Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

COVER SHEET

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

Additional References:

- 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	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
4	Min Age	• This column is the covered minimum age for the service.
5	Max Age	• This column is the covered maximum age for the service.
6	Begin Date	• This column represents the begin date of which the fee in columns I and J became effective.
7	End Date	• This column represents the end date of which the fee in columns I and J became effective.
8	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
9	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit of the drug. • MP - Mannually Priced, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedules to determine appropriate payment. • NC - Non Covered Service
10	Fee Reduced	• 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 each unit of the drug. • MP - Manually Priced, the provider must request prior authorization or submit a By Report claim, as identified on the fee schedules to determine appropriate payment. • NC - Non Covered Service.

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A9500	Tc99m sestamibi	No	18	999	04/01/2018	12/31/9999	3	354.00	336.30
A9501	Technetium tc-99m teboroxime	No	0	999	01/01/2008	12/31/9999	1	MP	MP
A9502	Tc99m tetrofosmin	No	18	999	07/01/2020	12/31/9999	3	97.46	92.59
A9503	Tc99m medronate	No	18	999	04/01/2018	12/31/9999	1	30.00	28.50
A9504	Tc99m apcitide	No	0	999	07/01/2014	12/31/9999	1	NC	NC
A9505	Tl201 thallium	No	18	999	04/01/2018	12/31/9999	4	147.84	140.45
A9507	In111 capromab	No	18	999	04/01/2018	12/31/9999	1	879.20	835.24
A9508	I131 iodobenguate, dx	No	0	999	07/01/2014	12/31/9999	1	NC	NC
A9509	Iodine i-123 sod iodide mil	No	0	999	07/01/2014	12/31/9999	273	NC	NC
A9510	Tc99m disofenin	No	18	999	04/01/2018	12/31/9999	1	84.00	79.80
A9512	Tc99m pertechnetate	No	0	999	07/01/2020	12/31/9999	30	1.12	1.06
A9513	Lutetium lu 177 dotatat ther	No	18	999	07/01/2020	12/31/9999	200	259.17	246.21
A9515	Choline c-11	No	18	999	01/01/2017	12/31/9999	1	5,700.00	5,415.00
A9516	Iodine i-123 sod iodide mic	No	18	999	01/01/2015	12/31/9999	4	242.54	230.41
A9517	I131 iodide cap, rx	No	0	999	07/01/2020	12/31/9999	200	20.69	19.66
A9520	Tc99 tilmanocept diag 0.5mci	No	18	999	04/01/2018	12/31/9999	1	563.76	535.57
A9521	Tc99m exametazime	No	18	999	07/01/2020	12/31/9999	2	1,747.16	1,659.80
A9524	I131 serum albumin, dx	No	18	999	07/01/2020	12/31/9999	10	65.00	61.75
A9526	Nitrogen n-13 ammonia	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9527	Iodine i-125 sodium iodide	No	0	999	07/01/2020	12/31/9999	195	31.27	29.71
A9528	Iodine i-131 iodide cap, dx	No	18	999	07/01/2020	12/31/9999	10	42.87	40.73
A9529	I131 iodide sol, dx	No	0	999	07/01/2020	12/31/9999	10	10.28	9.77
A9530	I131 iodide sol, rx	No	0	999	07/01/2020	12/31/9999	200	13.36	12.69
A9531	I131 max 100uci	No	0	999	07/01/2020	12/31/9999	100	154.28	146.57
A9532	I125 serum albumin, dx	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9536	Tc99m depreotide	No	0	999	07/01/2014	12/31/9999	1	NC	NC
A9537	Tc99m mebrofenin	No	0	999	07/01/2020	12/31/9999	1	8.05	7.65
A9538	Tc99m pyrophosphate	No	0	999	07/01/2020	12/31/9999	1	12.00	11.40
A9539	Tc99m pentetate	No	0	999	07/01/2014	12/31/9999	2	NC	NC
A9540	Tc99m maa	No	0	999	07/01/2014	12/31/9999	1	NC	NC
A9541	Tc99m sulfur colloid	No	0	999	04/01/2018	12/31/9999	1	390.00	370.50
A9542	In111 ibritumomab, dx	No	0	999	04/01/2008	12/31/9999	1	2,769.63	2,631.15
A9543	Y90 ibritumomab, rx	No	0	999	04/01/2020	12/31/9999	1	55,837.95	53,046.05
A9546	Co57/58	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9547	In111 oxyquinoline	No	0	999	07/01/2020	12/31/9999	2	1,788.13	1,698.72
A9548	In111 pentetate	No	18	999	07/01/2020	12/31/9999	2	619.79	588.80
A9550	Tc99m gluceptate	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9551	Tc99m succimer	No	0	999	07/01/2020	12/31/9999	1	599.42	569.45
A9552	F18 fdg	No	0	999	01/01/2015	12/31/9999	1	197.76	187.87
A9553	Cr51 chromate	No	0	999	07/01/2014	12/31/9999	1	NC	NC
A9554	I125 iothalamate, dx	No	0	999	01/01/2015	12/31/9999	1	1,050.00	997.50
A9555	Rb82 rubidium	No	0	999	01/01/2016	12/31/9999	2	500.00	475.00
A9556	Ga67 gallium	No	18	999	07/01/2020	12/31/9999	10	120.13	114.12
A9557	Tc99m bicisate	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9558	Xe133 xenon 10mci	No	18	999	07/01/2020	12/31/9999	7	209.71	199.22
A9559	Co57 cyano	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9560	Tc99m labeled rbc	No	18	999	07/01/2020	12/31/9999	2	112.08	106.48
A9561	Tc99m oxidronate	No	18	999	07/01/2012	12/31/9999	1	50.16	47.65
A9562	Tc99m mertiatide	No	0	999	07/01/2020	12/31/9999	2	619.20	588.24
A9563	P32 na phosphate	No	0	999	07/01/2020	12/31/9999	10	449.31	426.84
A9564	P32 chromic phosphate	No	0	999	07/01/2020	12/31/9999	20	71.14	67.58
A9566	Tc99m fanolesomab	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9567	Technetium tc-99m aerosol	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9568	Technetium tc99m arcitumomab	No	0	999	07/01/2020	12/31/9999	1	1,196.00	1,136.20
A9569	Technetium tc-99m auto wbc	No	0	999	04/01/2018	12/31/9999	1	8,735.82	8,299.03
A9570	Indium in-111 auto wbc	No	0	999	01/01/2008	12/31/9999	1	MP	MP
A9571	Indium in-111 auto platelet	No	0	999	01/01/2015	12/31/9999	1	4,291.50	4,076.93

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A9572	Indium in-111 pentetreotide	No	0	999	07/01/2020	12/31/9999	1	5,998.00	5,698.10
A9575	Inj gadoterate meglumi 0.1ml	No	2	999	07/01/2020	12/31/9999	300	0.18	0.17
A9576	Inj prohance multipack	No	0	999	07/01/2020	12/31/9999	40	1.42	1.35
A9577	Inj multihance	No	0	999	07/01/2020	12/31/9999	50	1.89	1.80
A9578	Inj multihance multipack	No	0	999	07/01/2020	12/31/9999	50	1.86	1.77
A9579	Gad-base mr contrast nos,1ml	No	0	999	07/01/2020	12/31/9999	100	1.55	1.47
A9580	Sodium fluoride f-18	No	0	999	01/01/2009	12/31/9999	20	MP	MP
A9581	Gadoxetate disodium inj	No	0	999	07/01/2020	12/31/9999	20	14.74	14.00
A9582	Iodine i-123 iobenguane	No	0	999	07/01/2020	12/31/9999	1	5,904.03	5,608.83
A9583	Gadofosveset trisodium inj	No	0	999	07/01/2020	12/31/9999	18	18.56	17.63
A9584	Iodine i-123 ioflupane	No	21	999	07/01/2020	12/31/9999	1	2,468.00	2,344.60
A9585	Gadobutrol injection	No	2	999	07/01/2020	12/31/9999	300	0.38	0.36
A9586	Florbetapir f18	No	18	999	01/01/2013	12/31/9999	999	NC	NC
A9587	Gallium ga-68	No	0	999	07/01/2020	12/31/9999	54	64.75	61.51
A9588	Fluciclovine f-18	No	18	999	07/01/2020	12/31/9999	10	400.50	380.48
A9589	Insti hexaminolevulinate hcl	No	0	999	01/01/2019	12/31/9999	1	NC	NC
A9590	Iodine i-131 iobenguane 1mci	No	12	999	03/01/2020	12/31/9999	500	302.00	286.90
A9597	Pet, dx, for tumor id, noc	No	0	999	01/01/2017	12/31/9999	1	NC	NC
A9598	Pet dx for non-tumor id, noc	No	0	999	01/01/2017	12/31/9999	1	NC	NC
A9600	Sr89 strontium	Yes	0	999	07/01/2020	12/31/9999	7	2,045.70	1,943.42
A9604	Sm 153 lexidronam	No	0	999	07/01/2020	12/31/9999	1	16,037.77	15,235.88
A9606	Radium ra223 dichloride ther	No	18	999	07/01/2020	12/31/9999	224	140.50	133.48
A9698	Non-rad contrast materialnoc	No	0	999	06/01/2007	12/31/9999	1	MP	MP
A9699	Radiopharm rx agent noc	Yes	0	999	06/01/2007	12/31/9999	1	MP	MP
A9700	Echocardiography contrast	Yes	0	999	06/01/2007	12/31/9999	1	MP	MP
C9046	Cocaine hcl nasal solution	No	0	999	07/01/2020	12/31/9999	160	1.21	1.15
C9047	Injection, caplacizumab-yhdp	No	18	999	07/01/2019	12/31/9999	22	NC	NC
C9060	Fluoroestradiol f18	No	18	999	10/01/2020	12/31/9999	6	NC	NC
C9062	Daratumumab hyaluronidase	No	18	999	10/01/2020	12/31/9999	255	43.34	41.17
C9064	Mitomycin pyelocalyceal inst	No	18	999	10/01/2020	12/31/9999	60	275.22	261.46
C9065	Romidepsin non-lyophilized	No	18	999	10/01/2020	12/31/9999	38	329.46	312.99
C9066	Sacituzumab govitecan-hziy	No	18	999	10/01/2020	12/31/9999	159	28.79	27.35
C9067	Gallium ga-68 dotatoc	No	0	999	10/01/2020	12/31/9999	540	NC	NC
C9113	Inj pantoprazole sodium, via	No	0	999	01/01/2002	12/31/9999	1	NC	NC
C9122	Mometasone furoate (sinuva)	No	18	999	07/01/2020	12/31/9999	1	10.19	9.68
C9132	Kcentra, per i.u.	No	0	999	10/01/2013	12/31/9999	1	NC	NC
C9248	Inj, clevidipine butyrate	No	0	999	01/01/2009	12/31/9999	1	NC	NC
C9250	Artiss fibrin sealant	No	0	999	07/01/2009	12/31/9999	1	NC	NC
C9254	Injection, lacosamide	No	0	999	01/01/2010	12/31/9999	1	NC	NC
C9257	Bevacizumab injection	No	0	999	01/01/2010	12/31/9999	1	NC	NC
C9285	Patch, lidocaine/tetracaine	No	0	999	07/01/2011	12/31/9999	1	NC	NC
C9290	Inj, bupivacaine liposome	No	0	999	04/01/2012	12/31/9999	1	NC	NC
C9293	Injection, glucarpidase	No	0	999	01/01/2013	12/31/9999	999	NC	NC
C9460	Injection, cangrelor	No	18	999	01/01/2016	12/31/9999	1	NC	NC
C9462	Injection, delafloxacin	No	18	999	07/01/2020	12/31/9999	600	0.49	0.47
C9482	Sotalol hydrochloride iv	No	2	999	10/01/2016	12/31/9999	1	NC	NC
C9488	Conivaptan hcl	No	18	999	04/01/2017	12/31/9999	40	NC	NC
J0120	Tetracyclin injection	No	8	999	07/01/2020	12/31/9999	1	7.98	7.58
J0121	Inj., omadacycline, 1 mg	No	18	999	10/01/2019	12/31/9999	1	NC	NC
J0122	Inj., eravacycline, 1 mg	No	18	999	07/01/2020	12/31/9999	300	1.02	0.97
J0129	Abatacept injection	No	0	999	04/01/2020	12/31/9999	100	55.08	52.33
J0130	Abciximab injection	No	0	999	07/01/2020	12/31/9999	4	1,348.18	1,280.77
J0131	Acetaminophen injection	No	2	999	07/01/2020	12/31/9999	400	0.47	0.45
J0132	Acetylcysteine injection	No	0	999	07/01/2020	12/31/9999	12	1.11	1.05
J0133	Acyclovir injection	No	0	999	07/01/2020	12/31/9999	1200	0.07	0.07
J0135	Adalimumab injection	No	0	999	04/01/2020	12/31/9999	8	1,472.60	1,398.97
J0153	Adenosine inj 1mg	No	0	999	07/01/2020	12/31/9999	180	0.62	0.59

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J0171	Adrenalin epinephrine inject	No	0	999	07/01/2020	12/31/9999	20	0.84	0.80
J0178	Aflibercept injection	No	19	999	04/01/2020	12/31/9999	4	938.44	891.52
J0179	Inj, brolucizumab-dbll, 1 mg	No	18	999	03/01/2020	12/31/9999	6	317.58	301.70
J0180	Agalsidase beta injection	No	0	999	07/01/2020	12/31/9999	140	183.78	174.59
J0185	Inj., aprepitant, 1 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J0190	Inj biperiden lactate/5 mg	No	18	999	07/01/2014	12/31/9999	4	NC	NC
J0200	Alatrofloxacin mesylate	No	0	999	01/01/2014	12/31/9999	3	NC	NC
J0202	Injection, alemtuzumab	No	18	999	07/01/2020	12/31/9999	12	1,949.60	1,852.12
J0205	Alglucerase injection	No	0	999	07/01/2014	12/31/9999	954	NC	NC
J0207	Amifostine	No	0	999	04/01/2020	12/31/9999	4	980.14	931.13
J0210	Methyldopate hcl injection	No	0	999	07/01/2020	12/31/9999	4	40.00	38.00
J0215	Alefacept	No	0	999	10/01/2015	12/31/9999	30	41.64	39.56
J0220	Alglucosidase alfa injection	No	0	999	07/01/2020	12/31/9999	1	73.81	70.12
J0221	Lumizyme injection	No	8	999	07/01/2020	12/31/9999	250	171.21	162.65
J0222	Inj., patisiran, 0.1 mg	No	18	999	04/01/2020	12/31/9999	300	98.21	93.30
J0223	Inj givosiran 0.5 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J0256	Alpha 1 proteinase inhibitor	No	0	999	07/01/2020	12/31/9999	1600	4.43	4.21
J0257	Glassia injection	No	21	999	07/01/2020	12/31/9999	1400	4.90	4.66
J0270	Alprostadil for injection	No	0	999	01/01/1997	12/31/9999	2	NC	NC
J0275	Alprostadil urethral suppos	No	0	999	01/01/1999	12/31/9999	2	NC	NC
J0278	Amikacin sulfate injection	No	0	999	04/01/2020	12/31/9999	15	1.08	1.03
J0280	Aminophyllin 250 mg inj	No	0	999	07/01/2020	12/31/9999	7	7.11	6.75
J0282	Amiodarone hcl	No	0	999	01/01/2001	12/31/9999	34	NC	NC
J0285	Amphotericin b	No	0	999	07/01/2020	12/31/9999	5	38.56	36.63
J0287	Amphotericin b lipid complex	No	0	999	07/01/2020	12/31/9999	50	9.20	8.74
J0288	Ampho b cholesteryl sulfate	No	0	999	01/01/2014	12/31/9999	96	14.00	13.30
J0289	Amphotericin b liposome inj	No	0	999	07/01/2020	12/31/9999	50	27.23	25.87
J0290	Ampicillin 500 mg inj	No	0	999	07/01/2020	12/31/9999	24	1.05	1.00
J0291	Inj., plazomicin, 5 mg	No	18	999	04/01/2020	12/31/9999	500	3.19	3.03
J0295	Ampicillin sulbactam 1.5 gm	No	0	999	07/01/2020	12/31/9999	12	3.58	3.40
J0300	Amobarbital 125 mg inj	No	6	999	01/01/2015	12/31/9999	4	NC	NC
J0330	Succinycholine chloride inj	No	0	999	07/01/2020	12/31/9999	10	1.92	1.82
J0348	Anidulafungin injection	No	0	999	01/01/2020	12/31/9999	200	0.52	0.49
J0350	Injection anistreplase 30 u	No	0	999	01/01/2014	12/31/9999	4	2,268.46	2,155.04
J0360	Hydralazine hcl injection	No	0	999	07/01/2020	12/31/9999	2	3.77	3.58
J0364	Apomorphine hydrochloride	No	0	999	07/01/2020	12/31/9999	6	36.67	34.84
J0365	Aprotonin, 10,000 kiu	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J0380	Inj metaraminol bitartrate	No	18	999	07/01/2014	12/31/9999	10	NC	NC
J0390	Chloroquine injection	No	0	999	01/01/2014	12/31/9999	3	17.27	16.41
J0395	Arbutamine hcl injection	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J0400	Aripiprazole injection	No	18	999	07/01/2020	12/31/9999	39	0.76	0.72
J0401	Inj aripiprazole ext rel 1mg	No	6	999	04/01/2020	12/31/9999	400	5.69	5.41
J0456	Azithromycin	No	0	999	07/01/2020	12/31/9999	4	3.11	2.95
J0461	Atropine sulfate injection	No	0	999	07/01/2020	12/31/9999	200	0.06	0.06
J0470	Dimecaprol injection	No	0	999	07/01/2020	12/31/9999	2	59.81	56.82
J0475	Baclofen 10 mg injection	No	0	999	07/01/2020	12/31/9999	8	177.65	168.77
J0476	Baclofen intrathecal trial	No	0	999	07/01/2020	12/31/9999	2	49.12	46.66
J0480	Basiliximab	No	0	999	04/01/2020	12/31/9999	1	3,805.54	3,615.26
J0485	Belatacept injection	No	18	999	07/01/2020	12/31/9999	1500	3.78	3.59
J0490	Belimumab injection	No	0	999	07/01/2020	12/31/9999	160	45.50	43.23
J0500	Dicyclomine injection	No	0	999	07/01/2020	12/31/9999	4	45.43	43.16
J0515	Inj benztropine mesylate	No	0	999	07/01/2020	12/31/9999	3	17.26	16.40
J0517	Inj., benralizumab, 1 mg	No	12	999	01/01/2019	12/31/9999	1	NC	NC
J0520	Bethanechol chloride inject	No	18	999	01/01/2015	12/31/9999	2	4.49	4.27
J0558	Peng benzathine/procaine inj	No	0	999	04/01/2020	12/31/9999	24	10.81	10.27
J0561	Penicillin g benzathine inj	No	0	999	04/01/2020	12/31/9999	24	13.83	13.14
J0565	Inj, bezlotoxumab, 10 mg	No	18	999	07/01/2020	12/31/9999	200	39.76	37.77

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J0567	Inj., cerliponase alfa 1 mg	No	3	999	01/01/2019	12/31/9999	1	NC	NC
J0570	Buprenorphine implant 74.2mg	No	16	999	04/01/2020	12/31/9999	4	1,233.14	1,171.48
J0571	Buprenorphine oral 1mg	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J0572	Bupren/nal up to 3mg bupreno	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J0573	Bupren/nal 3.1 to 6mg bupren	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J0574	Bupren/nal 6.1 to 10mg bupre	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J0575	Bupren/nal over 10mg bupreno	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J0583	Bivalirudin	No	0	999	01/01/2004	12/31/9999	5	NC	NC
J0584	Injection, burosumab-twza 1m	No	0	999	04/01/2020	12/31/9999	90	353.38	335.71
J0585	Injection,onabotulinumtoxina	No	2	999	07/01/2020	12/31/9999	600	6.11	5.80
J0586	Abobotulinumtoxina	No	2	999	01/01/2020	12/31/9999	300	8.40	7.98
J0587	Inj, rimabotulinumtoxinb	No	18	999	07/01/2020	12/31/9999	300	11.99	11.39
J0588	Incobotulinumtoxin a	No	18	999	07/01/2020	12/31/9999	600	5.03	4.78
J0591	Inj deoxycholic acid, 1 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J0592	Buprenorphine hydrochloride	No	0	999	01/01/2020	12/31/9999	6	4.75	4.51
J0593	Inj., lanadelumab-flyo, 1 mg	No	12	999	04/01/2020	12/31/9999	300	76.29	72.48
J0594	Busulfan injection	No	0	999	07/01/2020	12/31/9999	320	4.37	4.15
J0595	Butorphanol tartrate 1 mg	No	0	999	07/01/2020	12/31/9999	8	2.53	2.40
J0596	Injection, ruconest	No	13	999	01/01/2016	12/31/9999	1	NC	NC
J0597	C-1 esterase, berinert	No	0	999	07/01/2020	12/31/9999	250	51.27	48.71
J0598	C-1 esterase, cinryze	No	0	999	04/01/2020	12/31/9999	100	56.13	53.32
J0599	Inj., haegarda 10 units	No	13	999	01/01/2019	12/31/9999	1	NC	NC
J0600	Edetate calcium disodium inj	No	0	999	07/01/2020	12/31/9999	3	5,594.42	5,314.70
J0604	Cinacalcet, esrd on dialysis	No	18	999	07/01/2020	12/31/9999	360	0.76	0.72
J0606	Inj, etelcalcetide, 0.1 mg	No	18	999	01/01/2018	12/31/9999	2	NC	NC
J0610	Calcium gluconate injection	No	0	999	07/01/2020	12/31/9999	15	4.22	4.01
J0620	Calcium glycer & lact/10 ml	No	0	999	07/01/2020	12/31/9999	1	8.96	8.51
J0630	Calcitonin salmon injection	No	0	999	07/01/2020	12/31/9999	1	2,653.46	2,520.79
J0636	Inj calcitriol per 0.1 mcg	No	0	999	07/01/2020	12/31/9999	100	0.77	0.73
J0637	Caspofungin acetate	No	0	999	07/01/2020	12/31/9999	20	6.54	6.21
J0638	Canakinumab injection	No	4	999	01/01/2020	12/31/9999	150	111.00	105.45
J0640	Leucovorin calcium injection	No	0	999	07/01/2020	12/31/9999	24	3.04	2.89
J0641	Inj levoleucovorin nos 0.5mg	No	6	999	07/01/2020	12/31/9999	1200	0.12	0.11
J0642	Injection, khapzory, 0.5 mg	No	0	999	10/01/2019	12/31/9999	1	NC	NC
J0670	Inj mepivacaine hcl/10 ml	No	0	999	07/01/2020	12/31/9999	10	2.72	2.58
J0690	Cefazolin sodium injection	No	0	999	07/01/2020	12/31/9999	12	0.82	0.78
J0691	Inj lefamulin 1 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J0692	Cefepime hcl for injection	No	0	999	07/01/2020	12/31/9999	12	1.82	1.73
J0694	Cefoxitin sodium injection	No	0	999	04/01/2020	12/31/9999	8	7.34	6.97
J0695	Inj ceftolozane tazobactam	No	18	999	01/01/2016	12/31/9999	20	NC	NC
J0696	Ceftriaxone sodium injection	No	0	999	04/01/2020	12/31/9999	16	0.53	0.50
J0697	Sterile cefuroxime injection	No	0	999	07/01/2020	12/31/9999	4	2.13	2.02
J0698	Cefotaxime sodium injection	No	0	999	07/01/2020	12/31/9999	10	2.33	2.21
J0702	Betamethasone acet&sod phosp	No	0	999	07/01/2020	12/31/9999	18	7.32	6.95
J0706	Caffeine citrate injection	No	0	999	01/01/2002	12/31/9999	32	NC	NC
J0710	Cephapirin sodium injection	No	0	999	01/01/2014	12/31/9999	12	3.07	2.92
J0712	Ceftaroline fosamil inj	No	0	999	01/01/2020	12/31/9999	120	3.18	3.02
J0713	Inj ceftazidime per 500 mg	No	0	999	04/01/2020	12/31/9999	12	1.98	1.88
J0714	Ceftazidime and avibactam	No	18	999	07/01/2020	12/31/9999	4	92.05	87.45
J0715	Ceftizoxime sodium / 500 mg	No	0	999	01/01/2014	12/31/9999	24	5.24	4.98
J0716	Centruroides immune f(ab)	No	0	999	07/01/2020	12/31/9999	4	4,822.43	4,581.31
J0717	Certolizumab pegol inj 1mg	No	18	999	04/01/2020	12/31/9999	400	7.99	7.59
J0720	Chloramphenicol sodium injec	No	0	999	07/01/2020	12/31/9999	15	31.89	30.30
J0725	Chorionic gonadotropin/1000u	No	3	20	04/01/2020	12/31/9999	10	21.25	20.19
J0735	Clonidine hydrochloride	No	0	999	07/01/2020	12/31/9999	50	13.03	12.38
J0740	Cidofovir injection	No	0	999	04/01/2020	12/31/9999	2	611.07	580.52
J0742	Inj imip 4 cilas 4 releb 2mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J0743	Cilastatin sodium injection	No	0	999	04/01/2020	12/31/9999	16	6.04	5.74
J0744	Ciprofloxacin iv	No	0	999	01/01/2002	12/31/9999	6	NC	NC
J0745	Inj codeine phosphate /30 mg	No	0	999	07/01/2020	12/31/9999	2	1.36	1.29
J0770	Colistimethate sodium inj	No	0	999	07/01/2020	12/31/9999	5	18.16	17.25
J0775	Collagenase, clost hist inj	No	18	999	07/01/2020	12/31/9999	180	50.40	47.88
J0780	Prochlorperazine injection	No	2	999	04/01/2020	12/31/9999	4	7.67	7.29
J0791	Inj crizanlizumab-tmca 5mg	No	0	999	07/01/2020	12/31/9999	159	122.44	116.32
J0795	Corticorelin ovine triflutal	No	0	999	07/01/2020	12/31/9999	100	9.36	8.89
J0800	Corticotropin injection	No	0	999	07/01/2020	12/31/9999	3	3,913.09	3,717.44
J0834	Inj., cosyntropin, 0.25 mg	No	0	999	04/01/2020	12/31/9999	3	41.17	39.11
J0840	Crotalidae poly immune fab	No	0	999	07/01/2020	12/31/9999	6	3,174.64	3,015.91
J0841	Inj crotalidae im f(ab')2 eq	No	0	999	07/01/2020	12/31/9999	20	1,260.96	1,197.91
J0850	Cytomegalovirus imm iv /vial	No	0	999	07/01/2020	12/31/9999	9	1,334.81	1,268.07
J0875	Injection, dalbavancin	No	18	999	04/01/2020	12/31/9999	300	15.02	14.27
J0878	Daptomycin injection	No	0	999	07/01/2020	12/31/9999	1500	0.20	0.19
J0881	Darbepoetin alfa, non-esrd	No	0	999	04/01/2020	12/31/9999	500	3.67	3.49
J0882	Darbepoetin alfa, esrd use	No	0	999	07/01/2020	12/31/9999	300	3.67	3.49
J0883	Argatroban nonesrd use 1mg	No	18	999	07/01/2020	12/31/9999	1125	1.41	1.34
J0884	Argatroban esrd dialysis 1mg	No	18	999	07/01/2020	12/31/9999	1125	1.41	1.34
J0885	Epoetin alfa, non-esrd	No	0	999	07/01/2020	12/31/9999	60	10.02	9.52
J0887	Epoetin beta esrd use	No	0	999	07/01/2020	12/31/9999	360	1.85	1.76
J0888	Epoetin beta non esrd	No	0	999	07/01/2020	12/31/9999	360	1.85	1.76
J0890	Peginesatide injection	No	18	999	01/01/2014	12/31/9999	60	NC	NC
J0894	Decitabine injection	No	0	999	07/01/2020	12/31/9999	100	4.47	4.25
J0895	Deferoxamine mesylate inj	No	0	999	04/01/2020	12/31/9999	12	8.28	7.87
J0896	Inj luspatercept-aamt 0.25mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J0897	Denosumab injection	No	18	999	04/01/2020	12/31/9999	120	19.34	18.37
J0945	Brompheniramine maleate inj	No	2	999	04/01/2018	12/31/9999	4	0.19	0.18
J1000	Depo-estradiol cypionate inj	No	0	999	07/01/2020	12/31/9999	1	21.82	20.73
J1020	Methylprednisolone 20 mg inj	No	0	999	04/01/2020	12/31/9999	8	3.44	3.27
J1030	Methylprednisolone 40 mg inj	No	0	999	07/01/2020	12/31/9999	8	6.05	5.75
J1040	Methylprednisolone 80 mg inj	No	0	999	07/01/2020	12/31/9999	4	11.63	11.05
J1050	Medroxyprogesterone acetate	No	0	999	07/01/2020	12/31/9999	1000	0.56	0.53
J1071	Inj testosterone cypionate	No	12	999	01/01/2020	12/31/9999	400	0.03	0.03
J1094	Inj dexamethasone acetate	No	0	999	04/01/2018	12/31/9999	954	0.12	0.11
J1096	Dexametha opth insert 0.1 mg	No	18	999	07/01/2020	12/31/9999	4	139.16	132.20
J1097	Phenylep ketorolac opth soln	No	18	999	10/01/2019	12/31/9999	1	NC	NC
J1100	Dexamethasone sodium phos	No	0	999	07/01/2020	12/31/9999	120	0.14	0.13
J1110	Inj dihydroergotamine mesylt	No	0	999	04/01/2020	12/31/9999	3	63.93	60.73
J1120	Acetazolamid sodium injectio	No	0	999	04/01/2020	12/31/9999	2	14.60	13.87
J1130	Inj diclofenac sodium 0.5mg	No	18	999	07/01/2020	12/31/9999	300	0.21	0.20
J1160	Digoxin injection	No	0	999	07/01/2020	12/31/9999	2	4.74	4.50
J1162	Digoxin immune fab (ovine)	No	0	999	07/01/2020	12/31/9999	1	3,969.58	3,771.10
J1165	Phenytoin sodium injection	No	0	999	07/01/2020	12/31/9999	50	0.83	0.79
J1170	Hydromorphone injection	No	0	999	07/01/2020	12/31/9999	350	3.26	3.10
J1180	Dyphylline injection	No	0	999	01/01/2014	12/31/9999	1	NC	NC
J1190	Dexrazoxane hcl injection	No	0	999	04/01/2020	12/31/9999	8	194.32	184.60
J1200	Diphenhydramine hcl injectio	No	0	999	04/01/2020	12/31/9999	8	0.84	0.80
J1201	Inj. cetirizine hcl 0.5mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J1205	Chlorothiazide sodium inj	No	0	999	04/01/2020	12/31/9999	4	59.76	56.77
J1212	Dimethyl sulfoxide 50% 50 ml	No	0	999	04/01/2020	12/31/9999	1	622.91	591.76
J1230	Methadone injection	No	0	999	07/01/2020	12/31/9999	3	17.42	16.55
J1240	Dimenhydrinate injection	No	0	999	07/01/2020	12/31/9999	6	6.52	6.19
J1245	Dipyridamole injection	No	0	999	04/01/2020	12/31/9999	6	2.36	2.24
J1250	Inj dobutamine hcl/250 mg	No	0	999	07/01/2020	12/31/9999	2	5.72	5.43
J1260	Dolasetron mesylate	No	0	999	04/01/2018	12/31/9999	2	7.04	6.69
J1265	Dopamine injection	No	0	999	01/01/2006	12/31/9999	115	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J1267	Doripenem injection	No	0	999	04/01/2020	12/31/9999	150	0.88	0.84
J1270	Injection, doxercalciferol	No	0	999	07/01/2020	12/31/9999	8	0.28	0.27
J1290	Ecallantide injection	No	12	999	07/01/2020	12/31/9999	30	496.26	471.45
J1300	Eculizumab injection	No	0	999	04/01/2018	12/31/9999	120	230.48	218.96
J1301	Injection, edaravone, 1 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J1303	Inj., ravulizumab-cwvz 10 mg	No	18	999	10/01/2019	12/31/9999	1	NC	NC
J1320	Amitriptyline injection	No	12	999	01/01/2014	12/31/9999	15	2.24	2.13
J1322	Elosulfase alfa, injection	No	5	999	07/01/2020	12/31/9999	150	241.42	229.35
J1324	Enfuvirtide injection	No	0	999	07/01/2020	12/31/9999	108	0.66	0.63
J1325	Epoprostenol injection	No	0	999	07/01/2020	12/31/9999	1	16.18	15.37
J1327	Eptifibatide injection	No	0	999	07/01/2020	12/31/9999	1	3.12	2.96
J1330	Ergonovine maleate injection	No	0	999	07/01/2020	12/31/9999	1	91.15	86.59
J1335	Ertapenem injection	No	0	999	04/01/2020	12/31/9999	2	38.45	36.53
J1364	Erythro lactobionate /500 mg	No	0	999	07/01/2020	12/31/9999	2	73.40	69.73
J1380	Estradiol valerate 10 mg inj	No	0	999	07/01/2020	12/31/9999	4	8.73	8.29
J1410	Inj estrogen conjugate 25 mg	No	0	999	07/01/2020	12/31/9999	4	308.38	292.96
J1428	Inj, eteplirsen, 10 mg	Yes	0	999	10/01/2019	12/31/9999	1	NC	NC
J1429	Inj golodirsen 10 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J1430	Ethanolamine oleate 100 mg	No	0	999	01/01/2006	12/31/9999	10	NC	NC
J1435	Injection estrone per 1 mg	No	0	999	07/01/2014	12/31/9999	1	0.12	0.11
J1436	Etidronate disodium inj	No	18	999	01/01/2014	12/31/9999	11	71.41	67.84
J1437	Inj. fe derisomaltose 10 mg	No	18	999	10/01/2020	12/31/9999	100	NC	NC
J1438	Etanercept injection	No	0	999	04/01/2020	12/31/9999	2	736.29	699.48
J1439	Inj ferric carboxymaltos 1mg	No	18	999	04/01/2020	12/31/9999	750	1.10	1.05
J1442	Inj filgrastim excl biosimil	No	0	999	07/01/2020	12/31/9999	1500	0.94	0.89
J1443	Inj ferric pyrophosphate cit	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J1444	Fe pyro cit pow 0.1 mg iron	No	18	999	07/01/2019	12/31/9999	2720	NC	NC
J1447	Inj tbo filgrastim 1 microg	No	18	999	07/01/2020	12/31/9999	272	0.52	0.49
J1450	Fluconazole	No	0	999	04/01/2020	12/31/9999	4	12.87	12.23
J1451	Fomepizole, 15 mg	No	0	999	01/01/2006	12/31/9999	159	NC	NC
J1452	Intraocular fomivirsen na	No	0	999	07/01/2005	12/31/9999	1	212.00	201.40
J1453	Fosaprepitant injection	No	0	999	04/01/2020	12/31/9999	150	1.39	1.32
J1454	Inj fosnetupitant, palonoset	No	18	999	04/01/2020	12/31/9999	1	259.75	246.76
J1455	Foscarnet sodium injection	No	18	999	07/01/2020	12/31/9999	18	82.27	78.16
J1457	Gallium nitrate injection	No	0	999	01/01/2014	12/31/9999	400	NC	NC
J1458	Galsulfase injection	No	0	999	07/01/2020	12/31/9999	100	397.86	377.97
J1459	Inj ivig privigen 500 mg	No	0	999	07/01/2020	12/31/9999	300	41.22	39.16
J1460	Gamma globulin 1 cc inj	No	0	999	07/01/2020	12/31/9999	10	40.95	38.90
J1555	Inj cuvitru, 100 mg	No	2	999	07/01/2020	12/31/9999	480	13.89	13.20
J1556	Inj, imm glob bivigam, 500mg	No	6	999	07/01/2020	12/31/9999	300	70.49	66.97
J1557	Gammaplex injection	No	18	999	07/01/2020	12/31/9999	300	55.21	52.45
J1558	Inj. xembify, 100 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J1559	Hizentra injection	No	0	999	07/01/2020	12/31/9999	300	10.50	9.98
J1560	Gamma globulin > 10 cc inj	No	0	999	07/01/2020	12/31/9999	1	9.47	9.00
J1561	Gamunex-c/gammaked	No	0	999	07/01/2020	12/31/9999	300	40.82	38.78
J1562	Vivaglobin, inj	No	0	999	01/01/2014	12/31/9999	227	NC	NC
J1566	Immune globulin, powder	No	0	999	07/01/2020	12/31/9999	300	64.09	60.89
J1568	Octagam injection	No	0	999	07/01/2020	12/31/9999	300	40.47	38.45
J1569	Gammagard liquid injection	No	0	999	07/01/2020	12/31/9999	300	39.75	37.76
J1570	Ganciclovir sodium injection	No	0	999	07/01/2020	12/31/9999	4	14.51	13.78
J1571	Hepagam b im injection	No	0	999	07/01/2020	12/31/9999	20	58.45	55.53
J1572	Flebogamma injection	No	0	999	07/01/2020	12/31/9999	300	36.02	34.22
J1573	Hepagam b intravenous, inj	No	0	999	07/01/2020	12/31/9999	130	59.34	56.37
J1575	Hyqvia 100mg immuneglobulin	No	18	999	07/01/2020	12/31/9999	650	14.64	13.91
J1580	Garamycin gentamicin inj	No	0	999	07/01/2020	12/31/9999	9	1.97	1.87
J1595	Injection glatiramer acetate	No	0	999	04/01/2020	12/31/9999	1	151.70	144.12
J1599	Ivig non-lyophilized, nos	No	0	999	01/01/2014	12/31/9999	318	MP	MP

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J1600	Gold sodium thiomaleate inj	No	0	999	07/01/2020	12/31/9999	2	4.27	4.06
J1602	Golimumab for iv use 1mg	No	18	999	07/01/2020	12/31/9999	300	20.66	19.63
J1610	Glucagon hydrochloride/1 mg	No	0	999	04/01/2020	12/31/9999	2	199.88	189.89
J1620	Gonadorelin hydroch/ 100 mcg	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J1626	Granisetron hcl injection	No	0	999	07/01/2020	12/31/9999	30	0.24	0.23
J1627	Inj, granisetron, xr, 0.1 mg	No	18	999	04/01/2020	12/31/9999	100	1.63	1.55
J1628	Inj., guselkumab, 1 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J1630	Haloperidol injection	No	18	999	07/01/2020	12/31/9999	5	1.21	1.15
J1631	Haloperidol decanoate inj	No	18	999	07/01/2020	12/31/9999	9	16.28	15.47
J1632	Inj., brexanolone, 1 mg	No	18	999	10/01/2020	12/31/9999	346	76.91	73.06
J1640	Hemin, 1 mg	No	0	999	01/01/2006	12/31/9999	954	NC	NC
J1642	Inj heparin sodium per 10 u	No	0	999	04/01/2020	12/31/9999	100	0.02	0.02
J1644	Inj heparin sodium per 1000u	No	0	999	04/01/2020	12/31/9999	40	0.25	0.24
J1645	Dalteparin sodium	No	0	999	07/01/2020	12/31/9999	10	12.57	11.94
J1650	Inj enoxaparin sodium	No	0	999	07/01/2020	12/31/9999	30	0.67	0.64
J1652	Fondaparinux sodium	No	0	999	04/01/2020	12/31/9999	20	1.57	1.49
J1655	Tinzaparin sodium injection	No	0	999	01/01/2014	12/31/9999	28	3.49	3.32
J1670	Tetanus immune globulin inj	No	0	999	07/01/2020	12/31/9999	1	462.99	439.84
J1675	Histrelin acetate	No	0	999	07/01/2020	12/31/9999	5000	0.93	0.88
J1700	Hydrocortisone acetate inj	No	0	999	07/01/2014	12/31/9999	2	NC	NC
J1710	Hydrocortisone sodium ph inj	No	0	999	07/01/2014	12/31/9999	40	NC	NC
J1720	Hydrocortisone sodium succ i	No	0	999	07/01/2020	12/31/9999	10	13.05	12.40
J1726	Makena, 10 mg	No	16	999	07/01/2020	12/31/9999	28	22.40	21.28
J1729	Inj hydroxyprogst capoat nos	No	16	60	07/01/2020	12/31/9999	25	10.81	10.27
J1730	Diazoxide injection	No	0	999	01/01/2017	12/31/9999	8	690.03	655.53
J1738	Inj. meloxicam 1 mg	No	18	999	10/01/2020	12/31/9999	30	3.26	3.10
J1740	Ibandronate sodium injection	No	0	999	04/01/2020	12/31/9999	3	43.73	41.54
J1741	Ibuprofen injection	No	18	999	07/01/2020	12/31/9999	8	2.17	2.06
J1742	Ibutilide fumarate injection	No	0	999	04/01/2020	12/31/9999	2	242.01	229.91
J1743	Idursulfase injection	No	0	999	07/01/2020	12/31/9999	66	542.89	515.75
J1744	Icatibant injection	No	0	999	07/01/2020	12/31/9999	30	377.08	358.23
J1745	Infliximab not biosimil 10mg	No	0	999	07/01/2020	12/31/9999	150	57.35	54.48
J1746	Inj., ibalizumab-uiyk, 10 mg	No	18	999	01/01/2020	12/31/9999	200	58.38	55.46
J1750	Inj iron dextran	No	0	999	07/01/2020	12/31/9999	45	14.38	13.66
J1756	Iron sucrose injection	No	0	999	01/01/2020	12/31/9999	500	0.21	0.20
J1786	Imuglucerase injection	No	0	999	07/01/2020	12/31/9999	680	42.64	40.51
J1790	Droperidol injection	No	0	999	07/01/2020	12/31/9999	2	4.95	4.70
J1800	Propranolol injection	No	0	999	07/01/2020	12/31/9999	6	1.88	1.79
J1810	Droperidol/fentanyl inj	No	0	999	07/01/2014	12/31/9999	2	NC	NC
J1815	Insulin injection	No	0	999	07/01/2020	12/31/9999	8	0.90	0.86
J1817	Insulin for insulin pump use	No	0	999	04/01/2020	12/31/9999	2	10.66	10.13
J1826	Interferon beta-1a inj	No	0	999	07/01/2020	12/31/9999	1	2,785.97	2,646.67
J1830	Interferon beta-1b / .25 mg	No	18	999	04/01/2020	12/31/9999	1	371.31	352.74
J1833	Injection, isavuconazonium	No	18	999	01/01/2016	12/31/9999	1	NC	NC
J1835	Itraconazole injection	No	0	999	01/01/2002	12/31/9999	8	NC	NC
J1840	Kanamycin sulfate 500 mg inj	No	0	999	07/01/2020	12/31/9999	3	7.69	7.31
J1850	Kanamycin sulfate 75 mg inj	No	0	999	07/01/2020	12/31/9999	4	1.15	1.09
J1885	Ketorolac tromethamine inj	No	0	999	07/01/2020	12/31/9999	8	0.52	0.49
J1890	Cephalothin sodium injection	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J1930	Lanreotide injection	No	0	999	04/01/2020	12/31/9999	120	65.85	62.56
J1931	Laronidase injection	No	0	999	07/01/2020	12/31/9999	377	32.15	30.54
J1940	Furosemide injection	No	0	999	07/01/2020	12/31/9999	6	0.59	0.56
J1943	Inj., aristada initio, 1 mg	No	18	65	04/01/2020	12/31/9999	675	2.78	2.64
J1944	Aripirazole lauroxil 1 mg	No	18	65	04/01/2020	12/31/9999	1064	2.71	2.57
J1945	Lepirudin	No	0	999	07/01/2014	12/31/9999	9	NC	NC
J1950	Leuprolide acetate /3.75 mg	No	0	999	07/01/2020	12/31/9999	12	1,271.10	1,207.55
J1953	Levetiracetam injection	No	0	999	01/01/2020	12/31/9999	300	0.10	0.10

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J1955	Inj levocarnitine per 1 gm	No	0	999	07/01/2020	12/31/9999	11	19.82	18.83
J1956	Levofloxacin injection	No	0	999	07/01/2020	12/31/9999	4	0.66	0.63
J1960	Levorphanol tartrate inj	No	18	999	07/01/2014	12/31/9999	4	4.78	4.54
J1980	Hyoscyamine sulfate inj	No	0	999	07/01/2020	12/31/9999	2	31.60	30.02
J1990	Chlordiazepoxide injection	No	6	999	01/01/2014	12/31/9999	3	21.05	20.00
J2001	Lidocaine injection	No	0	999	07/01/2020	12/31/9999	60	0.03	0.03
J2010	Lincomycin injection	No	0	999	07/01/2020	12/31/9999	10	13.36	12.69
J2020	Linezolid injection	No	0	999	04/01/2020	12/31/9999	6	6.23	5.92
J2060	Lorazepam injection	No	18	999	04/01/2020	12/31/9999	4	0.75	0.71
J2062	Loxapine for inhalation 1 mg	No	0	999	01/01/2019	12/31/9999	1	NC	NC
J2150	Mannitol injection	No	0	999	07/01/2020	12/31/9999	8	2.02	1.92
J2170	Mecasermin injection	No	0	999	07/01/2020	12/31/9999	8	122.65	116.52
J2175	Meperidine hydrochl /100 mg	No	0	999	07/01/2020	12/31/9999	4	4.72	4.48
J2180	Meperidine/promethazine inj	No	0	999	01/01/2012	12/31/9999	1	5.55	5.27
J2182	Injection, mepolizumab, 1mg	No	6	999	07/01/2020	12/31/9999	300	29.29	27.83
J2185	Meropenem	No	0	999	07/01/2020	12/31/9999	30	0.80	0.76
J2210	Methylergonovin maleate inj	No	0	999	07/01/2020	12/31/9999	1	18.04	17.14
J2212	Methylnaltrexone injection	No	0	999	07/01/2020	12/31/9999	240	1.04	0.99
J2248	Micafungin sodium injection	No	0	999	04/01/2020	12/31/9999	150	1.08	1.03
J2250	Inj midazolam hydrochloride	No	0	999	07/01/2020	12/31/9999	22	0.12	0.11
J2260	Inj milrinone lactate / 5 mg	No	0	999	07/01/2020	12/31/9999	4	1.53	1.45
J2265	Minocycline hydrochloride	No	8	999	07/01/2020	12/31/9999	400	1.81	1.72
J2270	Morphine sulfate injection	No	0	999	07/01/2020	12/31/9999	9	2.03	1.93
J2274	Inj morphine pf epid ithc	No	0	999	07/01/2020	12/31/9999	250	11.80	11.21
J2278	Ziconotide injection	No	0	999	01/01/2006	12/31/9999	20	NC	NC
J2280	Inj, moxifloxacin 100 mg	No	0	999	04/01/2020	12/31/9999	4	8.83	8.39
J2300	Inj nalbuphine hydrochloride	No	0	999	07/01/2020	12/31/9999	4	3.15	2.99
J2310	Inj naloxone hydrochloride	No	0	999	07/01/2020	12/31/9999	4	13.28	12.62
J2315	Naltrexone, depot form	No	18	999	04/01/2020	12/31/9999	380	3.23	3.07
J2320	Nandrolone decanoate 50 mg	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J2323	Natalizumab injection	No	0	999	04/01/2020	12/31/9999	300	20.88	19.84
J2325	Nesiritide injection	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J2326	Inj, nusinersen, 0.1mg	Yes	0	999	01/01/2018	12/31/9999	1	NC	NC
J2350	Injection, ocrelizumab, 1 mg	No	18	999	01/01/2018	12/31/9999	1	NC	NC
J2353	Octreotide injection, depot	No	0	999	01/01/2020	12/31/9999	60	206.09	195.79
J2354	Octreotide inj, non-depot	No	0	999	01/01/2004	12/31/9999	6	NC	NC
J2355	Oprelvekin injection	No	0	999	07/01/2020	12/31/9999	2	163.98	155.78
J2357	Omalizumab injection	No	6	75	07/01/2020	12/31/9999	90	37.36	35.49
J2358	Olanzapine long-acting inj	No	18	999	07/01/2014	12/31/9999	405	2.92	2.77
J2360	Orphenadrine injection	No	0	999	07/01/2020	12/31/9999	2	7.35	6.98
J2370	Phenylephrine hcl injection	No	0	999	07/01/2020	12/31/9999	2	3.67	3.49
J2400	Chloroprocaine hcl injection	No	0	999	07/01/2020	12/31/9999	4	24.41	23.19
J2405	Ondansetron hcl injection	No	0	999	07/01/2020	12/31/9999	64	0.09	0.09
J2407	Injection, oritavancin	No	18	999	04/01/2020	12/31/9999	120	23.27	22.11
J2410	Oxymorphone hcl injection	No	0	999	07/01/2020	12/31/9999	2	3.13	2.97
J2425	Palifermin injection	No	0	999	07/01/2020	12/31/9999	125	21.26	20.20
J2426	Paliperidone palmitate inj	No	18	999	04/01/2020	12/31/9999	819	11.62	11.04
J2430	Pamidronate disodium /30 mg	No	0	999	07/01/2020	12/31/9999	3	11.06	10.51
J2440	Papaverin hcl injection	No	18	999	07/01/2020	12/31/9999	15	41.41	39.34
J2460	Oxytetracycline injection	No	0	999	01/01/2014	12/31/9999	9	0.94	0.89
J2469	Palonosetron hcl	No	0	999	04/01/2020	12/31/9999	10	3.39	3.22
J2501	Paricalcitol	No	0	999	07/01/2020	12/31/9999	2	0.77	0.73
J2502	Inj, pasireotide long acting	No	18	999	01/01/2016	12/31/9999	1	NC	NC
J2503	Pegaptanib sodium injection	No	0	999	04/01/2020	12/31/9999	2	721.96	685.86
J2504	Pegademase bovine, 25 iu	No	0	999	01/01/2006	12/31/9999	100	NC	NC
J2505	Injection, pegfilgrastim 6mg	No	0	999	04/01/2020	12/31/9999	1	3,983.14	3,783.98
J2507	Pegloticase injection	No	8	999	04/01/2020	12/31/9999	8	2,590.90	2,461.36

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J2510	Penicillin g procaine inj	No	0	999	07/01/2020	12/31/9999	4	29.63	28.15
J2513	Pentastarch 10% solution	No	0	999	01/01/2006	12/31/9999	20	NC	NC
J2515	Pentobarbital sodium inj	No	0	999	07/01/2020	12/31/9999	1	34.98	33.23
J2540	Penicillin g potassium inj	No	0	999	07/01/2020	12/31/9999	75	1.05	1.00
J2543	Piperacillin/tazobactam	No	0	999	07/01/2020	12/31/9999	16	1.85	1.76
J2545	Pentamidine non-comp unit	No	0	999	07/01/2020	12/31/9999	1	123.31	117.14
J2547	Injection, peramivir	No	18	999	01/01/2016	12/31/9999	1	NC	NC
J2550	Promethazine hcl injection	No	0	999	07/01/2020	12/31/9999	3	1.97	1.87
J2560	Phenobarbital sodium inj	No	0	999	07/01/2020	12/31/9999	1	41.93	39.83
J2562	Plerixafor injection	No	0	999	07/01/2020	12/31/9999	48	347.81	330.42
J2590	Oxytocin injection	No	9	999	07/01/2020	12/31/9999	3	0.87	0.83
J2597	Inj desmopressin acetate	No	0	999	07/01/2020	12/31/9999	45	11.30	10.74
J2650	Prednisolone acetate inj	No	0	999	10/01/2010	12/31/9999	1	0.52	0.49
J2670	Totazoline hcl injection	No	0	999	01/01/2015	12/31/9999	1	1,600.40	1,520.38
J2675	Inj progesterone per 50 mg	No	0	999	07/01/2020	12/31/9999	1	1.69	1.61
J2680	Fluphenazine decanoate 25 mg	No	12	999	04/01/2020	12/31/9999	4	11.21	10.65
J2690	Procainamide hcl injection	No	0	999	07/01/2020	12/31/9999	4	97.32	92.45
J2700	Oxacillin sodium injeciton	No	0	999	07/01/2020	12/31/9999	48	1.11	1.05
J2704	Inj, propofol, 10 mg	No	0	999	01/01/2015	12/31/9999	1	NC	NC
J2710	Neostigmine methylslfte inj	No	0	999	07/01/2020	12/31/9999	2	1.73	1.64
J2720	Inj protamine sulfate/10 mg	No	0	999	04/01/2020	12/31/9999	5	0.92	0.87
J2724	Protein c concentrate	No	0	999	07/01/2020	12/31/9999	3500	15.06	14.31
J2725	Inj protirelin per 250 mcg	No	6	999	07/01/2014	12/31/9999	2	0.03	0.03
J2730	Pralidoxime chloride inj	No	0	999	07/01/2020	12/31/9999	2	86.70	82.37
J2760	Phentolaine mesylate inj	No	0	999	07/01/2020	12/31/9999	2	378.75	359.81
J2765	Metoclopramide hcl injection	No	0	999	07/01/2020	12/31/9999	10	1.24	1.18
J2770	Quinupristin/dalfopristin	No	0	999	01/01/2001	12/31/9999	3	NC	NC
J2778	Ranibizumab injection	No	0	999	07/01/2020	12/31/9999	10	343.31	326.14
J2780	Ranitidine hydrochloride inj	No	0	999	04/01/2020	12/31/9999	16	3.84	3.65
J2783	Rasburicase	No	0	999	07/01/2020	12/31/9999	60	292.71	278.07
J2785	Regadenoson injection	No	0	999	04/01/2020	12/31/9999	4	59.37	56.40
J2786	Injection, reslizumab, 1mg	No	18	999	07/01/2020	12/31/9999	500	9.79	9.30
J2788	Rho d immune globulin 50 mcg	No	0	999	04/01/2020	12/31/9999	1	26.13	24.82
J2790	Rho d immune globulin inj	No	0	999	04/01/2020	12/31/9999	1	77.56	73.68
J2791	Rhophylac injection	No	0	999	07/01/2020	12/31/9999	50	4.75	4.51
J2792	Rho(d) immune globulin h, sd	No	0	999	07/01/2020	12/31/9999	450	28.74	27.30
J2793	Rilonacept injection	No	12	999	07/01/2020	12/31/9999	320	22.73	21.59
J2794	Inj risperdal consta, 0.5 mg	No	18	999	01/01/2020	12/31/9999	100	10.05	9.55
J2795	Ropivacaine hcl injection	No	0	999	07/01/2020	12/31/9999	200	0.08	0.08
J2796	Romiplostim injection	No	0	999	01/01/2010	12/31/9999	150	NC	NC
J2797	Inj., rolapitant, 0.5 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J2798	Inj., perseris, 0.5 mg	No	18	999	04/01/2020	12/31/9999	240	9.77	9.28
J2800	Methocarbamol injection	No	0	999	07/01/2020	12/31/9999	3	7.23	6.87
J2805	Sincalide injection	No	0	999	01/01/2006	12/31/9999	4	NC	NC
J2810	Inj theophylline per 40 mg	No	0	999	07/01/2020	12/31/9999	5	0.39	0.37
J2820	Sargramostim injection	No	0	999	07/01/2020	12/31/9999	15	46.77	44.43
J2840	Inj sebelipase alfa 1 mg	No	0	64	07/01/2020	12/31/9999	160	541.13	514.07
J2850	Inj secretin synthetic human	No	0	999	01/01/2006	12/31/9999	64	NC	NC
J2860	Injection, siltuximab	No	18	999	01/01/2016	12/31/9999	1	NC	NC
J2910	Aurothioglucose injeciton	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J2916	Na ferric gluconate complex	No	0	999	07/01/2020	12/31/9999	20	1.97	1.87
J2920	Methylprednisolone injection	No	0	999	07/01/2020	12/31/9999	25	4.48	4.26
J2930	Methylprednisolone injection	No	0	999	07/01/2020	12/31/9999	25	6.39	6.07
J2940	Somatrem injection	No	0	999	01/01/2002	12/31/9999	1	NC	NC
J2941	Somatropin injection	No	0	999	01/01/2002	12/31/9999	1	NC	NC
J2950	Promazine hcl injection	No	0	999	07/01/2014	12/31/9999	40	NC	NC
J2993	Reteplase injection	No	0	999	01/01/2001	12/31/9999	2	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J2995	Inj streptokinase /250000 iu	No	0	999	07/01/2014	12/31/9999	6	NC	NC
J2997	Alteplase recombinant	No	0	999	07/01/2020	12/31/9999	8	87.70	83.32
J3000	Streptomycin injection	No	0	999	04/01/2020	12/31/9999	2	31.30	29.74
J3010	Fentanyl citrate injection	No	0	999	07/01/2020	12/31/9999	100	0.79	0.75
J3030	Sumatriptan succinate / 6 mg	No	0	999	07/01/2020	12/31/9999	1	37.00	35.15
J3031	Inj., fremanezumab-vfrm 1 mg	No	18	999	04/01/2020	12/31/9999	675	2.34	2.22
J3032	Inj. eptinezumab-jjmr 1 mg	No	18	999	10/01/2020	12/31/9999	300	15.40	14.63
J3060	Inj, taliglucerase alfa 10 u	No	18	999	07/01/2020	12/31/9999	760	39.69	37.71
J3070	Pentazocine injection	No	0	999	07/01/2020	12/31/9999	3	22.40	21.28
J3090	Inj tedizolid phosphate	No	18	999	04/01/2020	12/31/9999	200	1.56	1.48
J3095	Telavancin injection	No	18	999	04/01/2020	12/31/9999	150	5.27	5.01
J3101	Tenecteplase injection	No	0	999	04/01/2020	12/31/9999	50	125.55	119.27
J3105	Terbutaline sulfate inj	No	0	999	07/01/2020	12/31/9999	2	2.05	1.95
J3110	Teriparatide injection	No	18	999	07/01/2020	12/31/9999	2	59.96	56.96
J3111	Inj. romosozumab-aqqg 1 mg	No	18	999	04/01/2020	12/31/9999	210	9.04	8.59
J3121	Inj testostero enanthate 1mg	No	12	999	01/01/2019	12/31/9999	400	0.05	0.05
J3145	Testosterone undecanoate 1mg	No	12	999	04/01/2020	12/31/9999	750	1.50	1.43
J3230	Chlorpromazine hcl injection	No	0	999	07/01/2020	12/31/9999	2	31.16	29.60
J3240	Thyrotropin injection	No	0	999	04/01/2020	12/31/9999	1	1,700.91	1,615.86
J3241	Inj. teprotumumab-trbw 10 mg	No	18	999	10/01/2020	12/31/9999	320	315.88	300.09
J3243	Tigecycline injection	No	0	999	07/01/2020	12/31/9999	150	1.62	1.54
J3245	Inj., tildrakizumab, 1 mg	No	18	999	04/01/2020	12/31/9999	100	134.88	128.14
J3246	Tirofiban hcl	No	18	999	07/01/2020	12/31/9999	1	5.22	4.96
J3250	Trimethobenzamide hcl inj	No	0	999	07/01/2020	12/31/9999	2	36.62	34.79
J3260	Tobramycin sulfate injection	No	0	999	07/01/2020	12/31/9999	8	3.97	3.77
J3262	Tocilizumab injection	No	2	999	04/01/2020	12/31/9999	800	5.09	4.84
J3265	Injection torsemide 10 mg/ml	No	0	999	01/01/2014	12/31/9999	200	2.19	2.08
J3280	Thiethylperazine maleate inj	No	18	999	07/01/2014	12/31/9999	1	NC	NC
J3285	Treprostinil injection	No	0	999	04/01/2020	12/31/9999	2	61.64	58.56
J3300	Triamcinolone a inj prs-free	No	0	999	07/01/2020	12/31/9999	160	3.83	3.64
J3301	Triamcinolone acet inj nos	No	0	999	07/01/2020	12/31/9999	16	1.50	1.43
J3302	Triamcinolone diacetate inj	No	18	999	07/01/2014	12/31/9999	10	0.11	0.10
J3303	Triamcinolone hexacetonl inj	No	0	999	07/01/2020	12/31/9999	24	3.41	3.24
J3304	Inj triamcinolone ace xr 1mg	No	18	999	07/01/2020	12/31/9999	64	18.63	17.70
J3305	Inj trimetrexate glucoronate	No	18	999	07/01/2014	12/31/9999	10	NC	NC
J3310	Perphenazine injeciton	No	12	999	07/01/2014	12/31/9999	2	1.58	1.50
J3315	Triptorelin pamoate	No	0	999	04/01/2020	12/31/9999	6	268.43	255.01
J3316	Inj., triptorelin xr 3.75 mg	No	2	999	01/01/2019	12/31/9999	1	NC	NC
J3320	Spectinomycn di-hcl inj	No	0	999	01/01/2014	12/31/9999	1	NC	NC
J3330	#N/A	No	0	999	05/01/1992	12/31/9999	1	NC	NC
J3350	Urea injection	No	0	999	01/01/2015	12/31/9999	3	39.97	37.97
J3355	Urofollitropin, 75 iu	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J3357	Ustekinumab sub cu inj, 1 mg	No	12	999	04/01/2020	12/31/9999	90	185.77	176.48
J3358	Ustekinumab, iv inject, 1 mg	No	18	999	04/01/2020	12/31/9999	520	11.87	11.28
J3360	Diazepam injection	No	0	999	04/01/2020	12/31/9999	6	9.40	8.93
J3364	Urokinase 5000 iu injection	No	18	999	07/01/2014	12/31/9999	140	NC	NC
J3365	Urokinase 250,000 iu inj	No	18	999	07/01/2014	12/31/9999	2	NC	NC
J3370	Vancomycin hcl injection	No	0	999	07/01/2020	12/31/9999	12	2.97	2.82
J3380	Injection, vedolizumab	No	18	999	04/01/2020	12/31/9999	300	20.17	19.16
J3385	Velaglucerase alfa	No	0	999	07/01/2020	12/31/9999	80	345.73	328.44
J3396	Verteporfin injection	No	0	999	07/01/2020	12/31/9999	150	11.11	10.55
J3397	Inj., vestronidase alfa-vjbk	No	0	999	07/01/2020	12/31/9999	600	218.73	207.79
J3398	Inj luxturna 1 billion vec g	Yes	1	65	01/01/2019	12/31/9999	1	NC	NC
J3399	Inj onase abepar-xioi treat	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J3400	Triflupromazine hcl inj	No	2	999	07/01/2014	12/31/9999	8	NC	NC
J3410	Hydroxyzine hcl injection	No	0	999	07/01/2020	12/31/9999	8	6.33	6.01
J3411	Thiamine hcl 100 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J3415	Pyridoxine hcl 100 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
J3420	Vitamin b12 injection	No	0	999	07/01/2020	12/31/9999	1	2.26	2.15
J3430	Vitamin k phytonadione inj	No	0	999	07/01/2020	12/31/9999	25	4.11	3.90
J3465	Injection, voriconazole	No	0	999	01/01/2004	12/31/9999	60	NC	NC
J3470	Hyaluronidase injection	No	0	999	07/01/2020	12/31/9999	3	55.80	53.01
J3471	Ovine, up to 999 usp units	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J3472	Ovine, 1000 usp units	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J3473	Hyaluronidase recombinant	No	0	999	07/01/2020	12/31/9999	450	0.36	0.34
J3475	Inj magnesium sulfate	No	0	999	04/01/2020	12/31/9999	20	0.55	0.52
J3480	Inj potassium chloride	No	0	999	07/01/2020	12/31/9999	40	0.13	0.12
J3485	Zidovudine	No	0	999	01/01/2001	12/31/9999	180	NC	NC
J3486	Ziprasidone mesylate	No	18	999	04/01/2020	12/31/9999	4	16.83	15.99
J3489	Zoledronic acid 1mg	No	18	999	04/01/2020	12/31/9999	5	13.29	12.63
J3490	Drugs unclassified injection	No	0	999	07/01/1991	12/31/9999	1	MP	MP
J3520	Edetate disodium per 150 mg	No	0	999	12/10/1996	12/31/9999	1	NC	NC
J3530	Nasal vaccine inhalation	No	0	999	09/30/1995	12/31/9999	1	NC	NC
J3535	Metered dose inhaler drug	No	0	999	02/01/1996	12/31/9999	1	NC	NC
J3570	Laetrile amygdalin vit b17	No	0	999	05/01/1992	12/31/9999	1	NC	NC
J3590	Unclassified biologics	No	0	999	11/01/2004	12/31/9999	1	MP	MP
J3591	Esrd on dialysi drug/bio noc	No	0	999	01/01/2019	12/31/9999	1	NC	NC
J7030	Normal saline solution infus	No	0	999	07/01/2020	12/31/9999	5	2.59	2.46
J7040	Normal saline solution infus	No	0	999	07/01/2020	12/31/9999	6	1.30	1.24
J7042	5% dextrose/normal saline	No	0	999	07/01/2020	12/31/9999	6	1.02	0.97
J7050	Normal saline solution infus	No	0	999	07/01/2020	12/31/9999	10	0.65	0.62
J7060	5% dextrose/water	No	0	999	07/01/2020	12/31/9999	10	1.90	1.81
J7070	D5w infusion	No	0	999	07/01/2020	12/31/9999	4	3.77	3.58
J7100	Dextran 40 infusion	No	0	999	07/01/2020	12/31/9999	2	26.53	25.20
J7110	Dextran 75 infusion	No	0	999	07/01/2020	12/31/9999	2	14.52	13.79
J7120	Ringers lactate infusion	No	0	999	07/01/2020	12/31/9999	4	2.41	2.29
J7121	5% dextrose in lac ringers	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J7131	Hypertonic saline sol	No	0	999	07/01/2020	12/31/9999	500	0.03	0.03
J7169	Inj andexxa, 10 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J7170	Inj., emicizumab-kxwh 0.5 mg	No	0	999	07/01/2020	12/31/9999	1800	47.31	44.94
J7175	Inj, factor x, (human), 1iu	No	12	999	07/01/2020	12/31/9999	9000	7.52	7.14
J7177	Inj., fibryga, 1 mg	No	0	999	07/01/2020	12/31/9999	10500	1.09	1.04
J7178	Inj human fibrinogen con nos	No	0	999	07/01/2020	12/31/9999	7700	1.24	1.18
J7179	Vonvendi inj 1 iu vwf:rco	No	18	64	07/01/2020	12/31/9999	7500	1.85	1.76
J7180	Factor xiii anti-hem factor	No	0	999	07/01/2020	12/31/9999	6000	8.80	8.36
J7181	Factor xiii recomb a-subunit	No	0	999	07/01/2020	12/31/9999	3850	15.32	14.55
J7182	Factor viii recomb novoeight	No	0	999	01/01/2015	12/31/9999	9999	NC	NC
J7183	Wilate injection	No	0	999	07/01/2020	12/31/9999	7500	1.06	1.01
J7185	Xyntha inj	No	0	999	01/01/2010	12/31/9999	5000	NC	NC
J7186	Antihemophilic viii/vwf comp	No	0	999	07/01/2020	12/31/9999	7500	1.08	1.03
J7187	Humate-p, inj	No	0	999	07/01/2020	12/31/9999	7500	1.21	1.15
J7188	Factor viii recomb obizur	No	18	999	07/01/2020	12/31/9999	22000	3.19	3.03
J7189	Factor viia	No	0	999	07/01/2020	12/31/9999	13000	2.17	2.06
J7190	Factor viii	No	0	999	07/01/2020	12/31/9999	22000	1.05	1.00
J7191	Factor viii (porcine)	No	0	999	07/01/2014	12/31/9999	5000	NC	NC
J7192	Factor viii recombinant nos	No	0	999	07/01/2020	12/31/9999	22000	1.27	1.21
J7193	Factor ix non-recombinant	No	0	999	01/01/2002	12/31/9999	5000	NC	NC
J7194	Factor ix complex	No	0	999	07/01/2020	12/31/9999	9000	1.51	1.43
J7195	Factor ix recombinant nos	No	0	999	01/01/2002	12/31/9999	5000	NC	NC
J7196	Antithrombin recombinant	No	0	999	07/01/2020	12/31/9999	175	103.35	98.18
J7197	Antithrombin iii injection	No	0	999	07/01/2020	12/31/9999	6300	3.61	3.43
J7198	Anti-inhibitor	No	0	999	07/01/2020	12/31/9999	6000	1.93	1.83
J7199	Hemophilia clot factor noc	No	0	999	07/01/2015	12/31/9999	1	MP	MP
J7200	Factor ix recombinan rixubis	No	0	999	07/01/2020	12/31/9999	20000	1.37	1.30

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J7201	Factor ix alprolix recomb	No	0	999	07/01/2020	12/31/9999	9000	3.13	2.97
J7202	Factor ix idelvion inj	No	0	999	07/01/2020	12/31/9999	11550	4.45	4.23
J7203	Factor ix recomb gly rebinyn	No	0	999	01/01/2019	12/31/9999	1	NC	NC
J7204	Inj recombin esperoct per iu	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J7205	Factor viii fc fusion recomb	No	0	999	07/01/2020	12/31/9999	9750	2.10	2.00
J7207	Factor viii pegylated recomb	No	12	999	07/01/2020	12/31/9999	7500	1.72	1.63
J7208	Inj. jivi 1 iu	No	0	999	07/01/2020	12/31/9999	12000	2.01	1.91
J7209	Factor viii nuwiq recomb 1iu	No	2	999	07/01/2020	12/31/9999	7500	1.32	1.25
J7210	Inj, afstyla, 1 i.u.	No	0	999	01/01/2018	12/31/9999	1	NC	NC
J7211	Inj, kovaltry, 1 i.u.	No	2	999	07/01/2020	12/31/9999	22000	1.23	1.17
J7296	Kyleena, 19.5 mg	No	9	65	07/01/2020	12/31/9999	1	953.51	905.83
J7297	Liletta, 52 mg	No	9	60	07/01/2020	12/31/9999	1	786.87	747.53
J7298	Mirena, 52 mg	No	9	60	07/01/2020	12/31/9999	1	953.51	905.83
J7300	Intraut copper contraceptive	No	9	60	07/01/2020	12/31/9999	1	884.50	840.28
J7301	Skyla, 13.5 mg	No	0	999	07/01/2020	12/31/9999	1	793.96	754.26
J7303	Contraceptive vaginal ring	No	9	60	07/01/2020	12/31/9999	13	143.28	136.12
J7304	Contraceptive hormone patch	No	0	999	01/01/2005	12/31/9999	1	NC	NC
J7306	Levonorgestrel implant sys	No	0	999	07/01/2014	12/31/9999	1	NC	NC
J7307	Etonogestrel implant system	No	9	60	07/01/2020	12/31/9999	1	934.82	888.08
J7308	Aminolevulinic acid hcl top	No	0	999	01/01/2002	12/31/9999	1	NC	NC
J7309	Methyl aminolevulinate, top	No	0	999	01/01/2011	12/31/9999	1	NC	NC
J7310	Ganciclovir long act implant	No	0	999	01/01/1997	12/31/9999	3	NC	NC
J7311	Inj., retisert, 0.01 mg	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7312	Dexamethasone intra implant	No	0	999	04/01/2020	12/31/9999	14	199.59	189.61
J7313	Inj., iluvien, 0.01 mg	No	12	999	07/01/2020	12/31/9999	38	490.81	466.27
J7314	Inj., yutiq, 0.01 mg	No	0	999	10/01/2019	12/31/9999	1	NC	NC
J7315	Ophthalmic mitomycin	No	18	999	07/01/2020	12/31/9999	2	430.80	409.26
J7316	Inj, ocriplasmin, 0.125 mg	No	18	999	07/01/2020	12/31/9999	3	1,046.93	994.58
J7318	Inj, durolane 1 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J7320	Genvisc 850, inj, 1mg	No	18	999	07/01/2020	12/31/9999	50	16.92	16.07
J7321	Hyalgan or supartz inj dose	No	18	999	04/01/2020	12/31/9999	2	82.64	78.51
J7322	Hymovis injection 1 mg	No	21	999	07/01/2020	12/31/9999	48	31.67	30.09
J7323	Euflexxa inj per dose	No	0	999	04/01/2020	12/31/9999	2	141.22	134.16
J7324	Orthovisc inj per dose	No	0	999	04/01/2020	12/31/9999	2	135.03	128.28
J7325	Synvisc or synvisc-one	No	0	999	07/01/2020	12/31/9999	96	11.00	10.45
J7326	Gel-one	No	0	999	07/01/2020	12/31/9999	2	1,166.00	1,107.70
J7327	Monovisc inj per dose	No	18	999	04/01/2020	12/31/9999	2	739.86	702.87
J7328	Gelsyn-3 injection 0.1 mg	No	18	999	07/01/2020	12/31/9999	336	2.18	2.07
J7329	Inj, trivisc 1 mg	No	21	999	07/01/2020	12/31/9999	50	7.20	6.84
J7330	Cultured chondrocytes implnt	No	0	999	01/01/2001	12/31/9999	1	NC	NC
J7331	Synojoynt, inj., 1 mg	No	0	999	10/01/2019	12/31/9999	60	NC	NC
J7332	Inj., triluron, 1 mg	No	0	999	10/01/2019	12/31/9999	60	NC	NC
J7333	Visco-3 inj dose	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J7336	Capsaicin 8% patch	No	18	999	07/01/2020	12/31/9999	1120	3.25	3.09
J7340	Carbidopa levodopa ent 100ml	No	18	999	04/01/2020	12/31/9999	1	222.05	210.95
J7342	Ciprofloxacin otic susp 6 mg	No	0	999	07/01/2020	12/31/9999	10	29.97	28.47
J7345	Aminolevulinic acid, 10% gel	No	18	999	04/01/2020	12/31/9999	200	1.44	1.37
J7351	Inj bimatoprost itc imp1mcg	No	18	999	10/01/2020	12/31/9999	20	200.85	190.81
J7401	Mometasone furoate sinus imp	No	0	999	10/01/2019	12/31/9999	1	NC	NC
J7500	Azathioprine oral 50mg	No	0	999	05/01/1992	12/31/9999	16	NC	NC
J7501	Azathioprine parenteral	No	0	999	07/01/2020	12/31/9999	1	226.42	215.10
J7502	Cyclosporine oral 100 mg	No	0	999	10/01/2003	12/31/9999	15	NC	NC
J7503	Tacrol envarsus ex rel oral	No	18	999	01/01/2016	12/31/9999	1	NC	NC
J7504	Lymphocyte immune globulin	No	0	999	07/01/2020	12/31/9999	15	2,053.22	1,950.56
J7505	Monoclonal antibodies	No	0	999	01/01/2018	12/31/9999	1	6.80	6.46
J7507	Tacrolimus imme rel oral 1mg	No	0	999	01/01/1995	12/31/9999	13	NC	NC
J7508	Tacrol astagraf ex rel oral	No	16	999	07/01/2020	12/31/9999	300	0.48	0.46

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J7509	Methylprednisolone oral	No	0	999	01/01/1996	12/31/9999	12	NC	NC
J7510	Prednisolone oral per 5 mg	No	0	999	01/01/1996	12/31/9999	12	NC	NC
J7511	Antithymocyte globuln rabbit	No	0	999	07/01/2020	12/31/9999	9	770.52	731.99
J7512	Prednisone ir or dr oral 1mg	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J7513	Daclizumab, parenteral	No	0	999	07/01/2014	12/31/9999	7	NC	NC
J7515	Cyclosporine oral 25 mg	No	0	999	01/01/2000	12/31/9999	58	NC	NC
J7516	Cyclosporin parenteral 250mg	No	0	999	01/01/2000	12/31/9999	10	NC	NC
J7517	Mycophenolate mofetil oral	No	0	999	01/01/2000	12/31/9999	8	NC	NC
J7518	Mycophenolic acid	No	0	999	01/01/2005	12/31/9999	9	NC	NC
J7520	Sirolimus, oral	No	0	999	01/01/2001	12/31/9999	6	NC	NC
J7525	Tacrolimus injection	No	0	999	01/01/2001	12/31/9999	7	NC	NC
J7527	Oral everolimus	No	0	999	07/01/2020	12/31/9999	20	8.97	8.52
J7599	Immunosuppressive drug noc	No	0	999	01/01/2014	12/31/9999	999	MP	MP
J7604	Acetylcysteine comp unit	No	0	999	01/01/2008	12/31/9999	1	NC	NC
J7605	Arformoterol non-comp unit	No	0	999	01/01/2008	12/31/9999	2	NC	NC
J7606	Formoterol fumarate, inh	No	0	999	01/01/2009	12/31/9999	2	NC	NC
J7607	Levalbuterol comp con	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7608	Acetylcysteine non-comp unit	No	0	999	01/01/2000	12/31/9999	2	NC	NC
J7609	Albuterol comp unit	No	0	999	01/01/2007	12/31/9999	185	NC	NC
J7610	Albuterol comp con	No	0	999	01/01/2007	12/31/9999	185	NC	NC
J7611	Albuterol non-comp con	No	0	999	04/01/2008	12/31/9999	185	NC	NC
J7612	Levalbuterol non-comp con	No	0	999	04/01/2008	12/31/9999	5	NC	NC
J7613	Albuterol non-comp unit	No	0	999	04/01/2008	12/31/9999	185	NC	NC
J7614	Levalbuterol non-comp unit	No	0	999	04/01/2008	12/31/9999	5	NC	NC
J7615	Levalbuterol comp unit	No	0	999	01/01/2007	12/31/9999	5	NC	NC
J7620	Albuterol ipratrop non-comp	No	0	999	01/01/2006	12/31/9999	185	NC	NC
J7622	Beclomethasone comp unit	No	0	999	01/01/2002	12/31/9999	1	NC	NC
J7624	Betamethasone comp unit	No	0	999	01/01/2002	12/31/9999	1	NC	NC
J7626	Budesonide non-comp unit	No	0	999	01/01/2002	12/31/9999	2	NC	NC
J7627	Budesonide comp unit	No	0	999	01/01/2006	12/31/9999	2	NC	NC
J7628	Bitolterol mesylate comp con	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7629	Bitolterol mesylate comp unt	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7631	Cromolyn sodium noncomp unit	No	0	999	01/01/2000	12/31/9999	8	NC	NC
J7632	Cromolyn sodium comp unit	No	0	999	01/01/2008	12/31/9999	8	NC	NC
J7633	Budesonide non-comp con	No	0	999	01/01/2003	12/31/9999	2	NC	NC
J7634	Budesonide comp con	No	0	999	01/01/2007	12/31/9999	2	NC	NC
J7635	Atropine comp con	No	0	999	01/01/2000	12/31/9999	3	NC	NC
J7636	Atropine comp unit	No	0	999	01/01/2000	12/31/9999	3	NC	NC
J7637	Dexamethasone comp con	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7638	Dexamethasone comp unit	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7639	Dornase alfa non-comp unit	No	0	999	01/01/2000	12/31/9999	3	NC	NC
J7640	Formoterol comp unit	No	0	999	01/01/2006	12/31/9999	4	NC	NC
J7641	Flunisolide comp unit	No	0	999	01/01/2002	12/31/9999	4	NC	NC
J7642	Glycopyrrolate comp con	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7643	Glycopyrrolate comp unit	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7644	Ipratropium bromide non-comp	No	0	999	01/01/2000	12/31/9999	2	NC	NC
J7645	Ipratropium bromide comp	No	0	999	01/01/2007	12/31/9999	2	NC	NC
J7647	Isoetharine comp con	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7648	Isoetharine non-comp con	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7649	Isoetharine non-comp unit	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7650	Isoetharine comp unit	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7657	Isoproterenol comp con	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7658	Isoproterenol non-comp con	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7659	Isoproterenol non-comp unit	No	0	999	01/01/2000	12/31/9999	1	NC	NC
J7660	Isoproterenol comp unit	No	0	999	01/01/2007	12/31/9999	1	NC	NC
J7665	Mannitol for inhaler	No	0	999	01/01/2012	12/31/9999	1	NC	NC
J7667	Metaproterenol comp con	No	0	999	01/01/2007	12/31/9999	9	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

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	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J7668	Metaproterenol non-comp con	No	0	999	01/01/2000	12/31/9999	9	NC	NC
J7669	Metaproterenol non-comp unit	No	0	999	01/01/2000	12/31/9999	9	NC	NC
J7670	Metaproterenol comp unit	No	0	999	01/01/2007	12/31/9999	9	NC	NC
J7674	Methacholine chloride, neb	No	0	999	01/01/2005	12/31/9999	189	NC	NC
J7676	Pentamidine comp unit dose	No	0	999	01/01/2008	12/31/9999	1	NC	NC
J7677	Revefenacin inh non-com 1mcg	No	18	999	07/01/2019	12/31/9999	380	NC	NC
J7680	Terbutaline sulf comp con	No	0	999	01/01/2000	12/31/9999	3	NC	NC
J7681	Terbutaline sulf comp unit	No	0	999	01/01/2000	12/31/9999	3	NC	NC
J7682	Tobramycin non-comp unit	No	0	999	01/01/2000	12/31/9999	2	NC	NC
J7683	Triamcinolone comp con	No	0	999	01/01/2000	12/31/9999	12	NC	NC
J7684	Triamcinolone comp unit	No	0	999	01/01/2000	12/31/9999	12	NC	NC
J7685	Tobramycin comp unit	No	0	999	01/01/2007	12/31/9999	2	NC	NC
J7686	Treprostinil, non-comp unit	No	0	999	01/01/2011	12/31/9999	1	NC	NC
J7699	Inhalation solution for dme	No	0	999	02/01/1996	12/31/9999	1	NC	NC
J7799	Non-inhalation drug for dme	No	0	999	02/01/1996	12/31/9999	9999	NC	NC
J7999	Compounded drug, noc	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J8498	Antiemetic rectal/supp nos	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J8499	Oral prescrip drug non chemo	No	0	999	01/01/1995	12/31/9999	1	NC	NC
J8501	Oral aprepitant	No	0	999	01/01/2005	12/31/9999	25	NC	NC
J8510	Oral busulfan	No	0	999	01/01/2000	12/31/9999	1680	NC	NC
J8515	Cabergoline, oral 0.25mg	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J8520	Capecitabine, oral, 150 mg	No	0	999	01/01/2000	12/31/9999	46	NC	NC
J8521	Capecitabine, oral, 500 mg	No	0	999	01/01/2000	12/31/9999	14	NC	NC
J8530	Cyclophosphamide oral 25 mg	No	0	999	07/01/2020	12/31/9999	60	2.45	2.33
J8540	Oral dexamethasone	No	0	999	01/01/2006	12/31/9999	36	NC	NC
J8560	Etoposide oral 50 mg	No	0	999	01/01/1995	12/31/9999	4	NC	NC
J8562	Oral fludarabine phosphate	No	0	999	01/01/2011	12/31/9999	10	NC	NC
J8565	Gefitinib oral	No	0	999	01/01/2005	12/31/9999	1	NC	NC
J8597	Antiemetic drug oral nos	No	0	999	01/01/2006	12/31/9999	1	NC	NC
J8600	Melphalan oral 2 mg	No	0	999	01/01/1995	12/31/9999	3	NC	NC
J8610	Methotrexate oral 2.5 mg	No	0	999	01/01/1995	12/31/9999	12	NC	NC
J8650	Nabilone oral	No	0	999	01/01/2007	12/31/9999	4	NC	NC
J8655	Oral netupitant, palonosetro	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J8670	Rolapitant, oral, 1mg	No	18	999	04/01/2020	12/31/9999	180	2.59	2.46
J8700	Temozolomide	No	0	999	01/01/2014	12/31/9999	212	NC	NC
J8705	Topotecan oral	No	0	999	01/01/2009	12/31/9999	28	NC	NC
J8999	Oral prescription drug chemo	No	0	999	01/01/1995	12/31/9999	1	NC	NC
J9000	Doxorubicin hcl injection	No	0	999	07/01/2020	12/31/9999	20	3.00	2.85
J9015	Aldesleukin injection	No	0	999	07/01/2020	12/31/9999	1	4,964.62	4,716.39
J9017	Arsenic trioxide injection	No	0	999	07/01/2020	12/31/9999	30	30.23	28.72
J9019	Erwinaze injection	No	0	999	07/01/2020	12/31/9999	60	414.83	394.09
J9020	Asparaginase, nos	No	0	999	01/01/2015	12/31/9999	7	64.56	61.33
J9022	Inj, atezolizumab,10 mg	No	18	999	04/01/2020	12/31/9999	168	77.40	73.53
J9023	Injection, avelumab, 10 mg	No	18	999	07/01/2020	12/31/9999	140	84.24	80.03
J9025	Azacitidine injection	No	0	999	07/01/2020	12/31/9999	300	0.89	0.85
J9027	Clofarabine injection	No	1	999	07/01/2020	12/31/9999	100	64.58	61.35
J9030	Bcg live intravesical 1mg	No	0	999	07/01/2020	12/31/9999	50	2.81	2.67
J9032	Injection, belinostat, 10mg	No	18	999	07/01/2020	12/31/9999	300	41.18	39.12
J9033	Inj., treanda 1 mg	No	0	999	07/01/2020	12/31/9999	300	26.21	24.90
J9034	Inj., bendeka 1 mg	No	18	999	07/01/2020	12/31/9999	360	21.18	20.12
J9035	Bevacizumab injection	No	0	999	07/01/2020	12/31/9999	170	79.56	75.58
J9036	Inj. belrapzo/bendamustine	No	18	999	04/01/2020	12/31/9999	360	20.42	19.40
J9039	Injection, blinatumomab	No	0	999	01/01/2016	12/31/9999	1	NC	NC
J9040	Bleomycin sulfate injection	No	0	999	07/01/2020	12/31/9999	4	25.47	24.20
J9041	Inj., velcade 0.1 mg	No	0	999	04/01/2020	12/31/9999	35	45.05	42.80
J9042	Brentuximab vedotin inj	No	18	999	07/01/2020	12/31/9999	200	168.90	160.46
J9043	Cabazitaxel injection	No	0	999	07/01/2020	12/31/9999	60	176.74	167.90

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J9044	Inj, bortezomib, nos, 0.1 mg	No	18	999	07/01/2020	12/31/9999	35	27.35	25.98
J9045	Carboplatin injection	No	0	999	07/01/2020	12/31/9999	22	37.58	35.70
J9047	Injection, carfilzomib, 1 mg	No	18	999	07/01/2020	12/31/9999	160	37.58	35.70
J9050	Carmustine injection	No	0	999	04/01/2020	12/31/9999	6	1,927.69	1,831.31
J9055	Cetuximab injection	No	0	999	07/01/2020	12/31/9999	120	62.59	59.46
J9057	Inj., copanlisib, 1 mg	No	18	999	07/01/2020	12/31/9999	60	79.22	75.26
J9060	Cisplatin 10 mg injection	No	0	999	07/01/2020	12/31/9999	24	1.91	1.81
J9065	Inj cladribine per 1 mg	No	0	999	07/01/2020	12/31/9999	100	18.64	17.71
J9070	Cyclophosphamide 100 mg inj	No	0	999	07/01/2020	12/31/9999	55	31.85	30.26
J9098	Cytarabine liposome inj	No	0	999	01/01/2004	12/31/9999	9	NC	NC
J9100	Cytarabine hcl 100 mg inj	No	0	999	07/01/2020	12/31/9999	120	0.66	0.63
J9118	Inj. calaspargase pegol-mknl	No	0	999	10/01/2019	12/31/9999	1	NC	NC
J9119	Inj., cemiplimab-rwlc, 1 mg	No	18	999	04/01/2020	12/31/9999	350	27.42	26.05
J9120	Dactinomycin injection	No	0	999	07/01/2020	12/31/9999	5	975.14	926.38
J9130	Dacarbazine 100 mg inj	No	0	999	07/01/2020	12/31/9999	24	4.24	4.03
J9145	Injection, daratumumab 10 mg	No	18	999	04/01/2020	12/31/9999	240	54.15	51.44
J9150	Daunorubicin injection	No	0	999	07/01/2020	12/31/9999	12	46.34	44.02
J9151	Daunorubicin citrate inj	No	18	999	07/01/2020	12/31/9999	12	0.32	0.30
J9153	Inj daunorubicin, cytarabine	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J9155	Degarelix injection	No	0	999	04/01/2020	12/31/9999	240	3.87	3.68
J9160	Denileukin diftitox inj	No	18	999	07/01/2020	12/31/9999	7	1,863.80	1,770.61
J9165	Diethylstilbestrol injection	No	0	999	07/01/2014	12/31/9999	8	NC	NC
J9171	Docetaxel injection	No	0	999	07/01/2020	12/31/9999	240	1.04	0.99
J9173	Inj., durvalumab, 10 mg	No	18	999	07/01/2020	12/31/9999	150	75.49	71.72
J9175	Elliotts b solution per ml	No	0	999	01/01/2006	12/31/9999	10	NC	NC
J9176	Injection, elotuzumab, 1mg	No	18	999	07/01/2020	12/31/9999	3000	6.58	6.25
J9177	Inj enfort vedo-ejfv 0.25mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J9178	Inj, epirubicin hcl, 2 mg	No	0	999	07/01/2020	12/31/9999	150	1.21	1.15
J9179	Eribulin mesylate injection	No	28	85	07/01/2020	12/31/9999	50	116.66	110.83
J9181	Etoposide injection	No	0	999	07/01/2020	12/31/9999	100	0.61	0.58
J9185	Fludarabine phosphate inj	No	0	999	04/01/2020	12/31/9999	2	44.74	42.50
J9190	Fluorouracil injection	No	0	999	04/01/2020	12/31/9999	20	1.75	1.66
J9198	Inj. infugem, 100 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J9200	Floxuridine injection	No	0	999	07/01/2020	12/31/9999	5	77.31	73.44
J9201	In gemcitabine hcl nos 200mg	No	0	999	07/01/2020	12/31/9999	20	3.86	3.67
J9202	Goserelin acetate implant	No	0	999	04/01/2020	12/31/9999	3	500.31	475.29
J9203	Gemtuzumab ozogamicin 0.1 mg	No	2	999	01/01/2018	12/31/9999	1	NC	NC
J9204	Inj mogamulizumab-kpkc, 1 mg	No	18	999	10/01/2019	12/31/9999	160	200.87	190.83
J9205	Inj irinotecan liposome 1 mg	No	0	999	04/01/2020	12/31/9999	215	49.78	47.29
J9206	Irinotecan injection	No	0	999	07/01/2020	12/31/9999	42	2.49	2.37
J9207	Ixabepilone injection	No	0	999	07/01/2020	12/31/9999	90	99.37	94.40
J9208	Ifosfamide injection	No	0	999	07/01/2020	12/31/9999	15	26.25	24.94
J9209	Mesna injection	No	0	999	07/01/2020	12/31/9999	55	0.67	0.64
J9210	Inj., emapalumab-lzsg, 1 mg	No	0	999	10/01/2019	12/31/9999	954	NC	NC
J9211	Idarubicin hcl injection	No	0	999	07/01/2020	12/31/9999	6	33.11	31.45
J9212	Interferon alfacon-1 inj	No	0	999	07/01/2014	12/31/9999	15	NC	NC
J9213	Interferon alfa-2a inj	No	0	999	07/01/2014	12/31/9999	5	NC	NC
J9214	Interferon alfa-2b inj	No	0	999	07/01/2020	12/31/9999	100	33.55	31.87
J9215	Interferon alfa-n3 inj	No	18	999	07/01/2020	12/31/9999	24	30.00	28.50
J9216	Interferon gamma 1-b inj	No	0	999	07/01/2020	12/31/9999	2	7,196.88	6,837.04
J9217	Leuprolide acetate suspnsion	No	0	999	04/01/2020	12/31/9999	6	235.37	223.60
J9218	Leuprolide acetate injeciton	No	0	999	04/01/2020	12/31/9999	1	12.39	11.77
J9219	Leuprolide acetate implant	No	2	999	01/01/2017	12/31/9999	1	NC	NC
J9225	Vantas implant	No	0	999	04/01/2020	12/31/9999	1	4,306.11	4,090.80
J9226	Supprelin la implant	No	2	12	04/01/2020	12/31/9999	1	38,257.81	36,344.92
J9227	Inj. isatuximab-irfc 10 mg	No	18	999	10/01/2020	12/31/9999	160	66.67	63.34
J9228	Ipilimumab injection	No	18	999	07/01/2020	12/31/9999	1100	155.23	147.47

Mississippi Division of Medicaid
PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE
Print Date: October 9, 2020

PROPOSED

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
J9229	Inj inotuzumab ozogam 0.1 mg	No	18	999	01/01/2019	12/31/9999	1	NC	NC
J9230	Mechlorethamine hcl inj	No	0	999	07/01/2020	12/31/9999	5	328.29	311.88
J9245	Inj melpha hydroch nos 50 mg	No	0	999	07/01/2020	12/31/9999	9	521.37	495.30
J9246	Inj., evomela, 1 mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J9250	Methotrexate sodium inj	No	0	999	07/01/2020	12/31/9999	25	0.24	0.23
J9260	Methotrexate sodium inj	No	0	999	07/01/2020	12/31/9999	20	2.35	2.23
J9261	Nelarabine injection	No	0	999	07/01/2020	12/31/9999	80	152.53	144.90
J9262	Inj, omacetaxine mep, 0.01mg	No	18	999	07/01/2020	12/31/9999	700	3.11	2.95
J9263	Oxaliplatin	No	0	999	07/01/2020	12/31/9999	700	0.14	0.13
J9264	Paclitaxel protein bound	No	0	999	07/01/2020	12/31/9999	600	12.55	11.92
J9266	Pegaspargase injection	No	0	999	04/01/2020	12/31/9999	2	18,010.64	17,110.11
J9267	Paclitaxel injection	No	18	999	07/01/2020	12/31/9999	750	0.14	0.13
J9268	Pentostatin injection	No	0	999	07/01/2020	12/31/9999	1	2,109.35	2,003.88
J9269	Inj. tagraxofusp-erzs 10 mcg	No	2	999	10/01/2019	12/31/9999	1	NC	NC
J9270	Plicamycin (mithramycin) inj	No	0	999	07/01/2014	12/31/9999	2	NC	NC
J9271	Inj pembrolizumab	No	18	999	07/01/2020	12/31/9999	400	50.02	47.52
J9280	Mitomycin injection	No	0	999	07/01/2020	12/31/9999	12	79.89	75.90
J9285	Inj, olaratumab, 10 mg	No	18	999	07/01/2020	12/31/9999	200	52.17	49.56
J9293	Mitoxantrone hydrochl / 5 mg	No	0	999	07/01/2020	12/31/9999	8	27.81	26.42
J9295	Injection, necitumumab, 1 mg	No	18	999	04/01/2020	12/31/9999	800	5.73	5.44
J9299	Injection, nivolumab	No	0	999	01/01/2020	12/31/9999	480	28.16	26.75
J9301	Obinutuzumab inj	No	18	999	04/01/2020	12/31/9999	100	63.48	60.31
J9302	Ofatumumab injection	No	0	999	04/01/2020	12/31/9999	200	60.02	57.02
J9303	Panitumumab injection	No	0	999	07/01/2020	12/31/9999	90	118.52	112.59
J9304	Inj. pemetrexed, 10 mg	No	18	999	10/01/2020	12/31/9999	135	73.98	70.28
J9305	Inj. pemetrexed nos 10mg	No	0	999	07/01/2020	12/31/9999	150	70.79	67.25
J9306	Injection, pertuzumab, 1 mg	No	18	999	04/01/2020	12/31/9999	840	12.64	12.01
J9307	Pralatrexate injection	No	0	999	07/01/2020	12/31/9999	60	295.52	280.74
J9308	Injection, ramucirumab	No	18	999	07/01/2020	12/31/9999	280	59.67	56.69
J9309	Inj, polatuzumab vedotin 1mg	No	18	999	03/01/2020	12/31/9999	286	113.38	107.71
J9311	Inj rituximab, hyaluronidase	No	18	999	04/01/2020	12/31/9999	160	42.43	40.31
J9312	Inj., rituximab, 10 mg	No	18	999	07/01/2020	12/31/9999	150	94.41	89.69
J9313	Inj., lumoxiti, 0.01 mg	No	18	999	04/01/2020	12/31/9999	600	22.09	20.99
J9315	Romidepsin injection	No	0	999	07/01/2020	12/31/9999	40	220.88	209.84
J9320	Streptozocin injection	No	0	999	07/01/2020	12/31/9999	4	352.65	335.02
J9325	Inj talimogene laherparepvec	No	21	999	07/01/2020	12/31/9999	400	51.44	48.87
J9328	Temozolomide injection	No	0	999	07/01/2020	12/31/9999	400	10.39	9.87
J9330	Temsirolimus injection	No	0	999	07/01/2020	12/31/9999	50	47.93	45.53
J9340	Thiotepa injection	No	18	999	07/01/2020	12/31/9999	4	412.01	391.41
J9351	Topotecan injection	No	0	999	07/01/2020	12/31/9999	120	0.98	0.93
J9352	Injection trabectedin 0.1mg	No	18	65	07/01/2020	12/31/9999	40	312.94	297.29
J9354	Inj, ado-trastuzumab emt 1mg	No	18	999	07/01/2020	12/31/9999	600	32.11	30.50
J9355	Inj trastuzumab excl biosimi	No	18	999	07/01/2020	12/31/9999	105	105.86	100.57
J9356	Inj. herceptin hylecta, 10mg	No	18	999	04/01/2020	12/31/9999	60	77.99	74.09
J9357	Valrubicin injection	No	0	999	01/01/2000	12/31/9999	4	NC	NC
J9358	Inj fam-trastu deru-nxki 1mg	No	0	999	07/01/2020	12/31/9999	1	NC	NC
J9360	Vinblastine sulfate inj	No	0	999	07/01/2020	12/31/9999	40	3.89	3.70
J9370	Vincristine sulfate 1 mg inj	No	0	999	07/01/2020	12/31/9999	4	4.88	4.64
J9371	Inj, vincristine sul lip 1mg	No	18	999	07/01/2020	12/31/9999	5	3,075.83	2,922.04
J9390	Vinorelbine tartrate inj	No	0	999	07/01/2020	12/31/9999	36	11.96	11.36
J9395	Injection, fulvestrant	No	18	999	04/01/2020	12/31/9999	20	56.46	53.64
J9400	Inj, ziv-aflibercept, 1mg	No	18	999	07/01/2020	12/31/9999	500	8.40	7.98
J9600	Porfimer sodium injection	No	18	999	07/01/2014	12/31/9999	5	NC	NC
J9999	Chemotherapy drug	No	0	999	11/01/2004	12/31/9999	1	MP	MP
Q0138	Ferumoxytol, non-esrd	No	18	999	04/01/2020	12/31/9999	510	1.07	1.02
Q0139	Ferumoxytol, esrd use	No	0	999	04/01/2020	12/31/9999	510	1.07	1.02
Q0144	Azithromycin dihydrate, oral	No	0	999	01/01/2003	12/31/9999	2	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
Q0161	Chlorpromazine hcl 5mg oral	No	0	999	07/01/2020	12/31/9999	66	0.95	0.90
Q0162	Ondansetron oral	No	0	999	01/01/2012	12/31/9999	24	NC	NC
Q0163	Diphenhydramine hcl 50mg	No	0	999	01/01/1999	12/31/9999	8	NC	NC
Q0164	Prochlorperazine maleate 5mg	No	0	999	01/01/1999	12/31/9999	8	NC	NC
Q0166	Granisetron hcl 1 mg oral	No	0	999	01/01/1999	12/31/9999	2	NC	NC
Q0167	Dronabinol 2.5mg oral	No	0	999	01/01/1999	12/31/9999	17	NC	NC
Q0169	Promethazine hcl 12.5mg oral	No	0	999	01/01/1999	12/31/9999	24	NC	NC
Q0173	Trimethobenzamide hcl 250mg	No	0	999	01/01/1999	12/31/9999	5	NC	NC
Q0174	Thiethylperazine maleate10mg	No	0	999	01/01/1999	12/31/9999	3	NC	NC
Q0175	Perphenazine 4mg oral	No	0	999	01/01/1999	12/31/9999	6	NC	NC
Q0177	Hydroxyzine pamoate 25mg	No	0	999	01/01/1999	12/31/9999	24	NC	NC
Q0180	Dolasetron mesylate oral	No	0	999	01/01/1999	12/31/9999	1	NC	NC
Q0181	Unspecified oral anti-emetic	No	0	999	01/01/1999	12/31/9999	1	NC	NC
Q2009	Fosphenytoin inj pe	No	0	999	01/01/2001	12/31/9999	19	NC	NC
Q2017	Teniposide, 50 mg	No	0	999	01/01/2001	12/31/9999	19	NC	NC
Q2026	Radiesse injection	No	0	999	01/01/2010	12/31/9999	27	NC	NC
Q2028	Inj, sculptra, 0.5mg	No	0	999	01/01/2014	12/31/9999	1	NC	NC
Q2034	Agriflu vaccine	No	0	999	07/01/2012	12/31/9999	1	NC	NC
Q2035	Afluria vacc, 3 yrs & >, im	No	3	999	07/01/2020	12/31/9999	1	16.12	15.31
Q2036	Flulaval vacc, 3 yrs & >, im	No	3	999	04/01/2015	12/31/9999	1	8.58	8.15
Q2037	Fluvirin vacc, 3 yrs & >, im	No	3	999	10/01/2017	12/31/9999	1	17.69	16.81
Q2038	Fluzone vacc, 3 yrs & >, im	No	3	999	01/01/2015	12/31/9999	1	12.04	11.44
Q2039	Influenza virus vaccine, nos	No	3	999	07/01/2016	12/31/9999	1	NC	NC
Q2041	Axicabtagene ciloleucel car+	Yes	18	999	04/01/2018	12/31/9999	1	NC	NC
Q2042	Tisagenlecleucel car-pos t	Yes	0	999	01/01/2019	12/31/9999	1	NC	NC
Q2043	Sipuleucel-t auto cd54+	No	0	999	07/01/2011	12/31/9999	1	NC	NC
Q2049	Imported lipodox inj	No	19	999	07/01/2020	12/31/9999	10	470.40	446.88
Q2050	Doxorubicin inj 10mg	No	0	999	07/01/2020	12/31/9999	14	295.52	280.74
Q2052	Ivig demo, services/supplies	No	0	999	04/01/2014	12/31/9999	1	NC	NC
Q3001	Brachytherapy radioelements	No	0	999	01/01/2001	12/31/9999	1	NC	NC
Q3027	Inj beta interferon im 1 mcg	No	18	999	04/01/2020	12/31/9999	30	53.22	50.56
Q3028	Inj beta interferon sq 1 mcg	No	18	999	07/01/2020	12/31/9999	44	31.71	30.12
Q4074	Iloprost non-comp unit dose	No	0	999	01/01/2010	12/31/9999	9	NC	NC
Q4081	Epoetin alfa, 100 units esrd	No	0	999	07/01/2020	12/31/9999	200	1.06	1.01
Q4082	Drug/bio noc part b drug cap	No	0	999	01/01/2007	12/31/9999	1	NC	NC
Q5101	Injection, zarxio	No	0	999	07/01/2020	12/31/9999	1500	0.55	0.52
Q5103	Injection, inflectra	No	6	999	07/01/2020	12/31/9999	150	47.77	45.38
Q5104	Injection, renflexis	No	6	999	07/01/2020	12/31/9999	150	51.75	49.16
Q5105	Inj retacrit esrd on dialysi	No	0	999	07/01/2020	12/31/9999	100	0.93	0.88
Q5106	Inj retacrit non-esrd use	No	0	999	04/01/2020	12/31/9999	60	9.21	8.75
Q5107	Inj mvasi 10 mg	No	18	999	07/01/2020	12/31/9999	170	69.77	66.28
Q5108	Injection, fulphila	No	0	999	04/01/2020	12/31/9999	12	307.52	292.14
Q5109	Injection, ixifi, 10 mg	No	6	999	01/01/2019	12/31/9999	159	MP	MP
Q5110	Nivestym	No	0	999	07/01/2020	12/31/9999	1500	0.63	0.60
Q5112	Inj ontruzant 10 mg	No	18	999	07/01/2019	12/31/9999	128	NC	NC
Q5113	Inj herzuma 10 mg	No	18	999	07/01/2019	12/31/9999	128	NC	NC
Q5114	Inj ogivri 10 mg	No	18	999	07/01/2019	12/31/9999	128	93.31	88.64
Q5115	Inj truxima 10 mg	No	0	999	07/01/2019	12/31/9999	1	NC	NC
Q5116	Inj., trazimera, 10 mg	No	18	999	10/01/2019	12/31/9999	127	NC	NC
Q5117	Inj., kanjinti, 10 mg	No	18	999	07/01/2020	12/31/9999	120	90.67	86.14
Q9950	Inj sulf hexa lipid microsph	No	0	999	07/01/2020	12/31/9999	5	19.59	18.61
Q9951	Locm >= 400 mg/ml iodine,1ml	No	0	999	01/01/2014	12/31/9999	999	MP	MP
Q9953	Inj fe-based mr contrast,1ml	No	0	999	07/01/2020	12/31/9999	10	62.05	58.95
Q9954	Oral mr contrast, 100 ml	No	0	999	07/01/2020	12/31/9999	18	11.66	11.08
Q9955	Inj perflexane lip micros,ml	No	0	999	06/01/2007	12/31/9999	1	MP	MP
Q9956	Inj octafluoropropane mic,ml	No	0	999	07/01/2020	12/31/9999	9	32.13	30.52
Q9957	Inj perflutren lip micros,ml	No	0	999	07/01/2020	12/31/9999	3	48.20	45.79

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
Q9958	Hocm <=149 mg/ml iodine, 1ml	No	0	999	01/01/2020	12/31/9999	300	0.08	0.08
Q9959	Hocm 150-199mg/ml iodine,1ml	No	0	999	01/01/2014	12/31/9999	199	MP	MP
Q9960	Hocm 200-249mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	250	0.17	0.16
Q9961	Hocm 250-299mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	200	0.24	0.23
Q9962	Hocm 300-349mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	150	0.18	0.17
Q9963	Hocm 350-399mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	240	0.20	0.19
Q9964	Hocm>= 400mg/ml iodine, 1ml	No	0	999	01/01/2008	12/31/9999	500	0.29	0.28
Q9965	Locm 100-199mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	199	0.88	0.84
Q9966	Locm 200-299mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	250	0.32	0.30
Q9967	Locm 300-399mg/ml iodine,1ml	No	0	999	07/01/2020	12/31/9999	300	0.12	0.11
Q9968	Visualization adjunct	No	0	999	04/01/2020	12/31/9999	10	6.49	6.17
Q9969	Non-heu tc-99m add-on/dose	No	0	999	07/01/2020	12/31/9999	3	10.00	9.50
Q9982	Flutemetamol f18 diagnostic	No	0	999	07/01/2016	12/31/9999	1	NC	NC
Q9983	Florbetaben f18 diagnostic	No	18	999	07/01/2016	12/31/9999	1	NC	NC
S0012	Butorphanol tartrate, nasal	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0014	Tacrine hydrochloride, 10 mg	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0017	Injection, aminocaproic acid	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0020	Injection, bupivicaine hydro	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0021	Injection, cefoperazone sod	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0023	Injection, cimetidine hydroc	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0028	Injection, famotidine, 20 mg	No	0	999	07/01/2020	12/31/9999	1	0.89	0.85
S0030	Injection, metronidazole	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0032	Injection, nafcillin sodium	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0034	Injection, ofloxacin, 400 mg	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0039	Injection, sulfamethoxazole	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0040	Injection, ticarcillin disod	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0073	Injection, aztreonam, 500 mg	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0074	Injection, cefotetan disodiu	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0077	Injection, clindamycin phosp	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0078	Injection, fosphenytoin sodi	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0080	Injection, pentamidine iseth	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0081	Injection, piperacillin sodi	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0088	Imatinib 100 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0090	Sildenafil citrate, 25 mg	No	0	999	01/01/2000	12/31/9999	1	NC	NC
S0091	Granisetron 1mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0092	Hydromorphone 250 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0093	Morphine 500 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0104	Zidovudine, oral, 100 mg	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0106	Bupropion hcl sr 60 tablets	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0108	Mercaptopurine 50 mg	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0109	Methadone oral 5mg	No	0	999	10/01/2004	12/31/9999	1	NC	NC
S0117	Tretinoin topical 5 g	No	0	999	07/01/2004	12/31/9999	1	NC	NC
S0119	Ondansetron 4 mg	No	0	999	01/01/2012	12/31/9999	1	NC	NC
S0122	Inj menotropins 75 iu	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0126	Inj follitropin alfa 75 iu	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0128	Inj follitropin beta 75 iu	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0132	Inj ganirelix acetat 250 mcg	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S0136	Clozapine, 25 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S0137	Didanosine, 25 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S0138	Finasteride, 5 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S0139	Minoxidil, 10 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S0140	Saquinavir, 200 mg	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S0142	Colistimethate inh sol mg	No	0	999	04/01/2005	12/31/9999	1	NC	NC
S0145	Peg interferon alfa-2a/180	No	0	999	07/01/2005	12/31/9999	1	NC	NC
S0148	Peg interferon alfa-2b/10	No	0	999	10/01/2010	12/31/9999	1	NC	NC
S0155	Epoprostenol dilutant	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0156	Exemestane, 25 mg	No	0	999	01/01/2001	12/31/9999	1	NC	NC

Mississippi Division of Medicaid

PHYSICIAN ADMINISTERED DRUG (PAD) FEE SCHEDULE

Print Date: October 9, 2020

PROPOSED

MISSISSIPPI DIVISION OF MEDICAID

All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
S0157	Becaplermin gel 1%, 0.5 gm	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S0160	Dextroamphetamine	No	0	999	04/01/2004	12/31/9999	1	NC	NC
S0164	Injection pantroprazole	No	0	999	04/01/2004	12/31/9999	1	NC	NC
S0166	Inj olanzapine 2.5mg	No	13	999	07/01/2020	12/31/9999	12	8.30	7.89
S0169	Calcitrol	No	0	999	10/01/2010	12/31/9999	1	NC	NC
S0170	Anastrozole 1 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0171	Bumetanide 0.5 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0172	Chlorambucil 2 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0174	Dolasetron 50 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0175	Flutamide 125 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0176	Hydroxyurea 500 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0177	Levamisole 50 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0178	Lomustine 10 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0179	Megestrol 20 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0182	Procarbazine, oral	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0183	Prochlorperazine 5 mg	No	0	999	07/01/2020	12/31/9999	8	0.32	0.30
S0187	Tamoxifen 10 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0189	Testosterone pellet 75 mg	No	0	999	07/01/2020	12/31/9999	6	105.13	99.87
S0190	Mifepristone, oral, 200 mg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0191	Misoprostol, oral, 200 mcg	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S0194	Vitamin suppl 100 caps	No	0	999	04/01/2004	12/31/9999	1	NC	NC
S0197	Prenatal vitamins 30 day	No	0	999	04/01/2005	12/31/9999	1	NC	NC
S0199	Med abortion inc all ex drug	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S4989	Contracept iud	No	9	60	07/01/2013	12/31/9999	1	NC	NC
S4990	Nicotine patch legend	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S4991	Nicotine patch nonlegend	No	0	999	01/01/2002	12/31/9999	1	NC	NC
S4993	Contraceptive pills for bc	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S4995	Smoking cessation gum	No	0	999	01/01/2003	12/31/9999	1	NC	NC
S5000	Prescription drug, generic	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5001	Prescription drug,brand name	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5010	5% dextrose and 0.45% saline	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5012	5% dextrose with potassium	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5013	5%dextrose/0.45%saline1000ml	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5014	D5w/0.45ns w kcl and mgs04	No	0	999	01/01/2001	12/31/9999	1	NC	NC
S5550	Insulin rapid 5 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5551	Insulin most rapid 5 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5552	Insulin intermed 5 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5553	Insulin long acting 5 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5560	Insulin reuse pen 1.5 ml	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5561	Insulin reuse pen 3 ml	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5565	Insulin cartridge 150 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5566	Insulin cartridge 300 u	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5570	Insulin dispos pen 1.5 ml	No	0	999	01/01/2004	12/31/9999	1	NC	NC
S5571	Insulin dispos pen 3 ml	No	0	999	01/01/2004	12/31/9999	1	NC	NC