

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
**COVER SHEET**



**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	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Modifier	<ul style="list-style-type: none"> <li>• This column is used to denote the type of service.                      SC - Medical Supply</li> </ul>
4	Prior Authorization	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> </ul>
5	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
6	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
7	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns J and K became effective.</li> </ul>
8	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns J and K. □</li> </ul>
9	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service. □</li> </ul>
10	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>• When the maximum fee is listed as 0.00, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedule.</li> </ul>
11	Fee Reduced	<ul style="list-style-type: none"> <li>• This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.</li> <li>• When the maximum fee is listed as 0.00, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedule.</li> </ul>

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A4206	1 cc sterile syringe&needle	SC	No	0	999	10/1/2003	12/31/9999	60	0.19	0.18
A4208	3 cc sterile syringe&needle	SC	No	0	999	10/1/2003	12/31/9999	120	0.14	0.13
A4209	5+ cc sterile syringe&needle	SC	No	0	999	10/1/2003	12/31/9999	120	0.28	0.27
A4212	Non coring needle or stylet	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4213	20+ cc syringe only	SC	No	0	999	4/1/2020	12/31/9999	120	1.09	1.04
A4215	Sterile needle	SC	No	0	999	4/1/2020	12/31/9999	120	0.37	0.35
A4216	Sterile water/saline, 10 ml	SC	No	0	999	7/1/2020	12/31/9999	100	0.41	0.39
A4217	Sterile water/saline, 500 ml	SC	No	0	999	7/1/2020	12/31/9999	35	2.62	2.49
A4221	Supp non-insulin inf cath/wk	SC	No	0	999	11/9/2017	12/31/9999	5	20.33	19.31
A4222	Infusion supplies with pump	SC	No	0	999	11/9/2017	12/31/9999	35	35.36	33.59
A4224	Supply insulin inf cath/wk	SC	No	0	999	7/1/2020	12/31/9999	5	18.76	17.82
A4225	Sup/ext insulin inf pump syr	SC	No	0	999	7/1/2020	12/31/9999	1	2.34	2.22
A4230	Infus insulin pump non needl	SC	No	0	999	4/1/2020	12/31/9999	1	10.22	9.71
A4231	Infusion insulin pump needle	SC	No	0	999	4/1/2020	12/31/9999	1	8.59	8.16
A4232	Syringe w/needle insulin 3cc	SC	No	0	999	10/1/2003	12/31/9999	1	2.12	2.01
A4233	Alkaln batt for glucose mon	SC	No	0	999	7/1/2020	12/31/9999	2	0.41	0.39
A4234	J-cell batt for glucose mon	SC	No	0	999	7/1/2020	12/31/9999	2	1.89	1.80
A4235	Lithium batt for glucose mon	SC	No	0	999	7/1/2020	12/31/9999	2	0.80	0.76
A4236	Silvr oxide batt glucose mon	SC	No	0	999	7/1/2020	12/31/9999	2	0.93	0.88
A4244	Alcohol or peroxide per pint	SC	No	0	999	10/1/2003	12/31/9999	150	0.65	0.62
A4245	Alcohol wipes per box	SC	No	0	999	10/1/2003	12/31/9999	60	2.00	1.90
A4246	Betadine/phiso hex solution	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4247	Betadine/iodine swabs/wipes	SC	No	0	999	4/1/2020	12/31/9999	3	4.11	3.90
A4250	Urine reagent strips/tablets	SC	No	0	999	10/1/2003	12/31/9999	1	15.00	14.25
A4252	Blood ketone test or strip	SC	No	0	999	1/1/2009	12/31/9999	100	0.00	0.00
A4253	Blood glucose/reagent strips	SC	No	0	999	4/1/2020	12/31/9999	4	24.14	22.93
A4256	Calibrator solution/chips	SC	No	0	999	11/9/2017	12/31/9999	1	7.44	7.07
A4258	Lancet device each	SC	No	0	999	11/9/2017	12/31/9999	1	13.85	13.16
A4259	Lancets per box	SC	No	0	999	11/9/2017	12/31/9999	2	8.17	7.76
A4265	Paraffin	SC	No	0	999	7/1/2020	12/31/9999	10	3.17	3.01
A4280	Brst prsths adhsv attchmnt	SC	No	0	20	7/1/2020	12/31/9999	2	4.97	4.72
A4281	Replacement breastpump tube	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4282	Replacement breastpump adpt	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4283	Replacement breastpump cap	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4284	Replcmnt breast pump shield	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4285	Replcmnt breast pump bottle	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4286	Replcmnt breastpump lok ring	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4305	Drug delivery system >=50 ml	SC	No	0	999	4/1/2020	12/31/9999	120	11.16	10.60
A4306	Drug delivery system <=50 ml	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4310	Insert tray w/o bag/cath	SC	No	0	999	7/1/2020	12/31/9999	2	6.10	5.80
A4311	Catheter w/o bag 2-way latex	SC	No	0	999	7/1/2020	12/31/9999	2	13.77	13.08
A4312	Cath w/o bag 2-way silicone	SC	No	0	999	7/1/2020	12/31/9999	2	16.77	15.93
A4313	Catheter w/bag 3-way	SC	No	0	999	7/1/2020	12/31/9999	2	17.22	16.36
A4314	Cath w/drainage 2-way latex	SC	No	0	999	7/1/2020	12/31/9999	2	19.97	18.97
A4315	Cath w/drainage 2-way silcne	SC	No	0	999	7/1/2020	12/31/9999	2	24.51	23.28
A4316	Cath w/drainage 3-way	SC	No	0	999	7/1/2020	12/31/9999	2	26.39	25.07
A4320	Irrigation tray	SC	No	0	999	7/1/2020	12/31/9999	1	4.22	4.01
A4322	Irrigation syringe	SC	No	0	999	7/1/2020	12/31/9999	1	2.82	2.68
A4326	Male external catheter	SC	No	0	999	7/1/2020	12/31/9999	1	10.02	9.52
A4327	Fem urinary collect dev cup	SC	No	0	999	7/1/2020	12/31/9999	1	41.46	39.39
A4328	Fem urinary collect pouch	SC	No	0	999	7/1/2020	12/31/9999	1	9.70	9.22
A4331	Extension drainage tubing	SC	No	0	999	7/1/2020	12/31/9999	2	2.95	2.80
A4332	Lube sterile packet	SC	No	0	999	7/1/2020	12/31/9999	200	0.10	0.10
A4333	Urinary cath anchor device	SC	No	0	999	7/1/2020	12/31/9999	35	2.06	1.96
A4334	Urinary cath leg strap	SC	No	0	999	7/1/2020	12/31/9999	1	4.58	4.35
A4335	Incontinence supply	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A4336	Urethral insert	SC	No	0	999	7/1/2020	12/31/9999	1	1.34	1.27
A4338	Indwelling catheter latex	SC	No	0	999	7/1/2020	12/31/9999	2	11.40	10.83
A4340	Indwelling catheter special	SC	No	0	999	7/1/2020	12/31/9999	2	25.09	23.84
A4344	Cath indw foley 2 way silicn	SC	No	0	999	7/1/2020	12/31/9999	2	13.61	12.93
A4346	Cath indw foley 3 way	SC	No	0	999	7/1/2020	12/31/9999	2	16.13	15.32
A4349	Disposable male external cat	SC	No	0	999	7/1/2020	12/31/9999	30	1.87	1.78
A4351	Straight tip urine catheter	SC	No	0	999	7/1/2020	12/31/9999	200	1.56	1.48

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A4352	Coude tip urinary catheter	SC	No	0	999	7/1/2020	12/31/9999	200	5.98	5.68
A4353	Intermittent urinary cath	SC	No	0	999	7/1/2020	12/31/9999	200	6.50	6.18
A4354	Cath insertion tray w/bag	SC	No	0	999	7/1/2020	12/31/9999	2	10.97	10.42
A4355	Bladder irrigation tubing	SC	No	0	999	7/1/2020	12/31/9999	2	8.29	7.88
A4357	Bedside drainage bag	SC	No	0	999	7/1/2020	12/31/9999	2	7.67	7.29
A4358	Urinary leg or abdomen bag	SC	No	0	999	7/1/2020	12/31/9999	2	5.50	5.23
A4361	Ostomy face plate	SC	No	0	999	7/1/2020	12/31/9999	1	17.07	16.22
A4362	Solid skin barrier	SC	No	0	999	7/1/2020	12/31/9999	30	2.74	2.60
A4363	Ostomy clamp, replacement	SC	No	0	999	7/1/2020	12/31/9999	2	1.87	1.78
A4364	Adhesive, liquid or equal	SC	No	0	999	7/1/2020	12/31/9999	32	2.74	2.60
A4366	Ostomy vent	SC	No	0	999	7/1/2020	12/31/9999	5	1.20	1.14
A4367	Ostomy belt	SC	No	0	999	7/1/2020	12/31/9999	2	5.82	5.53
A4368	Ostomy filter	SC	No	0	999	7/1/2020	12/31/9999	35	0.23	0.22
A4369	Skin barrier liquid per oz	SC	No	0	999	7/1/2020	12/31/9999	1	2.26	2.15
A4371	Skin barrier powder per oz	SC	No	0	999	7/1/2020	12/31/9999	1	3.38	3.21
A4372	Skin barrier solid 4x4 equiv	SC	No	0	999	7/1/2020	12/31/9999	1	3.90	3.71
A4373	Skin barrier with flange	SC	No	0	999	7/1/2020	12/31/9999	1	5.82	5.53
A4375	Drainable plastic pch w fcpl	SC	No	0	999	7/1/2020	12/31/9999	1	15.96	15.16
A4376	Drainable rubber pch w fcpl	SC	No	0	999	7/1/2020	12/31/9999	1	44.22	42.01
A4377	Drainable plstic pch w/o fp	SC	No	0	999	7/1/2020	12/31/9999	1	3.98	3.78
A4378	Drainable rubber pch w/o fp	SC	No	0	999	7/1/2020	12/31/9999	1	28.58	27.15
A4379	Urinary plastic pouch w fcpl	SC	No	0	999	7/1/2020	12/31/9999	1	13.96	13.26
A4380	Urinary rubber pouch w fcpl	SC	No	0	999	7/1/2020	12/31/9999	1	34.70	32.97
A4381	Urinary plastic pouch w/o fp	SC	No	0	999	7/1/2020	12/31/9999	1	4.30	4.09
A4382	Urinary hvy plstc pch w/o fp	SC	No	0	999	7/1/2020	12/31/9999	1	22.88	21.74
A4383	Urinary rubber pouch w/o fp	SC	No	0	999	7/1/2020	12/31/9999	1	26.20	24.89
A4384	Ostomy faceplt/silicone ring	SC	No	0	999	7/1/2020	12/31/9999	2	8.94	8.49
A4385	Ost skn barrier sld ext wear	SC	No	0	999	7/1/2020	12/31/9999	1	4.74	4.50
A4387	Ost clsd pouch w att st barr	SC	No	0	999	7/1/2020	12/31/9999	1	2.09	1.99
A4388	Drainable pch w ex wear barr	SC	No	0	999	7/1/2020	12/31/9999	1	4.06	3.86
A4389	Drainable pch w st wear barr	SC	No	0	999	7/1/2020	12/31/9999	1	5.78	5.49
A4390	Drainable pch ex wear convex	SC	No	0	999	7/1/2020	12/31/9999	1	8.93	8.48
A4391	Urinary pouch w ex wear barr	SC	No	0	999	7/1/2020	12/31/9999	1	6.57	6.24
A4392	Urinary pouch w st wear barr	SC	No	0	999	7/1/2020	12/31/9999	1	7.59	7.21
A4393	Urine pch w ex wear bar conv	SC	No	0	999	7/1/2020	12/31/9999	1	8.40	7.98
A4394	Ostomy pouch liq deodorant	SC	No	0	999	7/1/2020	12/31/9999	8	2.41	2.29
A4395	Ostomy pouch solid deodorant	SC	No	0	999	7/1/2020	12/31/9999	1	0.04	0.04
A4396	Peristomal hernia supprt blt	SC	No	0	999	7/1/2020	12/31/9999	3	37.62	35.74
A4397	Irrigation supply sleeve	SC	No	0	999	7/1/2020	12/31/9999	30	4.06	3.86
A4398	Ostomy irrigation bag	SC	No	0	999	7/1/2020	12/31/9999	1	12.85	12.21
A4399	Ostomy irrig cone/cath w brs	SC	No	0	999	7/1/2020	12/31/9999	2	10.02	9.52
A4400	Ostomy irrigation set	SC	No	0	999	7/1/2020	12/31/9999	1	38.61	36.68
A4402	Lubricant per ounce	SC	No	0	999	7/1/2020	12/31/9999	5	1.26	1.20
A4404	Ostomy ring each	SC	No	0	999	7/1/2020	12/31/9999	30	1.36	1.29
A4405	Nonpectin based ostomy paste	SC	No	0	999	7/1/2020	12/31/9999	10	3.18	3.02
A4406	Pectin based ostomy paste	SC	No	0	999	7/1/2020	12/31/9999	35	5.32	5.05
A4407	Ext wear ost skn barr <=4sq"	SC	No	0	999	7/1/2020	12/31/9999	35	8.14	7.73
A4408	Ext wear ost skn barr >4sq"	SC	No	0	999	7/1/2020	12/31/9999	35	9.18	8.72
A4409	Ost skn barr convex <=4 sq i	SC	No	0	999	7/1/2020	12/31/9999	35	5.78	5.49
A4410	Ost skn barr extnd >4 sq	SC	No	0	999	7/1/2020	12/31/9999	1	8.40	7.98
A4411	Ost skn barr extnd =4sq	SC	No	0	999	7/1/2020	12/31/9999	1	4.74	4.50
A4412	Ost pouch drain high output	SC	No	0	999	7/1/2020	12/31/9999	1	2.51	2.38
A4413	2 pc drainable ost pouch	SC	No	0	999	7/1/2020	12/31/9999	35	5.12	4.86
A4414	Ost sknbar w/o conv<=4 sq in	SC	No	0	999	7/1/2020	12/31/9999	35	4.58	4.35
A4415	Ost skn barr w/o conv >4 sqi	SC	No	0	999	7/1/2020	12/31/9999	35	5.57	5.29
A4416	Ost pch clsd w barrier/fltr	SC	No	0	999	7/1/2020	12/31/9999	35	2.56	2.43
A4417	Ost pch w bar/bltinconv/fltr	SC	No	0	999	7/1/2020	12/31/9999	35	3.46	3.29
A4418	Ost pch clsd w/o bar w fltr	SC	No	0	999	7/1/2020	12/31/9999	35	1.69	1.61
A4419	Ost pch for bar w flange/flt	SC	No	0	999	7/1/2020	12/31/9999	35	1.61	1.53
A4420	Ost pch clsd for bar w lk fl	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A4421	Ostomy supply misc	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A4422	Ost pouch absorbent material	SC	No	0	999	7/1/2020	12/31/9999	60	0.10	0.10
A4423	Ost pch for bar w lk fl/fltr	SC	No	0	999	7/1/2020	12/31/9999	35	1.73	1.64

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A4424	Ost pch drain w bar & filter	SC	No	0	999	7/1/2020	12/31/9999	35	4.42	4.20
A4425	Ost pch drain for barrier fl	SC	No	0	999	7/1/2020	12/31/9999	35	3.33	3.16
A4426	Ost pch drain 2 piece system	SC	No	0	999	7/1/2020	12/31/9999	35	2.54	2.41
A4427	Ost pch drain/barr lk flng/f	SC	No	0	999	7/1/2020	12/31/9999	35	2.58	2.45
A4428	Urine ost pouch w faucet/tap	SC	No	0	999	7/1/2020	12/31/9999	35	6.06	5.76
A4429	Urine ost pouch w bltinconv	SC	No	0	999	7/1/2020	12/31/9999	35	7.66	7.28
A4430	Ost urine pch w b/bltin conv	SC	No	0	999	7/1/2020	12/31/9999	35	7.91	7.51
A4431	Ost pch urine w barrier/tapv	SC	No	0	999	7/1/2020	12/31/9999	35	5.78	5.49
A4432	Os pch urine w bar/fange/tap	SC	No	0	999	7/1/2020	12/31/9999	35	3.34	3.17
A4433	Urine ost pch bar w lock fln	SC	No	0	999	7/1/2020	12/31/9999	35	3.11	2.95
A4434	Ost pch urine w lock flng/ft	SC	No	0	999	7/1/2020	12/31/9999	35	3.50	3.33
A4435	1pc ost pch drain hgh output	SC	No	0	999	7/1/2020	12/31/9999	35	5.36	5.09
A4450	Non-waterproof tape	SC	No	0	999	7/1/2020	12/31/9999	100	0.10	0.10
A4452	Waterproof tape	SC	No	0	999	7/1/2020	12/31/9999	100	0.36	0.34
A4456	Adhesive remover, wipes	SC	No	0	999	7/1/2020	12/31/9999	100	0.22	0.21
A4458	Reusable enema bag	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
A4461	Surgicl dress hold non-reuse	SC	No	0	20	7/1/2020	12/31/9999	1	3.06	2.91
A4463	Surgical dress holder reuse	SC	No	0	20	7/1/2020	12/31/9999	3	12.37	11.75
A4467	Belt strap sleeve grmnt cover	SC	No	0	999	1/1/2017	12/31/9999	1	0.00	0.00
A4481	Tracheostoma filter	SC	No	0	999	7/1/2020	12/31/9999	35	0.34	0.32
A4483	Moisture exchanger	SC	No	0	999	4/1/2020	12/31/9999	35	3.76	3.57
A4554	Disposable underpads	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.32	0.30
A4556	Electrodes, pair	SC	No	0	999	7/1/2020	12/31/9999	1	9.59	9.11
A4557	Lead wires, pair	SC	No	0	999	7/1/2020	12/31/9999	2	12.80	12.16
A4565	Slings	SC	No	0	999	7/1/2020	12/31/9999	2	7.15	6.79
A4566	Should sling/vest/abrestrain	SC	No	0	20	1/1/2011	12/31/9999	1	0.00	0.00
A4570	Splint	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A4595	Tens suppl 2 lead per month	SC	No	0	20	7/1/2020	12/31/9999	2	17.84	16.95
A4601	Lith ion non prosth recharge	SC	No	0	999	1/1/2009	12/31/9999	10	0.00	0.00
A4605	Trach suction cath close sys	SC	No	0	999	7/1/2020	12/31/9999	35	15.24	14.48
A4606	Oxygen probe used w oximeter	SC	No	0	20	4/1/2020	12/31/9999	1	17.09	16.24
A4608	Transtracheal oxygen cath	SC	No	0	999	7/1/2020	12/31/9999	1	46.58	44.25
A4611	Heavy duty battery	SC	No	0	999	7/1/2013	12/31/9999	2	163.66	155.48
A4612	Battery cables	SC	No	0	999	7/1/2013	12/31/9999	2	69.24	65.78
A4613	Battery charger	SC	No	0	999	7/1/2013	12/31/9999	1	124.91	118.66
A4614	Hand-held pefr meter	SC	No	0	999	7/1/2020	12/31/9999	1	22.10	21.00
A4615	Cannula nasal	SC	No	0	999	7/1/2020	12/31/9999	1	0.68	0.65
A4616	Tubing (oxygen) per foot	SC	No	0	999	7/1/2020	12/31/9999	20	0.06	0.06
A4618	Breathing circuits	SC	No	0	999	7/1/2020	12/31/9999	35	7.02	6.67
A4623	Tracheostomy inner cannula	SC	No	0	999	7/1/2020	12/31/9999	62	5.18	4.92
A4624	Tracheal suction tube	SC	No	0	999	7/1/2020	12/31/9999	200	2.08	1.98
A4625	Trach care kit for new trach	SC	No	0	999	7/1/2020	12/31/9999	31	5.46	5.19
A4626	Tracheostomy cleaning brush	SC	No	0	999	7/1/2020	12/31/9999	2	2.95	2.80
A4627	Spacer bag/reservoir	SC	No	0	999	10/1/2003	12/31/9999	1	29.98	28.48
A4628	Oropharyngeal suction cath	SC	No	0	999	7/1/2020	12/31/9999	200	3.48	3.31
A4629	Tracheostomy care kit	SC	No	0	999	7/1/2020	12/31/9999	35	4.32	4.10
A4630	Repl bat t.e.n.s. own by pt	SC	No	0	20	7/1/2020	12/31/9999	1	5.80	5.51
A4633	Uvl replacement bulb	SC	No	0	20	7/1/2020	12/31/9999	6	38.14	36.23
A4634	Replacement bulb th lightbox	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A4635	Underarm crutch pad	SC	No	0	999	7/1/2020	12/31/9999	2	4.75	4.51
A4636	Handgrip for cane etc	SC	No	0	999	7/1/2020	12/31/9999	2	2.94	2.79
A4637	Repl tip cane/crutch/walker	SC	No	0	999	7/1/2020	12/31/9999	4	1.56	1.48
A4640	Alternating pressure pad	SC	No	0	999	7/1/2020	12/31/9999	1	48.01	45.61
A4657	Syringe w/wo needle	SC	No	0	20	10/1/2003	12/31/9999	150	0.18	0.17
A4660	Sphyg/bp app w cuff and stet	SC	No	0	999	10/1/1998	12/31/9999	1	21.63	20.55
A4663	Dialysis blood pressure cuff	SC	No	0	999	10/1/1998	12/31/9999	1	9.00	8.55
A4927	Non-sterile gloves	SC	No	0	999	4/1/2020	12/31/9999	2	7.43	7.06
A4930	Sterile, gloves per pair	SC	No	0	999	4/1/2020	12/31/9999	100	0.49	0.47
A4931	Reusable oral thermometer	SC	No	0	20	10/1/2003	12/31/9999	1	0.80	0.76
A4932	Reusable rectal thermometer	SC	No	0	20	10/1/2003	12/31/9999	1	0.80	0.76
A5051	Pouch clsd w barr attached	SC	No	0	999	7/1/2020	12/31/9999	30	1.92	1.82
A5052	Clsd ostomy pouch w/o barr	SC	No	0	999	7/1/2020	12/31/9999	30	1.38	1.31
A5053	Clsd ostomy pouch faceplate	SC	No	0	999	7/1/2020	12/31/9999	30	1.38	1.31

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A5054	Clsd ostomy pouch w/flange	SC	No	0	999	7/1/2020	12/31/9999	30	1.67	1.59
A5055	Stoma cap	SC	No	0	999	7/1/2020	12/31/9999	2	1.22	1.16
A5056	1 pc ost pouch w filter	SC	No	0	999	7/1/2020	12/31/9999	40	4.34	4.12
A5057	1 pc ost pou w built-in conv	SC	No	0	999	7/1/2020	12/31/9999	40	8.93	8.48
A5061	Pouch drainable w barrier at	SC	No	0	999	7/1/2020	12/31/9999	30	3.28	3.12
A5062	Drnble ostomy pouch w/o barr	SC	No	0	999	7/1/2020	12/31/9999	30	2.07	1.97
A5063	Drain ostomy pouch w/flange	SC	No	0	999	7/1/2020	12/31/9999	30	2.51	2.38
A5071	Urinary pouch w/barrier	SC	No	0	999	7/1/2020	12/31/9999	30	5.58	5.30
A5072	Urinary pouch w/o barrier	SC	No	0	999	7/1/2020	12/31/9999	30	2.93	2.78
A5073	Urinary pouch on barr w/flng	SC	No	0	999	7/1/2020	12/31/9999	30	2.51	2.38
A5081	Stoma plug or seal, any type	SC	No	0	999	7/1/2020	12/31/9999	5	2.62	2.49
A5082	Continent stoma catheter	SC	No	0	999	7/1/2020	12/31/9999	2	9.40	8.93
A5083	Stoma absorptive cover	SC	No	0	999	7/1/2020	12/31/9999	30	0.60	0.57
A5093	Ostomy accessory convex inse	SC	No	0	999	7/1/2020	12/31/9999	5	1.74	1.65
A5112	Urinary leg bag	SC	No	0	20	7/1/2020	12/31/9999	1	32.18	30.57
A5120	Skin barrier, wipe or swab	SC	No	0	999	7/1/2020	12/31/9999	50	0.22	0.21
A5121	Solid skin barrier 6x6	SC	No	0	999	7/1/2020	12/31/9999	30	6.93	6.58
A5122	Solid skin barrier 8x8	SC	No	0	999	7/1/2020	12/31/9999	30	11.94	11.34
A5126	Disk/foam pad +- adhesive	SC	No	0	999	7/1/2020	12/31/9999	35	1.22	1.16
A5131	Appliance cleaner	SC	No	0	999	7/1/2020	12/31/9999	1	14.73	13.99
A6010	Collagen based wound filler	SC	No	0	20	7/1/2020	12/31/9999	35	28.78	27.34
A6011	Collagen gel/paste wound fil	SC	No	0	20	7/1/2020	12/31/9999	35	2.12	2.01
A6021	Collagen dressing <=16 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	19.54	18.56
A6022	Collagen drsg>16<=48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	19.54	18.56
A6023	Collagen dressing >48 sq in	SC	No	0	20	7/1/2020	12/31/9999	1	176.87	168.03
A6024	Collagen dsq wound filler	SC	No	0	20	7/1/2020	12/31/9999	35	5.75	5.46
A6025	Silicone gel sheet, each	SC	No	0	20	1/1/2009	12/31/9999	60	0.00	0.00
A6154	Wound pouch each	SC	No	0	20	7/1/2020	12/31/9999	35	13.37	12.70
A6196	Alginate dressing <=16 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	6.84	6.50
A6197	Alginate drsg >16 <=48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	15.28	14.52
A6198	Alginate dressing > 48 sq in	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6199	Alginate drsg wound filler	SC	No	0	20	7/1/2020	12/31/9999	35	4.91	4.66
A6203	Composite drsg <= 16 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	3.13	2.97
A6204	Composite drsg >16<=48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	5.78	5.49
A6205	Composite drsg > 48 sq in	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6206	Contact layer <= 16 sq in	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6207	Contact layer >16<= 48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	6.82	6.48
A6208	Contact layer > 48 sq in	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6209	Foam drsg <=16 sq in w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	35	6.94	6.59
A6210	Foam drg >16<=48 sq in w/o b	SC	No	0	20	7/1/2020	12/31/9999	150	18.52	17.59
A6211	Foam drg > 48 sq in w/o brdr	SC	No	0	20	7/1/2020	12/31/9999	35	27.30	25.94
A6212	Foam drg <=16 sq in w/border	SC	No	0	20	7/1/2020	12/31/9999	15	9.02	8.57
A6213	Foam drg >16<=48 sq in w/bdr	SC	No	0	20	4/1/2020	12/31/9999	15	8.67	8.24
A6214	Foam drg > 48 sq in w/border	SC	No	0	20	7/1/2020	12/31/9999	15	9.57	9.09
A6215	Foam dressing wound filler	SC	No	0	20	1/1/2009	12/31/9999	15	0.00	0.00
A6216	Non-sterile gauze<=16 sq in	SC	No	0	999	7/1/2020	12/31/9999	999	0.04	0.04
A6217	Non-sterile gauze>16<=48 sq	SC	No	0	20	1/1/2009	12/31/9999	200	0.00	0.00
A6218	Non-sterile gauze > 48 sq in	SC	No	0	20	1/1/2009	12/31/9999	200	0.00	0.00
A6219	Gauze <= 16 sq in w/border	SC	No	0	999	7/1/2020	12/31/9999	200	0.89	0.85
A6220	Gauze >16 <=48 sq in w/bordr	SC	No	0	20	7/1/2020	12/31/9999	100	2.41	2.29
A6221	Gauze > 48 sq in w/border	SC	No	0	20	1/1/2009	12/31/9999	100	0.00	0.00
A6222	Gauze <=16 in no w/sal w/o b	SC	No	0	999	7/1/2020	12/31/9999	100	1.98	1.88
A6223	Gauze >16<=48 no w/sal w/o b	SC	No	0	20	7/1/2020	12/31/9999	999	2.26	2.15
A6224	Gauze > 48 in no w/sal w/o b	SC	No	0	20	7/1/2020	12/31/9999	35	3.35	3.18
A6228	Gauze <= 16 sq in water/sal	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A6229	Gauze >16<=48 sq in watr/sal	SC	No	0	20	7/1/2020	12/31/9999	35	3.35	3.18
A6230	Gauze > 48 sq in water/salne	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6231	Hydrogel dsq<=16 sq in	SC	No	0	999	7/1/2020	12/31/9999	35	4.36	4.14
A6232	Hydrogel dsq>16<=48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	6.38	6.06
A6233	Hydrogel dressing >48 sq in	SC	No	0	20	7/1/2020	12/31/9999	35	17.82	16.93
A6234	Hydrocolld drg <=16 w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	35	6.08	5.78
A6235	Hydrocolld drg >16<=48 w/o b	SC	No	0	20	7/1/2020	12/31/9999	35	15.63	14.85
A6236	Hydrocolld drg > 48 in w/o b	SC	No	0	20	7/1/2020	12/31/9999	35	25.33	24.06

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A6237	Hydrocolld drg <=16 in w/bdr	SC	No	0	20	7/1/2020	12/31/9999	35	7.35	6.98
A6238	Hydrocolld drg >16<=48 w/bdr	SC	No	0	20	7/1/2020	12/31/9999	35	21.19	20.13
A6239	Hydrocolld drg > 48 in w/bdr	SC	No	0	20	1/1/2009	12/31/9999	35	0.00	0.00
A6240	Hydrocolld drg filler paste	SC	No	0	20	7/1/2020	12/31/9999	35	11.38	10.81
A6241	Hydrocolloid drg filler dry	SC	No	0	20	7/1/2020	12/31/9999	35	2.39	2.27
A6242	Hydrogel drg <=16 in w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	35	5.63	5.35
A6243	Hydrogel drg >16<=48 w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	35	11.46	10.89
A6244	Hydrogel drg >48 in w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	35	36.51	34.68
A6245	Hydrogel drg <= 16 in w/bdr	SC	No	0	20	7/1/2020	12/31/9999	35	6.76	6.42
A6246	Hydrogel drg >16<=48 in w/b	SC	No	0	20	7/1/2020	12/31/9999	35	9.23	8.77
A6247	Hydrogel drg > 48 sq in w/b	SC	No	0	20	7/1/2020	12/31/9999	35	22.10	21.00
A6248	Hydrogel drsg gel filler	SC	No	0	20	7/1/2020	12/31/9999	5	15.10	14.35
A6250	Skin seal protect moisturizr	SC	No	0	999	4/1/2020	12/31/9999	2	3.47	3.30
A6251	Absorpt drg <=16 sq in w/o b	SC	No	0	20	7/1/2020	12/31/9999	100	1.85	1.76
A6252	Absorpt drg >16 <=48 w/o bdr	SC	No	0	20	7/1/2020	12/31/9999	100	3.02	2.87
A6253	Absorpt drg > 48 sq in w/o b	SC	No	0	20	7/1/2020	12/31/9999	100	5.89	5.60
A6254	Absorpt drg <=16 sq in w/bdr	SC	No	0	20	7/1/2020	12/31/9999	100	1.11	1.05
A6255	Absorpt drg >16<=48 in w/bdr	SC	No	0	20	7/1/2020	12/31/9999	100	2.82	2.68
A6256	Absorpt drg > 48 sq in w/bdr	SC	No	0	20	1/1/2009	12/31/9999	100	0.00	0.00
A6257	Transparent film <= 16 sq in	SC	No	0	999	7/1/2020	12/31/9999	100	1.43	1.36
A6258	Transparent film >16<=48 in	SC	No	0	999	7/1/2020	12/31/9999	100	4.00	3.80
A6259	Transparent film > 48 sq in	SC	No	0	999	7/1/2020	12/31/9999	100	10.16	9.65
A6260	Wound cleanser any type/size	SC	No	0	20	1/1/2009	12/31/9999	5	0.00	0.00
A6261	Wound filler gel/paste /oz	SC	No	0	20	1/1/2009	12/31/9999	300	0.00	0.00
A6262	Wound filler dry form / gram	SC	No	0	20	1/1/2009	12/31/9999	90	0.00	0.00
A6266	Impreg gauze no h20/sal/yard	SC	No	0	20	7/1/2020	12/31/9999	90	1.78	1.69
A6402	Sterile gauze <= 16 sq in	SC	No	0	999	7/1/2020	12/31/9999	999	0.10	0.10
A6403	Sterile gauze>16 <= 48 sq in	SC	No	0	999	7/1/2020	12/31/9999	999	0.39	0.37
A6404	Sterile gauze > 48 sq in	SC	No	0	999	1/1/2009	12/31/9999	35	0.00	0.00
A6407	Packing strips, non-impreg	SC	No	0	20	7/1/2020	12/31/9999	90	1.74	1.65
A6410	Sterile eye pad	SC	No	0	20	7/1/2020	12/31/9999	90	0.35	0.33
A6411	Non-sterile eye pad	SC	No	0	20	1/1/2009	12/31/9999	90	0.00	0.00
A6412	Occlusive eye patch	SC	No	0	20	10/1/2003	12/31/9999	35	1.67	1.59
A6441	Pad band w>=3" <5"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	0.64	0.61
A6442	Conform band n/s w<3"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	0.14	0.13
A6443	Conform band n/s w>=3"<5"/yd	SC	No	0	20	7/1/2020	12/31/9999	999	0.26	0.25
A6444	Conform band n/s w>=5"/yd	SC	No	0	20	7/1/2020	12/31/9999	999	0.52	0.49
A6445	Conform band s w <3"/yd	SC	No	0	20	7/1/2020	12/31/9999	999	0.30	0.29
A6446	Conform band s w>=3" <5"/yd	SC	No	0	20	7/1/2020	12/31/9999	999	0.37	0.35
A6447	Conform band s w >=5"/yd	SC	No	0	20	7/1/2020	12/31/9999	999	0.64	0.61
A6448	Lt compres band <3"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	1.07	1.02
A6449	Lt compres band >=3" <5"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6450	Lt compres band >=5"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6451	Mod compres band w>=3"<5"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	1.63	1.55
A6452	High compres band w>=3"<5"/yd	SC	No	0	20	7/1/2020	12/31/9999	15	5.49	5.22
A6453	Self-adher band w <3"/yd	SC	No	0	20	7/1/2020	12/31/9999	60	0.58	0.55
A6454	Self-adher band w>=3" <5"/yd	SC	No	0	20	7/1/2020	12/31/9999	60	0.73	0.69
A6455	Self-adher band >=5"/yd	SC	No	0	20	7/1/2020	12/31/9999	60	1.30	1.24
A6456	Zinc paste band w >=3"<5"/yd	SC	No	0	20	7/1/2020	12/31/9999	35	1.18	1.12
A6457	Tubular dressing	SC	No	0	20	7/1/2020	12/31/9999	30	1.06	1.01
A6501	Compres burngarment bodysuit	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6502	Compres burngarment chinstrp	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6503	Compres burngarment facehood	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6504	Cmprsburngarment glove-wrist	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6505	Cmprsburngarment glove-elbow	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6506	Cmprsburngrmnt glove-axilla	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6507	Cmprs burngarment foot-knee	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6508	Cmprs burngarment foot-thigh	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6509	Compres burn garment jacket	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6510	Compres burn garment leotard	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6511	Compres burn garment panty	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A6512	Compres burn garment, noc	SC	No	0	20	1/1/2009	12/31/9999	2	0.00	0.00
A6513	Compress burn mask face/neck	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A6550	Neg pres wound ther drsg set	SC	No	0	999	7/1/2020	12/31/9999	1	21.98	20.88
A7000	Disposable canister for pump	SC	No	0	999	7/1/2020	12/31/9999	1	7.46	7.09
A7001	Nondisposable pump canister	SC	No	0	999	7/1/2020	12/31/9999	1	27.43	26.06
A7002	Tubing used w suction pump	SC	No	0	999	7/1/2020	12/31/9999	1	3.02	2.87
A7003	Nebulizer administration set	SC	No	0	999	7/1/2020	12/31/9999	2	1.94	1.84
A7004	Disposable nebulizer sml vol	SC	No	0	999	7/1/2020	12/31/9999	2	1.26	1.20
A7005	Nondisposable nebulizer set	SC	No	0	999	7/1/2020	12/31/9999	1	17.36	16.49
A7006	Filtered nebulizer admin set	SC	No	0	999	7/1/2020	12/31/9999	1	7.58	7.20
A7007	Lg vol nebulizer disposable	SC	No	0	999	7/1/2020	12/31/9999	2	3.43	3.26
A7008	Disposable nebulizer prefill	SC	No	0	999	7/1/2020	12/31/9999	1	8.68	8.25
A7009	Nebulizer reservoir bottle	SC	No	0	999	7/1/2020	12/31/9999	1	38.49	36.57
A7010	Disposable corrugated tubing	SC	No	0	999	7/1/2020	12/31/9999	2	16.03	15.23
A7012	Nebulizer water collec devic	SC	No	0	999	7/1/2020	12/31/9999	2	2.98	2.83
A7013	Disposable compressor filter	SC	No	0	999	7/1/2020	12/31/9999	2	0.57	0.54
A7014	Compressor nondispos filter	SC	No	0	999	7/1/2020	12/31/9999	1	3.50	3.33
A7015	Aerosol mask used w nebulize	SC	No	0	999	7/1/2020	12/31/9999	1	1.42	1.35
A7016	Nebulizer dome & mouthpiece	SC	No	0	999	7/1/2020	12/31/9999	1	6.41	6.09
A7018	Water distilled w/nebulizer	SC	No	0	999	7/1/2020	12/31/9999	35	0.30	0.29
A7020	Interface, cough stim device	SC	No	0	999	7/1/2020	12/31/9999	1	13.46	12.79
A7027	Combination oral/nasal mask	SC	No	0	999	7/1/2020	12/31/9999	1	139.47	132.50
A7028	Repl oral cushion combo mask	SC	No	0	999	7/1/2020	12/31/9999	2	37.84	35.95
A7029	Repl nasal pillow comb mask	SC	No	0	999	7/1/2020	12/31/9999	2	16.19	15.38
A7030	Cpap full face mask	SC	No	0	999	7/1/2020	12/31/9999	1	114.91	109.16
A7031	Replacement facemask interfa	SC	No	0	999	7/1/2020	12/31/9999	1	42.90	40.76
A7032	Replacement nasal cushion	SC	No	0	999	7/1/2020	12/31/9999	2	24.60	23.37
A7033	Replacement nasal pillows	SC	No	0	999	7/1/2020	12/31/9999	2	18.23	17.32
A7034	Nasal application device	SC	No	0	999	7/1/2020	12/31/9999	1	71.74	68.15
A7035	Pos airway press headgear	SC	No	0	999	7/1/2020	12/31/9999	1	22.87	21.73
A7036	Pos airway press chinstrap	SC	No	0	999	7/1/2020	12/31/9999	1	10.97	10.42
A7037	Pos airway pressure tubing	SC	No	0	999	7/1/2020	12/31/9999	1	21.55	20.47
A7038	Pos airway pressure filter	SC	No	0	999	7/1/2020	12/31/9999	2	3.09	2.94
A7039	Filter, non disposable w pap	SC	No	0	999	7/1/2020	12/31/9999	1	7.90	7.51
A7044	Pap oral interface	SC	No	0	999	7/1/2020	12/31/9999	1	85.04	80.79
A7046	Repl water chamber, pap dev	SC	No	0	999	7/1/2020	12/31/9999	1	13.69	13.01
A7048	Vacuum drain bottle/tube kit	SC	No	0	20	7/1/2020	12/31/9999	10	39.54	37.56
A7501	Tracheostoma valve w diaphra	SC	No	0	999	7/1/2020	12/31/9999	2	97.61	92.73
A7502	Replacement diaphragm/fplate	SC	No	0	999	7/1/2020	12/31/9999	1	46.40	44.08
A7503	Hmes filter holder or cap	SC	No	0	999	7/1/2020	12/31/9999	1	10.54	10.01
A7504	Tracheostoma hmes filter	SC	No	0	999	7/1/2020	12/31/9999	62	0.64	0.61
A7505	Hmes or trach valve housing	SC	No	0	999	7/1/2020	12/31/9999	2	4.36	4.14
A7506	Hmes/trachvalve adhesivedisk	SC	No	0	999	7/1/2020	12/31/9999	62	0.30	0.29
A7507	Integrated filter & holder	SC	No	0	999	7/1/2020	12/31/9999	62	2.31	2.19
A7508	Housing & integrated adhesiv	SC	No	0	999	7/1/2020	12/31/9999	62	2.66	2.53
A7509	Heat & moisture exchange sys	SC	No	0	999	7/1/2020	12/31/9999	62	1.31	1.24
A7520	Trach/laryn tube non-cuffed	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7521	Trach/laryn tube cuffed	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7522	Trach/laryn tube stainless	SC	No	0	999	4/1/2020	12/31/9999	5	41.60	39.52
A7523	Tracheostomy shower protect	SC	No	0	999	1/1/2009	12/31/9999	5	0.00	0.00
A7524	Tracheostoma stent/stud/bttn	SC	No	0	999	7/1/2020	12/31/9999	1	71.94	68.34
A7525	Tracheostomy mask	SC	No	0	999	7/1/2020	12/31/9999	1	1.92	1.82
A7526	Tracheostomy tube collar	SC	No	0	999	7/1/2020	12/31/9999	35	3.15	2.99
A7527	Trach/laryn tube plug/stop	SC	No	0	999	7/1/2020	12/31/9999	2	3.33	3.16
A8000	Soft protect helmet prefab	SC	No	0	20	7/1/2020	12/31/9999	1	142.54	135.41
A8001	Hard protect helmet prefab	SC	No	0	20	7/1/2020	12/31/9999	1	142.54	135.41
A8002	Soft protect helmet custom	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A8003	Hard protect helmet custom	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A8004	Repl soft interface, helmet	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
A9274	Ext amb insulin delivery sys	SC	No	0	999	4/1/2020	12/31/9999	1	39.40	37.43
A9276	Disposable sensor, cgm sys	SC	Yes	0	999	7/1/2016	12/31/9999	1	168.66	160.23
A9277	External transmitter, cgm	SC	Yes	0	999	1/1/2015	12/31/9999	1	575.00	546.25
A9278	External receiver, cgm sys	SC	Yes	0	999	1/1/2015	12/31/9999	1	510.00	484.50
A9900	Supply/accessory/service	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
A9901	Delivery/set up/dispensing	SC	Yes	0	999	1/1/2015	12/31/9999	1	50.00	47.50

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A9999	Dme supply or accessory, nos	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
B4034	Enter feed supkit syr by day	SC	No	0	999	7/1/2020	12/31/9999	31	3.98	3.78
B4035	Enteral feed supp pump per d	SC	No	0	999	7/1/2020	12/31/9999	31	7.36	6.99
B4036	Enteral feed sup kit grav by	SC	No	0	999	7/1/2020	12/31/9999	31	5.30	5.04
B4081	Enteral ng tubing w/ stylet	SC	No	0	999	7/1/2020	12/31/9999	1	16.11	15.30
B4082	Enteral ng tubing w/o stylet	SC	No	0	999	7/1/2020	12/31/9999	1	11.79	11.20
B4083	Enteral stomach tube levine	SC	No	0	999	7/1/2020	12/31/9999	1	1.79	1.70
B4087	Gastro/jejuno tube, std	SC	No	0	999	7/1/2020	12/31/9999	1	27.26	25.90
B4088	Gastro/jejuno tube, low-pro	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
B4220	Parenteral supply kit premix	SC	No	0	999	7/1/2020	12/31/9999	31	7.73	7.34
B4222	Parenteral supply kit homemi	SC	No	0	999	7/1/2020	12/31/9999	31	9.54	9.06
B4224	Parenteral administration ki	SC	No	0	999	7/1/2020	12/31/9999	31	24.13	22.92
B9998	Enteral supp not otherwise c	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
B9999	Parenteral supp not othrws c	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
K0552	Sup/ext non-ins inf pump syr	SC	No	0	999	7/1/2020	12/31/9999	16	2.34	2.22
K0553	Ther cgm supply allowance	SC	No	0	999	7/1/2020	12/31/9999	1	178.22	169.31
K0601	Repl batt silver oxide 1.5 v	SC	No	0	999	7/1/2020	12/31/9999	2	1.02	0.97
K0602	Repl batt silver oxide 3 v	SC	No	0	999	7/1/2020	12/31/9999	2	5.78	5.49
K0603	Repl batt alkaline 1.5 v	SC	No	0	999	7/1/2020	12/31/9999	2	0.52	0.49
K0604	Repl batt lithium 3.6 v	SC	No	0	999	7/1/2020	12/31/9999	2	5.55	5.27
K0605	Repl batt lithium 4.5 v	SC	No	0	999	7/1/2020	12/31/9999	2	13.30	12.64
S1040	Cranial remolding orthosis	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
S8189	Trach supply noc	SC	No	0	999	1/1/2009	12/31/9999	999	0.00	0.00
S8265	Haberman feeder	SC	No	0	20	1/1/2009	12/31/9999	1	0.00	0.00
S8490	100 insulin syringes	SC	No	0	999	10/1/2003	12/31/9999	2	18.00	17.10
S8999	Resuscitation bag	SC	No	0	999	1/1/2009	12/31/9999	1	0.00	0.00
T4521	Adult size brief/diaper sm	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.57	0.54
T4522	Adult size brief/diaper med	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.62	0.59
T4523	Adult size brief/diaper lg	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.78	0.74
T4524	Adult size brief/diaper xl	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.83	0.79
T4525	Adult size pull-on sm	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.57	0.54
T4526	Adult size pull-on med	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.70	0.67
T4527	Adult size pull-on lg	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.85	0.81
T4528	Adult size pull-on xl	SC	Yes	3	999	4/1/2020	12/31/9999	186	0.95	0.90
T4529	Ped size brief/diaper sm/med	SC	Yes	3	20	3/1/2013	12/31/9999	186	0.60	0.57
T4530	Ped size brief/diaper lg	SC	Yes	3	20	3/1/2013	12/31/9999	186	0.60	0.57
T4531	Ped size pull-on sm/med	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.60	0.57
T4532	Ped size pull-on lg	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.60	0.57
T4533	Youth size brief/diaper	SC	Yes	0	20	1/1/2020	12/31/9999	186	0.65	0.62
T4534	Youth size pull-on	SC	Yes	3	20	7/1/2019	12/31/9999	186	0.65	0.62
T4543	Adult disp brief/diap abv xl	SC	Yes	3	999	4/1/2020	12/31/9999	186	1.32	1.25
T4544	Adlt disp und/pull on abv xl	SC	Yes	3	999	8/1/2019	12/31/9999	186	1.00	0.95