9999	2	473.06	449.41
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,062.02	1,008.92
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,062.02	1,008.92

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	NU	Yes	0	20	07/01/2020	12/31/9999	2	459.09	436.14
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	NU	Yes	0	20	07/01/2020	12/31/9999	2	290.24	275.73
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	NU	Yes	0	20	07/01/2020	12/31/9999	2	467.56	444.18
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	NU	Yes	0	20	07/01/2020	12/31/9999	2	278.57	264.64
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,026.78	975.44
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	NU	Yes	0	20	07/01/2020	12/31/9999	2	671.23	637.67
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	NU	Yes	0	20	07/01/2020	12/31/9999	2	967.27	918.91
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED PEDIATRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	542.80	515.66
L6712	'TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED PEDIATRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	999.42	949.45
L6713	'TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,261.34	1,198.27
L6714	'TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,068.38	1,014.96
L6721	'TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY SIZE LINED OR UNLINED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,898.92	1,803.97
L6722	'TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY SIZE LINES OR UNLINED	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,637.00	1,555.15

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	NU	Yes	0	20	07/01/2020	12/31/9999	2	271.64	258.06
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	NU	Yes	0	20	07/01/2020	12/31/9999	2	153.97	146.27
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,266.94	1,203.59
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,880.41	1,786.39
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAP ULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,812.43	2,671.81
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NU	Yes	0	20	07/01/2020	12/31/9999	2	135.79	129.00
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	NU	Yes	0	20	07/01/2020	12/31/9999	2	499.55	474.57
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,425.60	1,354.32
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,417.50	1,346.63
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED),	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,212.10	1,151.50
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED),	NU	Yes	0	20	07/01/2020	12/31/9999	2	611.12	580.56
L6920	WRIST DISARTICULATION,EXTERNAL POWER,SELF-SUSPENDED INNER SOCKET,REMOVAB	NU	Yes	0	20	07/01/2020	12/31/9999	2	5,328.19	5,061.78

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L6925	WRIST DISARTICULATION,EXTERNAL POWER,SELF-SUSPENDED INNER SOCKET,REMOVAB	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,172.67	6,814.04
L6930	BELOW ELBOW,EXTERNAL POWER,SELF-SUSPENDED INNER SOCKET,REMOVABLE FOREARM	NU	Yes	0	20	07/01/2020	12/31/9999	2	5,361.23	5,093.17
L6935	BELOW ELBOW,EXTERNAL POWER,SELF-SUSPENDED INNER SOCKET,REMOVABLE FOREARM	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,283.98	6,919.78
L6940	ELBOW DISARTICULATION,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE HUMER	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,004.80	6,654.56
L6945	ELBOW DISARTICULATION,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE HUMER	NU	Yes	0	20	07/01/2020	12/31/9999	2	8,559.02	8,131.07
L6950	ABOVE ELBOW,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE HUMERAL SHELL	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,961.94	7,563.84
L6955	ABOVE ELBOW,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE HUMERAL SHELL	NU	Yes	0	20	07/01/2020	12/31/9999	2	9,535.51	9,058.73
L6960	SHOULDER DISARTICULATION,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	10,801.36	10,261.29
L6965	SHOULDER DISARTICULATION,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	11,520.04	10,944.04
L6970	INTERSCAPULAR- THORACIC,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE SHOU	NU	Yes	0	20	07/01/2020	12/31/9999	2	12,004.07	11,403.87
L6975	INTERSCAPULAR- THORACIC,EXTERNAL POWER,MOLDED INNER SOCKET,REMOVABLE SHOU	NU	Yes	0	20	07/01/2020	12/31/9999	2	13,128.58	12,472.15
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,250.78	2,138.24
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	NU	Yes	0	20	07/01/2020	12/31/9999	2	1,290.45	1,225.93
L7170	ELECTRONIC ELBOW. HOSMER OR EQUAL, SWITCH CONTROLLED	NU	Yes	0	20	07/01/2020	12/31/9999	2	5,941.73	5,644.64
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	NU	Yes	0	20	07/01/2020	12/31/9999	2	26,080.87	24,776.83

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLE	NU	Yes	0	20	07/01/2020	12/31/9999	2	5,867.54	5,574.16
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,062.14	6,709.03
L7190	ELECTRONIC ELBOW, ADOLESCENT,VARIETY VILLAGE OR EQUAL, MYOELECTRONICALL	NU	Yes	0	20	07/01/2020	12/31/9999	2	6,162.91	5,854.76
L7191	ELECTRONIC ELBOW,CHILD,VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTR	NU	Yes	0	20	07/01/2020	12/31/9999	2	7,379.52	7,010.54
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,551.57	2,423.99
L7360	SIX VOLT BATTERY, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	190.50	180.98
L7362	BATTERY CHARGER, SIX VOLT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	200.03	190.03
L7364	TWELVE VOLT BATTERY, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	318.14	302.23
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	1	428.54	407.11
L7400	DDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NU	Yes	0	20	07/01/2020	12/31/9999	2	247.46	235.09
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NU	Yes	0	20	07/01/2020	12/31/9999	2	277.03	263.18
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAP ULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NU	Yes	0	20	07/01/2020	12/31/9999	2	299.14	284.18
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	297.34	282.47
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	448.73	426.29

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAP ULAR THORACIC, ACRYLIC MATERIAL	NU	Yes	0	20	07/01/2020	12/31/9999	2	586.89	557.55
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED UPPER EXTREMITY PROS	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	2	0.00	0.00
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	NU	Yes - Priced by PA	0	20	01/01/2006	12/31/9999	1	0.00	0.00
L8000	BREAST PROSTHESES, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESES FORM, ANY SIZE, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	6	35.11	33.35
L8010	BREAST PROSTHESIS, MASTECOMY SLEEVE	NU	Yes	0	20	05/01/1999	12/31/9999	2	37.52	35.64
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOM	NU	Yes	0	20	07/01/2020	12/31/9999	4	48.39	45.97
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	NU	Yes	0	20	07/01/2020	12/31/9999	4	182.02	172.92
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	NU	Yes	0	20	07/01/2020	12/31/9999	2	263.28	250.12
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	NU	Yes	0	20	07/01/2020	12/31/9999	2	2,957.91	2,810.01
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	2	0.00	0.00
L8300	TRUSS, SINGLE WITH STANDARD PAD	NU	Yes	0	20	07/01/2020	12/31/9999	1	77.76	73.87
L8310	TRUSS, DOUBLE WITH STANDARD PADS	NU	Yes	0	20	07/01/2020	12/31/9999	1	119.56	113.58
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	NU	Yes	0	20	07/01/2020	12/31/9999	2	52.22	49.61
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	NU	Yes	0	20	07/01/2020	12/31/9999	2	51.76	49.17
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	12	15.14	14.38
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	12	17.22	16.36
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	6	17.11	16.25
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABO	NU	Yes	0	20	07/01/2020	12/31/9999	12	60.71	57.67
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH PROSTHETIC SOCK, MULTIPL	NU	Yes	0	20	07/01/2020	12/31/9999	24	20.01	19.01

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH PROSTHETIC SOCK, MULTIPL	NU	Yes	0	20	07/01/2020	12/31/9999	24	22.00	20.90
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH PROSTHETIC SOCK, MULTIP	NU	Yes	0	20	07/01/2020	12/31/9999	12	19.74	18.75
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	41.86	39.77
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	58.26	55.35
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	NU	Yes	0	20	07/01/2020	12/31/9999	4	51.93	49.33
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH PROSTHETIC SOCK,	NU	Yes	0	20	07/01/2020	12/31/9999	24	5.33	5.06
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH PROSTHETIC SOCK,	NU	Yes	0	20	07/01/2020	12/31/9999	24	7.35	6.98
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH PROSTHETIC SOCK,	NU	Yes	0	20	07/01/2020	12/31/9999	12	8.88	8.44
L8500	ARTIFICIAL LARYNX, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	1	526.90	500.56
L8501	TRACHEOSTOMY SPEAKING VALVE	NU	Yes	0	20	07/01/2020	12/31/9999	2	117.02	111.17
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	364.14	345.93
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	84.82	80.58
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	74.10	70.40
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	21.17	20.11
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	6,556.62	6,228.79
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	UE	Yes	0	999	07/01/2020	12/31/9999	2	3,278.31	3,114.39
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	300	0.50	0.48
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	1	0.26	0.25

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	4	52.22	49.61
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOOR, EAR LEVEL, REPLACEMENT, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	4	130.18	123.67
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH	NU	Yes	0	999	07/01/2020	12/31/9999	1	152.49	144.87
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	5,557.84	5,279.95
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	998.80	948.86
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NU	Yes	0	999	07/01/2020	12/31/9999	2	144.56	137.33
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	NU	Yes	0	20	07/01/2020	12/31/9999	1	6,736.76	6,399.92
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	NU	Yes	5	999	07/01/2020	12/31/9999	1	1,390.42	1,320.90
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	NU	Yes	0	999	04/01/2020	12/31/9999	2	3,155.65	2,997.87
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	NU	Yes	5	999	07/01/2020	12/31/9999	1	1,224.24	1,163.03
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	NU	Yes	5	999	07/01/2020	12/31/9999	1	762.48	724.36
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF A	NU	Yes - Priced by PA	0	20	05/01/2004	12/31/9999	1	0.00	0.00

Print Date: September 14, 2020



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.\*\*

Code	Description	Modifier	РА	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	NU	Yes	0	999	07/01/2020	12/31/9999	1	1,210.44	1,149.92
S8185	FLUTTER DEVICE	NU	Yes - Priced by PA	0	20	05/01/2006	12/31/9999	1	0.00	0.00