Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) 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	• 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	Min Age	• This column is the covered minimum age for the service.
4	Max Age	• This column is the covered maximum age for the service.
5	Begin Date	• This column represents the begin date of which the fee in columns I and J became effective.
6	End Date	• This column represents the end date of the fee segment in columns H and I.
7	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
8	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit. • When there is no the maximum fee is listed as 0.00, the service is a packaged service/item, no separate payment made.
9	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. • When the maximum fee is listed as 0.00, the service is a packaged servcie/item, no separate payment made.

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
10004	Fna bx w/o img gdn ea addl	0	999	1/1/2019	12/31/9999	3	0.00	0.00
10005	Fna bx w/us gdn 1st les	0	999	10/1/2020	12/31/9999	1	60.06	57.06
10006	Fna bx w/us gdn ea addl	0	999	1/1/2019	12/31/9999	3	0.00	0.00
10007	Fna bx w/fluor gdn 1st les	0	999	10/1/2020	12/31/9999	1	185.94	176.64
10008	Fna bx w/fluor gdn ea addl	0	999	1/1/2019	12/31/9999	3	0.00	0.00
10009	Fna bx w/ct gdn 1st les	0	999	10/1/2020	12/31/9999	1	246.58	234.25
10010	Fna bx w/ct gdn ea addl	0	999	1/1/2019	12/31/9999	3	0.00	0.00
10021	Fna bx w/o img gdn 1st les	0	999	10/1/2020	12/31/9999	1	47.35	44.98
10030	Guide cathet fluid drainage	0	999	10/1/2020	12/31/9999	1	246.58	234.25
10035	Perq dev soft tiss 1st imag	0	999	1/1/2016	12/31/9999	1	0.00	0.00
10036	Perq dev soft tiss add imag	0	999	1/1/2016	12/31/9999	1	0.00	0.00
10060	Drainage of skin abscess	0	999	10/1/2020	12/31/9999	1	60.34	57.32
10061	Drainage of skin abscess	0	999	10/1/2020	12/31/9999	1	92.39	87.77
10080	Drainage of pilonidal cyst	0	999	10/1/2020	12/31/9999	1	132.23	125.62
10081	Drainage of pilonidal cyst	0	999	10/1/2020	12/31/9999	1	166.88	158.54
10120	Remove foreign body	0	999	10/1/2020	12/31/9999	1	85.46	81.19
10121	Remove foreign body	0	999	10/1/2020	12/31/9999	1	461.11	438.05
10140	Drainage of hematoma/fluid	0	999	10/1/2020	12/31/9999	1	88.06	83.66
10160	Puncture drainage of lesion	0	999	10/1/2020	12/31/9999	1	66.70	63.37
10180	Complex drainage wound	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11000	Debride infected skin	0	999	10/1/2020	12/31/9999	1	27.43	26.06
11001	Debride infected skin add-on	0	999	10/1/2014	12/31/9999	10	0.00	0.00
11010	Debride skin at fx site	0	999	10/1/2020	12/31/9999	1	246.58	234.25
11011	Debride skin musc at fx site	0	999	10/1/2020	12/31/9999	1	246.58	234.25
11012	Deb skin bone at fx site	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11042	Deb subq tissue 20 sq cm/<	0	999	10/1/2020	12/31/9999	1	129.16	122.70
11043	Deb musc/fascia 20 sq cm/<	0	999	10/1/2020	12/31/9999	1	200.91	190.86
11044	Deb bone 20 sq cm/<	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11045	Deb subq tissue add-on	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11046	Deb musc/fascia add-on	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11047	Deb bone add-on	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11055	Trim skin lesion	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11056	Trim skin lesions 2 to 4	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11057	Trim skin lesions over 4	0	999	10/1/2020	12/31/9999	1	46.48	44.16
11102	Tangntl bx skin single les	0	999	10/1/2020	12/31/9999	1	60.63	57.60
11103	Tangntl bx skin ea sep/addl	0	999	1/1/2019	12/31/9999	6	0.00	0.00
11104	Punch bx skin single lesion	0	999	10/1/2020	12/31/9999	1	70.63	67.10
11105	Punch bx skin ea sep/addl	0	999	1/1/2019	12/31/9999	3	0.00	0.00
11106	Incal bx skn single les	0	999	10/1/2020	12/31/9999	1	92.97	88.32
11107	Incal bx skn ea sep/addl	0	999	1/1/2019	12/31/9999	2	0.00	0.00
11200	Removal of skin tags <w/15	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11201	Remove skin tags add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
11300	Shave skin lesion 0.5 cm/<	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11301	Shave skin lesion 0.6-1.0 cm	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11302	Shave skin lesion 1.1-2.0 cm	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11303	Shave skin lesion >2.0 cm	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11305	Shave skin lesion 0.5 cm/<	0	999	10/1/2015	12/31/9999	15	0.00	0.00
11306	Shave skin lesion 0.6-1.0 cm	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11307	Shave skin lesion 1.1-2.0 cm	0	999	10/1/2020	12/31/9999	15	70.63	67.10
11308	Shave skin lesion >2.0 cm	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11310	Shave skin lesion 0.5 cm/<	0	999	10/1/2020	12/31/9999	15	69.30	65.84
11311	Shave skin lesion 0.6-1.0 cm	0	999	10/1/2020	12/31/9999	15	70.63	67.10
11312	Shave skin lesion 1.1-2.0 cm	0	999	10/1/2020	12/31/9999	15	88.93	84.48
11313	Shave skin lesion >2.0 cm	0	999	10/1/2020	12/31/9999	15	98.46	93.54
11400	Exc tr-ext b9+marg 0.5 cm<	0	999	10/1/2020	12/31/9999	15	73.91	70.21
11401	Exc tr-ext b9+marg 0.6-1 cm	0	999	10/1/2020	12/31/9999	10	84.30	80.09
11402	Exc tr-ext b9+marg 1.1-2 cm	0	999	10/1/2020	12/31/9999	5	92.10	87.50
11403	Exc tr-ext b9+marg 2.1-3cm	0	999	10/1/2020	12/31/9999	3	99.90	94.91

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
11404	Exc tr-ext b9+marg 3.1-4 cm	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11406	Exc tr-ext b9+marg >4.0 cm	0	999	10/1/2020	12/31/9999	4	461.11	438.05
11420	Exc h-f-nk-sp b9+marg 0.5/<	0	999	10/1/2020	12/31/9999	15	71.02	67.47
11421	Exc h-f-nk-sp b9+marg 0.6-1	0	999	10/1/2020	12/31/9999	10	83.44	79.27
11422	Exc h-f-nk-sp b9+marg 1.1-2	0	999	10/1/2020	12/31/9999	5	92.39	87.77
11423	Exc h-f-nk-sp b9+marg 2.1-3	0	999	10/1/2020	12/31/9999	3	100.18	95.17
11424	Exc h-f-nk-sp b9+marg 3.1-4	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11426	Exc h-f-nk-sp b9+marg >4 cm	0	999	10/1/2020	12/31/9999	2	795.47	755.70
11440	Exc face-mm b9+marg 0.5 cm/<	0	999	10/1/2020	12/31/9999	10	81.13	77.07
11441	Exc face-mm b9+marg 0.6-1 cm	0	999	10/1/2020	12/31/9999	5	91.23	86.67
11442	Exc face-mm b9+marg 1.1-2 cm	0	999	10/1/2020	12/31/9999	2	98.74	93.80
11443	Exc face-mm b9+marg 2.1-3 cm	0	999	10/1/2020	12/31/9999	2	109.42	103.95
11444	Exc face-mm b9+marg 3.1-4 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11446	Exc face-mm b9+marg >4 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11450	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11451	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11462	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11463	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11470	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11471	Removal sweat gland lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11600	Exc tr-ext mal+marg 0.5 cm/<	0	999	10/1/2020	12/31/9999	5	108.85	103.41
11601	Exc tr-ext mal+marg 0.6-1 cm	0	999	10/1/2020	12/31/9999	5	121.26	115.20
11602	Exc tr-ext mal+marg 1.1-2 cm	0	999	10/1/2020	12/31/9999	5	129.16	122.70
11603	Exc tr-ext mal+marg 2.1-3 cm	0	999	10/1/2020	12/31/9999	2	140.32	133.30
11604	Exc tr-ext mal+marg 3.1-4 cm	0	999	10/1/2020	12/31/9999	2	246.58	234.25
11606	Exc tr-ext mal+marg >4 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11620	Exc h-f-nk-sp mal+marg 0.5/<	0	999	10/1/2020	12/31/9999	5	109.14	103.68
11621	Exc s/n/h/f/g mal+mrg 0.6-1	0	999	10/1/2020	12/31/9999	5	121.55	115.47
11622	Exc s/n/h/f/g mal+mrg 1.1-2	0	999	10/1/2020	12/31/9999	5	131.94	125.34
11623	Exc s/n/h/f/g mal+mrg 2.1-3	0	999	10/1/2020	12/31/9999	2	144.94	137.69
11624	Exc s/n/h/f/g mal+mrg 3.1-4	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11626	Exc s/n/h/f/g mal+mrg >4 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	0	999	10/1/2020	12/31/9999	3	112.31	106.69
11641	Exc f/e/e/n/l mal+mrg 0.6-1	0	999	10/1/2020	12/31/9999	2	125.30	119.04
11642	Exc f/e/e/n/l mal+mrg 1.1-2	0	999	10/1/2020	12/31/9999	2	137.14	130.28
11643	Exc f/e/e/n/l mal+mrg 2.1-3	0	999	10/1/2020	12/31/9999	1	150.14	142.63
11644	Exc f/e/e/n/l mal+mrg 3.1-4	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11646	Exc f/e/e/n/l mal+mrg >4 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11719	Trim nail(s) any number	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11720	Debride nail 1-5	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11721	Debride nail 6 or more	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11730	Removal of nail plate	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11732	Remove nail plate add-on	0	999	10/1/2014	12/31/9999	9	0.00	0.00
11740	Drain blood from under nail	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11750	Removal of nail bed	0	999	10/1/2020	12/31/9999	2	79.40	75.43
11755	Biopsy nail unit	0	999	10/1/2020	12/31/9999	15	61.50	58.43
11760	Repair of nail bed	0	999	10/1/2020	12/31/9999	2	200.91	190.86
11762	Reconstruction of nail bed	0	999	10/1/2020	12/31/9999	1	149.55	142.07
11765	Excision of nail fold toe	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11770	Remove pilonidal cyst simple	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11771	Remove pilonidal cyst exten	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11772	Remove pilonidal cyst compl	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11900	Inject skin lesions </w 7	0	999	10/1/2015	12/31/9999	3	0.00	0.00
11901	Inject skin lesions >7	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11920	Correct skin color 6.0 cm/<	0	999	10/1/2020	12/31/9999	1	99.32	94.35
11921	Correct skn color 6.1-20.0cm	0	999	10/1/2020	12/31/9999	1	110.00	104.50
11960	Insert tissue expander(s)	0	999	10/1/2020	12/31/9999	20	1203.50	1143.33
11970	Replace tissue expander	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
11971	Remove tissue expander(s)	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11976	Remove contraceptive capsule	9	60	10/1/2020	12/31/9999	1	60.34	57.32
11980	Implant hormone pellet(s)	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11981	Insert drug implant device	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11982	Remove drug implant device	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11983	Remove/insert drug implant	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12005	Rpr s/n/a/gen/trk12.6-20.0cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12006	Rpr s/n/a/gen/trk20.1-30.0cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12007	Rpr s/n/ax/gen/trnk >30.0 cm	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12011	Rpr f/e/e/n/l/m 2.5 cm/<	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12018	Rpr f/e/e/n/l/m >30.0 cm	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12020	Closure of split wound	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12021	Closure of split wound	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12031	Intmd rpr s/a/t/ext 2.5 cm/<	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12032	Intmd rpr s/a/t/ext 2.6-7.5	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12034	Intmd rpr s/tr/ext 7.6-12.5	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12035	Intmd rpr s/a/t/ext 12.6-20	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12036	Intmd rpr s/a/t/ext 20.1-30	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12037	Intmd rpr s/tr/ext >30.0 cm	0	999	10/1/2020	12/31/9999	1	655.96	623.16
12041	Intmd rpr n-hf/genit 2.5cm/<	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12042	Intmd rpr n-hf/genit2.6-7.5	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12044	Intmd rpr n-hf/genit7.6-12.5	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12045	Intmd rpr n-hf/genit12.6-20	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12046	Intmd rpr n-hf/genit20.1-30	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12047	Intmd rpr n-hf/genit >30.0cm	0	999	10/1/2020	12/31/9999	1	655.96	623.16
12051	Intmd rpr face/mm 2.5 cm/<	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12052	Intmd rpr face/mm 2.6-5.0 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12053	Intmd rpr face/mm 5.1-7.5 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12054	Intmd rpr face/mm 7.6-12.5cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12055	Intmd rpr face/mm 12.6-20 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12056	Intmd rpr face/mm 20.1-30.0	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12057	Intmd rpr face/mm >30.0 cm	0	999	10/1/2020	12/31/9999	1	129.16	122.70
13100	Cmplx rpr trunk 1.1-2.5 cm	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13101	Cmplx rpr trunk 2.6-7.5 cm	0	999	10/1/2020	12/31/9999	3	200.91	190.86
13102	Cmplx rpr trunk addl 5cm/<	0	999	10/1/2014	12/31/9999	3	0.00	0.00
13120	Cmplx rpr s/a/l 1.1-2.5 cm	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13121	Cmplx rpr s/a/l 2.6-7.5 cm	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13122	Cmplx rpr s/a/l addl 5 cm/>	0	999	10/1/2014	12/31/9999	4	0.00	0.00
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	0	999	10/1/2020	12/31/9999	1	129.16	122.70
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	0	999	10/1/2014	12/31/9999	4	0.00	0.00
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13153	Cmplx rpr e/n/e/l addl 5cm/<	0	999	10/1/2014	12/31/9999	2	0.00	0.00
13160	Late closure of wound	0	999	10/1/2020	12/31/9999	1	655.96	623.16
14000	Tis trnfr trunk 10 sq cm/<	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14001	Tis trnfr trunk 10.1-30sqcm	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14020	Tis trnfr s/a/l 10 sq cm/<	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14021	Tis trnfr s/a/l 10.1-30 sqcm	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14040	Tis trnfr f/c/c/m/n/a/g/h/f	0	999	10/1/2020	12/31/9999	2	655.96	623.16

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
14041	Tis trnfr f/c/c/m/n/a/g/h/f	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14060	Tis trnfr e/n/e/l 10 sq cm/<	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14061	Tis trnfr e/n/e/l10.1-30sqcm	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14301	Tis trnfr any 30.1-60 sq cm	0	999	10/1/2020	12/31/9999	2	1203.50	1143.33
14302	Tis trnfr addl 30 sq cm	0	999	10/1/2014	12/31/9999	2	0.00	0.00
14350	Filleted finger/toe flap	0	999	10/1/2020	12/31/9999	2	655.96	623.16
15002	Wound prep trk/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15003	Wound prep addl 100 cm	0	999	4/1/2018	12/31/9999	60	0.00	0.00
15004	Wound prep f/n/hf/g	0	999	10/1/2020	12/31/9999	1	200.91	190.86
15005	Wnd prep f/n/hf/g addl cm	0	999	4/1/2018	12/31/9999	19	0.00	0.00
15040	Harvest cultured skin graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15050	Skin pinch graft	0	999	10/1/2020	12/31/9999	2	200.91	190.86
15100	Skin splt grft trnk/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15101	Skin splt grft t/a/l add-on	0	999	4/1/2018	12/31/9999	40	0.00	0.00
15110	Epidrm autogrft trnk/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15111	Epidrm autogrft t/a/l add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15115	Epidrm a-grft face/nck/hf/g	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15116	Epidrm a-grft f/n/hf/g addl	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15120	Skn splt a-grft fac/nck/hf/g	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15121	Skn splt a-grft f/n/hf/g add	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15130	Derm autograft trnk/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15131	Derm autograft t/a/l add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15135	Derm autograft face/nck/hf/g	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15136	Derm autograft f/n/hf/g add	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15150	Cult skin grft t/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15151	Cult skin grft t/a/l addl	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15152	Cult skin graft t/a/l +%	0	999	4/1/2016	12/31/9999	5	0.00	0.00
15155	Cult skin graft f/n/hf/g	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15156	Cult skin grft f/n/hfg add	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15157	Cult epiderm grft f/n/hfg +%	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15200	Skin full graft trunk	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15201	Skin full graft trunk add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15220	Skin full graft sclp/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15221	Skin full graft add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15240	Skin full grft face/genit/hf	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15241	Skin full graft add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15260	Skin full graft een & lips	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15261	Skin full graft add-on	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15271	Skin sub graft trnk/arm/leg	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15272	Skin sub graft t/a/l add-on	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15273	Skin sub grft t/arm/lg child	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15274	Skn sub grft t/a/l child add	0	999	1/1/2017	12/31/9999	60	0.00	0.00
15275	Skin sub graft face/nk/hf/g	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15276	Skin sub graft f/n/hf/g addl	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15277	Skn sub grft f/n/hf/g child	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15278	Skn sub grft f/n/hf/g ch add	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15570	Skin pedicle flap trunk	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15572	Skin pedicle flap arms/legs	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15576	Pedicle e/n/e/l/ntroral	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15600	Delay flap trunk	0	999	10/1/2020	12/31/9999	5	1203.50	1143.33
15610	Delay flap arms/legs	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15620	Delay flap f/c/c/n/ax/g/h/f	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15630	Delay flap eye/nos/ear/lip	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15650	Transfer skin pedicle flap	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15730	Mdfc flap w/prsrv vasc pedcl	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15731	Forehead flap w/vasc pedicle	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15733	Musc myoq/fscq flp h&n pedcl	0	999	10/1/2020	12/31/9999	3	1203.50	1143.33

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
15734	Muscle-skin graft trunk	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15736	Muscle-skin graft arm	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15738	Muscle-skin graft leg	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15740	Island pedicle flap graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15750	Neurovascular pedicle flap	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15760	Composite skin graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15769	Grfg autol soft tiss dir exc	0	999	1/1/2020	12/31/9999	1	1203.50	1143.33
15770	Derma-fat-fascia graft	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15771	Grfg autol fat lipo 50 cc/<	0	999	1/1/2020	12/31/9999	1	1203.50	1143.33
15773	Grfg autol fat lipo 25 cc/<	0	999	1/1/2020	12/31/9999	1	655.96	623.16
15777	Acellular derm matrix implt	0	999	10/1/2014	12/31/9999	1	0.00	0.00
15819	Plastic surgery neck	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15820	Revision of lower eyelid	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15821	Revision of lower eyelid	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15822	Revision of upper eyelid	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15823	Revision of upper eyelid	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15830	Exc skin abd	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
15840	Nerve palsy fascial graft	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15841	Nerve palsy muscle graft	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15842	Nerve palsy microsurg graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15845	Skin and muscle repair face	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15847	Exc skin abd add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
15851	Remove sutures diff surgeon	0	999	10/1/2020	12/31/9999	1	57.17	54.31
15852	Dressing change not for burn	0	999	10/1/2015	12/31/9999	1	0.00	0.00
15860	Test for blood flow in graft	0	999	10/1/2015	12/31/9999	1	0.00	0.00
15920	Removal of tail bone ulcer	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15922	Removal of tail bone ulcer	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15931	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15933	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15934	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15935	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15936	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15937	Remove sacrum pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15940	Remove hip pressure sore	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15941	Remove hip pressure sore	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15944	Remove hip pressure sore	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15945	Remove hip pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15946	Remove hip pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15950	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	461.11	438.05
15951	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15952	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15953	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
15956	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15958	Remove thigh pressure sore	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
16000	Initial treatment of burn(s)	0	999	10/1/2015	12/31/9999	20	0.00	0.00
16020	Dress/debrid p-thick burn s	0	999	10/1/2016	12/31/9999	20	0.00	0.00
16025	Dress/debrid p-thick burn m	0	999	10/1/2020	12/31/9999	20	70.63	67.10
16030	Dress/debrid p-thick burn l	0	999	10/1/2020	12/31/9999	20	129.16	122.70
16035	Incision of burn scab initi	0	999	10/1/2020	12/31/9999	2	129.16	122.70
17000	Destruct premalg lesion	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17003	Destruct premalg les 2-14	0	999	10/1/2014	12/31/9999	13	0.00	0.00
17004	Destroy premal lesions 15/>	0	999	10/1/2020	12/31/9999	1	86.33	82.01
17106	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	129.16	122.70
17107	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	200.91	190.86
17108	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	282.66	268.53
17110	Destruct b9 lesion 1-14	0	999	10/1/2015	12/31/9999	14	0.00	0.00
17111	Destruct lesion 15 or more	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17250	Chem caut of granltj tissue	0	999	10/1/2016	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
17260	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17261	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17262	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17263	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17264	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	105.67	100.39
17266	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	116.35	110.53
17270	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	70.63	67.10
17271	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	70.63	67.10
17272	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17273	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	104.22	99.01
17274	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	117.50	111.63
17276	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	129.16	122.70
17280	Destruction of skin lesions	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17281	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	90.37	85.85
17282	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	101.63	96.55
17283	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	114.91	109.16
17284	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	126.74	120.40
17286	Destruction of skin lesions	0	999	10/1/2020	12/31/9999	1	151.00	143.45
17311	Mohs 1 stage h/n/hf/g	0	999	10/1/2020	12/31/9999	4	200.91	190.86
17312	Mohs addl stage	0	999	10/1/2014	12/31/9999	2	0.00	0.00
17313	Mohs 1 stage t/a/l	0	999	10/1/2020	12/31/9999	4	200.91	190.86
17314	Mohs addl stage t/a/l	0	999	10/1/2014	12/31/9999	2	0.00	0.00
17315	Mohs surg addl block	0	999	10/1/2014	12/31/9999	2	0.00	0.00
19000	Drainage of breast lesion	0	999	10/1/2020	12/31/9999	1	62.36	59.24
19001	Drain breast lesion add-on	0	999	10/1/2014	12/31/9999	10	0.00	0.00
19020	Incision of breast lesion	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19030	Injection for breast x-ray	14	999	10/1/2012	12/31/9999	1	0.00	0.00
19081	Bx breast 1st lesion strtctc	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19082	Bx breast add lesion strtctc	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19083	Bx breast 1st lesion us imag	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19084	Bx breast add lesion us imag	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19085	Bx breast 1st lesion mr imag	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19086	Bx breast add lesion mr imag	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19100	Bx breast percut w/o image	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19101	Biopsy of breast open	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19105	Cryosurg ablate fa each	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19110	Nipple exploration	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19112	Excise breast duct fistula	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19120	Removal of breast lesion	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19125	Excision breast lesion	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19126	Excision addl breast lesion	0	999	10/1/2014	12/31/9999	1	0.00	0.00
19281	Perq device breast 1st imag	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19282	Perq device breast ea imag	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19283	Perq dev breast 1st strtctc	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19284	Perq dev breast add strtctc	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19285	Perq dev breast 1st us imag	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19286	Perq dev breast add us imag	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19287	Perq dev breast 1st mr guide	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19288	Perq dev breast add mr guide	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19294	Prep tum cav iort prtl mast	0	999	1/1/2018	12/31/9999	2	0.00	0.00
19296	Place po breast cath for rad	0	999	10/1/2020	12/31/9999	1	3340.68	3173.65
19297	Place breast cath for rad	0	999	10/1/2015	12/31/9999	1	0.00	0.00
19298	Place breast rad tube/caths	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
19300	Removal of breast tissue	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19301	Partial mastectomy	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19302	P-mastectomy w/ln removal	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
19303	Mast simple complete	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
19318	Reduction of large breast	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
19328	Removal of breast implant	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19330	Removal of implant material	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19340	Immediate breast prosthesis	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
19342	Delayed breast prosthesis	0	999	10/1/2020	12/31/9999	1	2143.58	2036.40
19350	Breast reconstruction	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19355	Correct inverted nipple(s)	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19357	Breast reconstruction	0	999	10/1/2020	12/31/9999	1	3746.96	3559.61
19366	Breast reconstruction	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
19370	Surgery of breast capsule	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19371	Removal of breast capsule	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19380	Revise breast reconstruction	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
20103	Explore wound extremity	0	999	10/1/2020	12/31/9999	1	246.58	234.25
20150	Excise epiphyseal bar	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
20200	Muscle biopsy	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20205	Deep muscle biopsy	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20206	Needle biopsy muscle	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20220	Bone biopsy trocar/needle	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20225	Bone biopsy trocar/needle	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20240	Bone biopsy open superficial	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20245	Bone biopsy open deep	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20250	Open bone biopsy	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
20251	Open bone biopsy	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20500	Injection of sinus tract	0	999	10/1/2020	12/31/9999	1	53.12	50.46
20501	Inject sinus tract for x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
20520	Removal of foreign body	0	999	10/1/2020	12/31/9999	1	111.15	105.59
20525	Removal of foreign body	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20526	Ther injection carp tunnel	0	999	10/1/2020	12/31/9999	1	33.20	31.54
20527	Inj dupuytren cord w/enzyme	0	999	10/1/2020	12/31/9999	1	36.09	34.29
20550	Inj tendon sheath/ligament	0	999	10/1/2020	12/31/9999	1	20.78	19.74
20551	Inj tendon origin/insertion	0	999	10/1/2020	12/31/9999	1	21.94	20.84
20552	Inj trigger point 1/2 muscl	0	999	10/1/2020	12/31/9999	1	24.26	23.05
20553	Inject trigger points 3/>	0	999	10/1/2020	12/31/9999	1	28.30	26.89
20555	Place ndl musc/tis for rt	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
20600	Drain/inj joint/bursa w/o us	0	999	10/1/2020	12/31/9999	1	19.92	18.92
20604	Drain/inj joint/bursa w/us	0	999	10/1/2020	12/31/9999	2	34.36	32.64
20605	Drain/inj joint/bursa w/o us	0	999	10/1/2020	12/31/9999	1	20.78	19.74
20606	Drain/inj joint/bursa w/us	0	999	10/1/2020	12/31/9999	2	37.25	35.39
20610	Drain/inj joint/bursa w/o us	0	999	10/1/2020	12/31/9999	1	24.83	23.59
20611	Drain/inj joint/bursa w/us	0	999	10/1/2020	12/31/9999	2	41.86	39.77
20612	Aspirate/inj ganglion cyst	0	999	10/1/2020	12/31/9999	1	28.01	26.61
20615	Treatment of bone cyst	0	999	10/1/2020	12/31/9999	1	129.63	123.15
20650	Insert and remove bone pin	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
20662	Application of pelvis brace	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20663	Application of thigh brace	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
20665	Removal of fixation device	0	999	10/1/2020	12/31/9999	1	146.98	139.63
20670	Removal of support implant	0	999	10/1/2020	12/31/9999	3	461.11	438.05
20680	Removal of support implant	0	999	10/1/2020	12/31/9999	3	795.47	755.70
20690	Apply bone fixation device	0	999	10/1/2020	12/31/9999	1	3005.05	2854.80
20692	Apply bone fixation device	0	999	10/1/2020	12/31/9999	1	6510.60	6185.07
20693	Adjust bone fixation device	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20694	Remove bone fixation device	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20822	Replantation digit complete	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20900	Removal of bone for graft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20902	Removal of bone for graft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20910	Remove cartilage for graft	0	999	10/1/2020	12/31/9999	1	200.91	190.86
20912	Remove cartilage for graft	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
20920	Removal of fascia for graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16
20922	Removal of fascia for graft	0	999	10/1/2020	12/31/9999	1	655.96	623.16

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
20924	Removal of tendon for graft	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
20930	Sp bone algrft morsel add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
20931	Sp bone algrft struct add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
20932	Osteoart algrft w/surf & b1	0	999	1/1/2019	12/31/9999	1	0.00	0.00
20933	Hemicrt intrclry algrft prtl	0	999	1/1/2019	12/31/9999	1	0.00	0.00
20934	Intercalary algrft compl	0	999	1/1/2019	12/31/9999	1	0.00	0.00
20936	Sp bone agrft local add-on	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20937	Sp bone agrft morsel add-on	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20938	Sp bone agrft struct add-on	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20939	Bone marrow aspir bone grfg	0	999	1/1/2018	12/31/9999	1	0.00	0.00
20950	Fluid pressure muscle	0	999	10/1/2020	12/31/9999	1	246.58	234.25
20972	Bone/skin graft metatarsal	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20973	Bone/skin graft great toe	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20975	Electrical bone stimulation	0	999	10/1/2012	12/31/9999	1	0.00	0.00
20979	Us bone stimulation	0	999	10/1/2015	12/31/9999	1	0.00	0.00
20982	Ablate bone tumor(s) perq	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
20983	Ablate bone tumor(s) perq	0	999	10/1/2020	12/31/9999	2	3036.89	2885.05
20985	Cptr-asst dir ms px	0	999	10/1/2012	12/31/9999	1	0.00	0.00
21010	Incision of jaw joint	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21011	Exc face les sc <2 cm	0	999	10/1/2020	12/31/9999	1	197.77	187.88
21012	Exc face les sbq 2 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
21013	Exc face tum deep < 2 cm	0	999	10/1/2020	12/31/9999	1	255.80	243.01
21014	Exc face tum deep 2 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21015	Resect face/scalp tum < 2 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21016	Resect face/scalp tum 2 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21025	Excision of bone lower jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21026	Excision of facial bone(s)	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21029	Contour of face bone lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21030	Excise max/zygoma b9 tumor	0	999	10/1/2020	12/31/9999	1	251.18	238.62
21031	Remove exostosis mandible	0	999	10/1/2020	12/31/9999	1	217.11	206.25
21032	Remove exostosis maxilla	0	999	10/1/2020	12/31/9999	1	215.96	205.16
21034	Excise max/zygoma mal tumor	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21040	Excise mandible lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21044	Removal of jaw bone lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21046	Remove mandible cyst complex	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21047	Excise lwr jaw cyst w/repair	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21048	Remove maxilla cyst complex	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21050	Removal of jaw joint	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21060	Remove jaw joint cartilage	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21070	Remove coronoid process	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21073	Mnpj of tmj w/anesth	0	999	10/1/2020	12/31/9999	1	205.86	195.57
21100	Maxillofacial fixation	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21110	Interdental fixation	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21116	Injection jaw joint x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
21120	Reconstruction of chin	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21121	Reconstruction of chin	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21122	Reconstruction of chin	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21123	Reconstruction of chin	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21125	Augmentation lower jaw bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21127	Augmentation lower jaw bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21137	Reduction of forehead	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21138	Reduction of forehead	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21139	Reduction of forehead	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21150	Lefort ii anterior intrusion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21181	Contour cranial bone lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21198	Reconstr lwr jaw segment	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21199	Reconstr lwr jaw w/advance	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21206	Reconstruct upper jaw bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
21208	Augmentation of facial bones	0	999	10/1/2020	12/31/9999	1	2357.34	2239.47
21209	Reduction of facial bones	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21210	Face bone graft	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21215	Lower jaw bone graft	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21230	Rib cartilage graft	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21235	Ear cartilage graft	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21240	Reconstruction of jaw joint	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21242	Reconstruction of jaw joint	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21243	Reconstruction of jaw joint	0	999	10/1/2020	12/31/9999	1	9686.94	9202.59
21244	Reconstruction of lower jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21245	Reconstruction of jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21246	Reconstruction of jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21248	Reconstruction of jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21249	Reconstruction of jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21260	Revise eye sockets	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21267	Revise eye sockets	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21270	Augmentation cheek bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21275	Revision orbitofacial bones	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21280	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21282	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21295	Revision of jaw muscle/bone	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21296	Revision of jaw muscle/bone	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21310	Closed tx nose fx w/o manj	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21315	Closed tx nose fx w/o stablj	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21320	Closed tx nose fx w/ stablj	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21325	Open tx nose fx uncomplicatd	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21330	Open tx nose fx w/skele fixj	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21335	Open tx nose & septal fx	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21336	Open tx septal fx w/wo stabj	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
21337	Closed tx septal&nose fx	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21338	Open nasoethmoid fx w/o fixj	0	999	10/1/2020	12/31/9999	1	2623.92	2492.72
21339	Open nasoethmoid fx w/ fixj	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21340	Perq tx nasoethmoid fx	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21345	Closed tx nose/jaw fx	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21355	Perq tx malar fracture	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21356	Opn tx dprsd zygomatic arch	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21360	Opn tx dprsd malar fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21390	Opn tx orbit periorbtl implt	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21400	Closed tx orbit w/o manipulj	0	999	10/1/2020	12/31/9999	1	178.55	169.62
21401	Closed tx orbit w/manipulj	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21406	Opn tx orbit fx w/o implant	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21407	Opn tx orbit fx w/implant	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21421	Treat mouth roof fracture	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21440	Treat dental ridge fracture	0	999	10/1/2020	12/31/9999	1	408.25	387.84
21445	Treat dental ridge fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21450	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	178.55	169.62
21451	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21452	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21453	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21454	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21461	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	2522.91	2396.76
21462	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	2470.83	2347.29
21465	Treat lower jaw fracture	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21480	Reset dislocated jaw	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21485	Reset dislocated jaw	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21490	Repair dislocated jaw	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21497	Interdental wiring	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21501	Drain neck/chest lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
21502	Drain chest lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
21550	Biopsy of neck/chest	0	999	10/1/2020	12/31/9999	1	461.11	438.05
21552	Exc neck les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21554	Exc neck tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21555	Exc neck les sc < 3 cm	0	999	10/1/2020	12/31/9999	2	461.11	438.05
21556	Exc neck tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21557	Resect neck thorax tumor<5cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21558	Resect neck tumor 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21600	Partial removal of rib	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
21610	Partial removal of rib	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
21685	Hyoid myotomy & suspension	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
21700	Revision of neck muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
21720	Revision of neck muscle	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
21725	Revision of neck muscle	0	999	10/1/2020	12/31/9999	1	246.58	234.25
21820	Treat sternum fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21920	Biopsy soft tissue of back	0	999	10/1/2020	12/31/9999	1	142.34	135.22
21925	Biopsy soft tissue of back	0	999	10/1/2020	12/31/9999	1	461.11	438.05
21930	Exc back les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
21931	Exc back les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
21932	Exc back tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21933	Exc back tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21935	Resect back tum < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21936	Resect back tum 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22102	Remove part lumbar vertebra	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
22103	Remove extra spine segment	0	999	10/1/2014	12/31/9999	11	0.00	0.00
22310	Closed tx vert fx w/o manj	0	999	10/1/2020	12/31/9999	1	87.17	82.81
22315	Closed tx vert fx w/manj	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
22505	Manipulation of spine	0	999	10/1/2020	12/31/9999	1	570.40	541.88
22510	Perq cervicothoracic inject	0	999	10/1/2020	12/31/9999	6	1029.01	977.56
22511	Perq lumbosacral injection	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
22512	Vertebroplasty addl inject	0	999	1/1/2015	12/31/9999	11	0.00	0.00
22513	Perq vertebral augmentation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
22514	Perq vertebral augmentation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
22515	Perq vertebral augmentation	0	999	1/1/2015	12/31/9999	11	0.00	0.00
22551	Neck spine fuse&remov bel c2	0	999	10/1/2020	12/31/9999	1	6735.78	6398.99
22552	Addl neck spine fusion	0	999	10/1/2017	12/31/9999	4	0.00	0.00
22554	Neck spine fusion	0	999	10/1/2020	12/31/9999	1	6741.62	6404.54
22585	Additional spinal fusion	0	999	10/1/2017	12/31/9999	10	0.00	0.00
22612	Lumbar spine fusion	0	999	10/1/2020	12/31/9999	1	6886.06	6541.76
22614	Spine fusion extra segment	0	999	10/1/2015	12/31/9999	11	0.00	0.00
22840	Insert spine fixation device	0	999	10/1/2017	12/31/9999	1	0.00	0.00
22842	Insert spine fixation device	0	999	10/1/2017	12/31/9999	1	0.00	0.00
22845	Insert spine fixation device	0	999	10/1/2017	12/31/9999	1	0.00	0.00
22853	Insj biomechanical device	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22854	Insj biomechanical device	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22859	Insj biomechanical device	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22900	Exc abdl tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22901	Exc abdl tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22902	Exc abd les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
22903	Exc abd les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22904	Radical resect abd tumor<5cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22905	Rad resect abd tumor 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23000	Removal of calcium deposits	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23020	Release shoulder joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23030	Drain shoulder lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23031	Drain shoulder bursa	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23035	Drain shoulder bone lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23040	Exploratory shoulder surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
23044	Exploratory shoulder surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23065	Biopsy shoulder tissues	0	999	10/1/2020	12/31/9999	1	108.85	103.41
23066	Biopsy shoulder tissues	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23071	Exc shoulder les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
23073	Exc shoulder tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23075	Exc shoulder les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
23076	Exc shoulder tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23077	Resect shoulder tumor < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23078	Resect shoulder tumor 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23100	Biopsy of shoulder joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23101	Shoulder joint surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23105	Remove shoulder joint lining	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23106	Incision of collarbone joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23107	Explore treat shoulder joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23120	Partial removal collar bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23125	Removal of collar bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23130	Remove shoulder bone part	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23140	Removal of bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23145	Removal of bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23146	Removal of bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23150	Removal of humerus lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23155	Removal of humerus lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23156	Removal of humerus lesion	0	999	10/1/2020	12/31/9999	1	3473.85	3300.16
23170	Remove collar bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23172	Remove shoulder blade lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23174	Remove humerus lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23180	Remove collar bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23182	Remove shoulder blade lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23184	Remove humerus lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23190	Partial removal of scapula	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
23195	Removal of head of humerus	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23330	Remove shoulder foreign body	0	999	10/1/2020	12/31/9999	1	246.58	234.25
23333	Remove shoulder fb deep	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23334	Shoulder prosthesis removal	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23350	Injection for shoulder x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
23395	Muscle transfer shoulder/arm	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23397	Muscle transfers	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23400	Fixation of shoulder blade	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23405	Incision of tendon & muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23406	Incise tendon(s) & muscle(s)	0	999	10/1/2020	12/31/9999	1	3214.97	3054.22
23410	Repair rotator cuff acute	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23412	Repair rotator cuff chronic	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23415	Release of shoulder ligament	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23420	Repair of shoulder	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23430	Repair biceps tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23440	Remove/transplant tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23450	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23455	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23460	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23462	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23465	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23466	Repair shoulder capsule	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23480	Revision of collar bone	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23485	Revision of collar bone	0	999	10/1/2020	12/31/9999	1	6286.31	5971.99
23490	Reinforce clavicle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23491	Reinforce shoulder bones	0	999	10/1/2020	12/31/9999	1	6403.84	6083.65
23500	Treat clavicle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23505	Treat clavicle fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
23515	Treat clavicle fracture	0	999	10/1/2020	12/31/9999	1	3077.51	2923.63
23520	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23525	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23530	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23532	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23540	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23545	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23550	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23552	Treat clavicle dislocation	0	999	10/1/2020	12/31/9999	1	3057.75	2904.86
23570	Treat shoulder blade fx	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23575	Treat shoulder blade fx	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23585	Treat scapula fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23600	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23605	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23615	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	6631.72	6300.13
23616	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	9336.59	8869.76
23620	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23625	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23630	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	2965.30	2817.04
23650	Treat shoulder dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23655	Treat shoulder dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23660	Treat shoulder dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23665	Treat dislocation/fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23670	Treat dislocation/fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23675	Treat dislocation/fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23680	Treat dislocation/fracture	0	999	10/1/2020	12/31/9999	1	6697.66	6362.78
23700	Fixation of shoulder	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23800	Fusion of shoulder joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
23802	Fusion of shoulder joint	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
23921	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	655.96	623.16
23930	Drainage of arm lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23931	Drainage of arm bursa	0	999	10/1/2020	12/31/9999	1	461.11	438.05
23935	Drain arm/elbow bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24000	Exploratory elbow surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24006	Release elbow joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24065	Biopsy arm/elbow soft tissue	0	999	10/1/2020	12/31/9999	1	144.36	137.14
24066	Biopsy arm/elbow soft tissue	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24071	Exc arm/elbow les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24073	Ex arm/elbow tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24075	Exc arm/elbow les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
24076	Ex arm/elbow tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24077	Resect arm/elbow tum < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24079	Resect arm/elbow tum 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24100	Biopsy elbow joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24101	Explore/treat elbow joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24102	Remove elbow joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24105	Removal of elbow bursa	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24110	Remove humerus lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24115	Remove/graft bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24116	Remove/graft bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24120	Remove elbow lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24125	Remove/graft bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24126	Remove/graft bone lesion	0	999	10/1/2020	12/31/9999	1	3417.42	3246.55
24130	Removal of head of radius	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24134	Removal of arm bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24136	Remove radius bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24138	Remove elbow bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24140	Partial removal of arm bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
24145	Partial removal of radius	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24147	Partial removal of elbow	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24149	Radical resection of elbow	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24152	Resect radius tumor	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24155	Removal of elbow joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24160	Remove elbow joint implant	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24164	Remove radius head implant	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24200	Removal of arm foreign body	0	999	10/1/2020	12/31/9999	1	117.80	111.91
24201	Removal of arm foreign body	0	999	10/1/2020	12/31/9999	1	795.47	755.70
24220	Injection for elbow x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
24300	Manipulate elbow w/anesth	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24301	Muscle/tendon transfer	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24305	Arm tendon lengthening	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24310	Revision of arm tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24320	Repair of arm tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24330	Revision of arm muscles	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24331	Revision of arm muscles	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24332	Tenolysis triceps	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24340	Repair of biceps tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24341	Repair arm tendon/muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24342	Repair of ruptured tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24343	Repr elbow lat ligmnt w/tiss	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24344	Reconstruct elbow lat ligmnt	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24345	Repr elbw med ligmnt w/tissu	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24346	Reconstruct elbow med ligmnt	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
24357	Repair elbow perc	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24358	Repair elbow w/deb open	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24359	Repair elbow deb/attch open	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24360	Reconstruct elbow joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24361	Reconstruct elbow joint	0	999	10/1/2020	12/31/9999	1	9771.24	9282.68
24362	Reconstruct elbow joint	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
24363	Replace elbow joint	0	999	10/1/2020	12/31/9999	1	9764.06	9275.86
24365	Reconstruct head of radius	0	999	10/1/2020	12/31/9999	1	6869.46	6525.99
24366	Reconstruct head of radius	0	999	10/1/2020	12/31/9999	1	7303.24	6938.08
24370	Revise reconst elbow joint	0	999	10/1/2020	12/31/9999	1	6746.55	6409.22
24371	Revise reconst elbow joint	0	999	10/1/2020	12/31/9999	1	8750.69	8313.16
24400	Revision of humerus	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24410	Revision of humerus	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
24420	Revision of humerus	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24430	Repair of humerus	0	999	10/1/2020	12/31/9999	1	6419.54	6098.56
24435	Repair humerus with graft	0	999	10/1/2020	12/31/9999	1	6465.74	6142.45
24470	Revision of elbow joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
24495	Decompression of forearm	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24498	Reinforce humerus	0	999	10/1/2020	12/31/9999	1	6330.27	6013.76
24500	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24505	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24515	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	6252.66	5940.03
24516	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	6341.93	6024.83
24530	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24535	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24538	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24545	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	6564.43	6236.21
24546	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	8775.21	8336.45
24560	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24565	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24566	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24575	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	5930.14	5633.63
24576	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
24577	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24579	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	6031.51	5729.93
24582	Treat humerus fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24586	Treat elbow fracture	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
24587	Treat elbow fracture	0	999	10/1/2020	12/31/9999	1	6608.39	6277.97
24600	Treat elbow dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24605	Treat elbow dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24615	Treat elbow dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24620	Treat elbow fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24635	Treat elbow fracture	0	999	10/1/2020	12/31/9999	1	3129.99	2973.49
24640	Treat elbow dislocation	0	20	10/1/2020	12/31/9999	1	44.75	42.51
24650	Treat radius fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24655	Treat radius fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24665	Treat radius fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24666	Treat radius fracture	0	999	10/1/2020	12/31/9999	1	7266.01	6902.71
24670	Treat ulnar fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24675	Treat ulnar fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24685	Treat ulnar fracture	0	999	10/1/2020	12/31/9999	1	2946.64	2799.31
24800	Fusion of elbow joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
24802	Fusion/graft of elbow joint	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
24925	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25000	Incision of tendon sheath	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25001	Incise flexor carpi radialis	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25020	Decompress forearm 1 space	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25023	Decompress forearm 1 space	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25024	Decompress forearm 2 spaces	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25025	Decompress forearm 2 spaces	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25028	Drainage of forearm lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25031	Drainage of forearm bursa	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25035	Treat forearm bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25040	Explore/treat wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25065	Biopsy forearm soft tissues	0	999	10/1/2020	12/31/9999	1	146.09	138.79
25066	Biopsy forearm soft tissues	0	999	10/1/2020	12/31/9999	1	795.47	755.70
25071	Exc forearm les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
25073	Exc forearm tum deep 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
25075	Exc forearm les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
25076	Exc forearm tum deep < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
25077	Resect forearm/wrist tum<3cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
25078	Resect forarm/wrist tum 3cm>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
25085	Incision of wrist capsule	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25100	Biopsy of wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25101	Explore/treat wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25105	Remove wrist joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25107	Remove wrist joint cartilage	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25109	Excise tendon forearm/wrist	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25110	Remove wrist tendon lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25111	Remove wrist tendon lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25112	Reremove wrist tendon lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25115	Remove wrist/forearm lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25116	Remove wrist/forearm lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25118	Excise wrist tendon sheath	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25119	Partial removal of ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25120	Removal of forearm lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25125	Remove/graft forearm lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25126	Remove/graft forearm lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25130	Removal of wrist lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25135	Remove & graft wrist lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25136	Remove & graft wrist lesion	0	999	10/1/2020	12/31/9999	1	2971.23	2822.67

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
25145	Remove forearm bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25150	Partial removal of ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25151	Partial removal of radius	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25210	Removal of wrist bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25215	Removal of wrist bones	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25230	Partial removal of radius	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25240	Partial removal of ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25246	Injection for wrist x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
25248	Remove forearm foreign body	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25250	Removal of wrist prosthesis	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25251	Removal of wrist prosthesis	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25259	Manipulate wrist w/anesthes	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25260	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	12	1029.01	977.56
25263	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	10	2242.69	2130.56
25265	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25270	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25272	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25274	Repair forearm tendon/muscle	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25275	Repair forearm tendon sheath	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25280	Revise wrist/forearm tendon	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25290	Incise wrist/forearm tendon	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25295	Release wrist/forearm tendon	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
25300	Fusion of tendons at wrist	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25301	Fusion of tendons at wrist	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25310	Transplant forearm tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25312	Transplant forearm tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25315	Revise palsy hand tendon(s)	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25316	Revise palsy hand tendon(s)	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25320	Repair/revise wrist joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25332	Revise wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25335	Realignment of hand	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25337	Reconstruct ulna/radioulnar	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25350	Revision of radius	0	999	10/1/2020	12/31/9999	1	3474.28	3300.57
25355	Revision of radius	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25360	Revision of ulna	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25365	Revise radius & ulna	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
25370	Revise radius or ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25375	Revise radius & ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25390	Shorten radius or ulna	0	999	10/1/2020	12/31/9999	1	3157.66	2999.78
25391	Lengthen radius or ulna	0	999	10/1/2020	12/31/9999	1	6432.54	6110.91
25392	Shorten radius & ulna	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25393	Lengthen radius & ulna	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25394	Repair carpal bone shorten	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25400	Repair radius or ulna	0	999	10/1/2020	12/31/9999	1	3163.58	3005.40
25405	Repair/graft radius or ulna	0	999	10/1/2020	12/31/9999	1	3128.23	2971.82
25415	Repair radius & ulna	0	999	10/1/2020	12/31/9999	1	3236.70	3074.87
25420	Repair/graft radius & ulna	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25425	Repair/graft radius or ulna	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25426	Repair/graft radius & ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25430	Vasc graft into carpal bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25431	Repair nonunion carpal bone	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25440	Repair/graft wrist bone	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25441	Reconstruct wrist joint	0	999	10/1/2020	12/31/9999	1	7470.56	7097.03
25442	Reconstruct wrist joint	0	999	10/1/2020	12/31/9999	1	10222.62	9711.49
25443	Reconstruct wrist joint	0	999	10/1/2020	12/31/9999	1	3126.91	2970.56
25444	Reconstruct wrist joint	0	999	10/1/2020	12/31/9999	1	7532.02	7155.42
25445	Reconstruct wrist joint	0	999	10/1/2020	12/31/9999	1	3159.85	3001.86
25446	Wrist replacement	0	999	10/1/2020	12/31/9999	1	10282.41	9768.29

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
25447	Repair wrist joints	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25449	Remove wrist joint implant	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25450	Revision of wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25455	Revision of wrist joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25490	Reinforce radius	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25491	Reinforce ulna	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
25492	Reinforce radius and ulna	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25500	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25505	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25515	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	3010.32	2859.80
25520	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25525	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25526	Treat fracture of radius	0	999	10/1/2020	12/31/9999	1	2981.12	2832.06
25530	Treat fracture of ulna	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25535	Treat fracture of ulna	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25545	Treat fracture of ulna	0	999	10/1/2020	12/31/9999	1	2952.79	2805.15
25560	Treat fracture radius & ulna	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25565	Treat fracture radius & ulna	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25574	Treat fracture radius & ulna	0	999	10/1/2020	12/31/9999	1	3175.88	3017.09
25575	Treat fracture radius/ulna	0	999	10/1/2020	12/31/9999	1	3087.83	2933.44
25600	Treat fracture radius/ulna	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25605	Treat fracture radius/ulna	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25606	Treat fx distal radial	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25607	Treat fx rad extra-articul	0	999	10/1/2020	12/31/9999	1	3229.68	3068.20
25608	Treat fx rad intra-articul	0	999	10/1/2020	12/31/9999	1	3215.85	3055.06
25609	Treat fx radial 3+ frag	0	999	10/1/2020	12/31/9999	1	3229.02	3067.57
25622	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25624	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25628	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25630	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25635	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25645	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25650	Treat wrist bone fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25651	Pin ulnar styloid fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25652	Treat fracture ulnar styloid	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25660	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25670	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25671	Pin radioulnar dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25675	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25676	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25680	Treat wrist fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25685	Treat wrist fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25690	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25695	Treat wrist dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
25800	Fusion of wrist joint	0	999	10/1/2020	12/31/9999	1	3261.30	3098.24
25805	Fusion/graft of wrist joint	0	999	10/1/2020	12/31/9999	1	3242.86	3080.72
25810	Fusion/graft of wrist joint	0	999	10/1/2020	12/31/9999	1	6362.57	6044.44
25820	Fusion of hand bones	0	999	10/1/2020	12/31/9999	1	3048.53	2896.10
25825	Fuse hand bones with graft	0	999	10/1/2020	12/31/9999	1	3030.96	2879.41
25830	Fusion radioulnar jnt/ulna	0	999	10/1/2020	12/31/9999	1	2972.11	2823.50
25907	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
25922	Amputate hand at wrist	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25929	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	655.96	623.16
25931	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26010	Drainage of finger abscess	0	999	10/1/2020	12/31/9999	1	70.63	67.10
26011	Drainage of finger abscess	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26020	Drain hand tendon sheath	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26025	Drainage of palm bursa	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26030	Drainage of palm bursas	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26034	Treat hand bone lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26035	Decompress fingers/hand	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26037	Decompress fingers/hand	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26040	Release palm contracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26045	Release palm contracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26055	Incise finger tendon sheath	0	999	10/1/2020	12/31/9999	4	570.40	541.88
26060	Incision of finger tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26070	Explore/treat hand joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26075	Explore/treat finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26080	Explore/treat finger joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26100	Biopsy hand joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26105	Biopsy finger joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26110	Biopsy finger joint lining	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26111	Exc hand les sc 1.5 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26113	Exc hand tum deep 1.5 cm/>	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26115	Exc hand les sc < 1.5 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26116	Exc hand tum deep < 1.5 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26117	Rad resect hand tumor < 3 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
26118	Rad resect hand tumor 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
26121	Release palm contracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26123	Release palm contracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26125	Release palm contracture	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26130	Remove wrist joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26135	Revise finger joint each	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26140	Revise finger joint each	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26145	Tendon excision palm/finger	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26160	Remove tendon sheath lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26170	Removal of palm tendon each	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26180	Removal of finger tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26185	Remove finger bone	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26200	Remove hand bone lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26205	Remove/graft bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26210	Removal of finger lesion	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26215	Remove/graft finger lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26230	Partial removal of hand bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26235	Partial removal finger bone	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26236	Partial removal finger bone	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26250	Extensive hand surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26260	Resect prox finger tumor	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26262	Resect distal finger tumor	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26320	Removal of implant from hand	0	999	10/1/2020	12/31/9999	1	461.11	438.05
26340	Manipulate finger w/anesth	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26341	Manipulat palm cord post inj	0	999	10/1/2020	12/31/9999	1	57.17	54.31
26350	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26352	Repair/graft hand tendon	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26356	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26357	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26358	Repair/graft hand tendon	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26370	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26372	Repair/graft hand tendon	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26373	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26390	Revise hand/finger tendon	0	999	10/1/2020	12/31/9999	2	2975.85	2827.06
26392	Repair/graft hand tendon	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26410	Repair hand tendon	0	999	10/1/2020	12/31/9999	6	570.40	541.88
26412	Repair/graft hand tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26415	Excision hand/finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26416	Graft hand or finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26418	Repair finger tendon	0	999	10/1/2020	12/31/9999	4	570.40	541.88
26420	Repair/graft finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26426	Repair finger/hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26428	Repair/graft finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26432	Repair finger tendon	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26433	Repair finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26434	Repair/graft finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26437	Realignment of tendons	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26440	Release palm/finger tendon	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26442	Release palm & finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26445	Release hand/finger tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26449	Release forearm/hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26450	Incision of palm tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26455	Incision of finger tendon	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26460	Incise hand/finger tendon	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26471	Fusion of finger tendons	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26474	Fusion of finger tendons	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26476	Tendon lengthening	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26477	Tendon shortening	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26478	Lengthening of hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26479	Shortening of hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26480	Transplant hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26483	Transplant/graft hand tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26485	Transplant palm tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26489	Transplant/graft palm tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26490	Revise thumb tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26492	Tendon transfer with graft	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26494	Hand tendon/muscle transfer	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26496	Revise thumb tendon	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26497	Finger tendon transfer	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26498	Finger tendon transfer	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26499	Revision of finger	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26500	Hand tendon reconstruction	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26502	Hand tendon reconstruction	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26508	Release thumb contracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26510	Thumb tendon transfer	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26516	Fusion of knuckle joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26517	Fusion of knuckle joints	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26518	Fusion of knuckle joints	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26520	Release knuckle contracture	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
26525	Release finger contracture	0	999	10/1/2020	12/31/9999	3	570.40	541.88
26530	Revise knuckle joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26531	Revise knuckle with implant	0	999	10/1/2020	12/31/9999	5	3216.94	3056.09
26535	Revise finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26536	Revise/implant finger joint	0	999	10/1/2020	12/31/9999	1	2976.73	2827.89
26540	Repair hand joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26541	Repair hand joint with graft	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26542	Repair hand joint with graft	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26545	Reconstruct finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26546	Repair nonunion hand	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26548	Reconstruct finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26550	Construct thumb replacement	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26555	Positional change of finger	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26560	Repair of web finger	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26561	Repair of web finger	0	999	10/1/2020	12/31/9999	8	1029.01	977.56
26562	Repair of web finger	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26565	Correct metacarpal flaw	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26567	Correct finger deformity	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26568	Lengthen metacarpal/finger	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26580	Repair hand deformity	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26587	Reconstruct extra finger	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
26590	Repair finger deformity	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26591	Repair muscles of hand	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26593	Release muscles of hand	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
26596	Excision constricting tissue	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26600	Treat metacarpal fracture	0	999	10/1/2020	12/31/9999	5	87.17	82.81
26605	Treat metacarpal fracture	0	999	10/1/2020	12/31/9999	5	87.17	82.81
26607	Treat metacarpal fracture	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26608	Treat metacarpal fracture	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26615	Treat metacarpal fracture	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26641	Treat thumb dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26645	Treat thumb fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26650	Treat thumb fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26665	Treat thumb fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26670	Treat hand dislocation	0	999	10/1/2020	12/31/9999	4	87.17	82.81
26675	Treat hand dislocation	0	999	10/1/2020	12/31/9999	4	570.40	541.88
26676	Pin hand dislocation	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
26685	Treat hand dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26686	Treat hand dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26700	Treat knuckle dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26705	Treat knuckle dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26706	Pin knuckle dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26715	Treat knuckle dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26720	Treat finger fracture each	0	999	10/1/2020	12/31/9999	2	87.17	82.81
26725	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26727	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26735	Treat finger fracture each	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
26740	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26742	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26746	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26750	Treat finger fracture each	0	999	10/1/2020	12/31/9999	4	87.17	82.81
26755	Treat finger fracture each	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26756	Pin finger fracture each	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26765	Treat finger fracture each	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
26770	Treat finger dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26775	Treat finger dislocation	0	999	10/1/2020	12/31/9999	1	92.90	88.26
26776	Pin finger dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26785	Treat finger dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26820	Thumb fusion with graft	0	999	10/1/2020	12/31/9999	1	3075.54	2921.76
26841	Fusion of thumb	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26842	Thumb fusion with graft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26843	Fusion of hand joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26844	Fusion/graft of hand joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26850	Fusion of knuckle	0	999	10/1/2020	12/31/9999	2	2242.69	2130.56
26852	Fusion of knuckle with graft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
26860	Fusion of finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26861	Fusion of finger jnt add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26862	Fusion/graft of finger joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26863	Fuse/graft added joint	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26910	Amputate metacarpal bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26951	Amputation of finger/thumb	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
26952	Amputation of finger/thumb	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26990	Drainage of pelvis lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
26991	Drainage of pelvis bursa	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27000	Incision of hip tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27001	Incision of hip tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27003	Incision of hip tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27033	Exploration of hip joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27035	Denervation of hip joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27040	Biopsy of soft tissues	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27041	Biopsy of soft tissues	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27043	Exc hip pelvis les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27045	Exc hip/pelv tum deep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27047	Exc hip/pelvis les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27048	Exc hip/pelv tum deep < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27049	Resect hip/pelv tum < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27050	Biopsy of sacroiliac joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27052	Biopsy of hip joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27059	Resect hip/pelv tum 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27060	Removal of ischial bursa	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27062	Remove femur lesion/bursa	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27065	Remove hip bone les super	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27066	Remove hip bone les deep	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27067	Remove/graft hip bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27080	Removal of tail bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27086	Remove hip foreign body	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27087	Remove hip foreign body	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27093	Injection for hip x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
27095	Injection for hip x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
27097	Revision of hip tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27098	Transfer tendon to pelvis	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27100	Transfer of abdominal muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27105	Transfer of spinal muscle	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27110	Transfer of iliopsoas muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27111	Transfer of iliopsoas muscle	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27197	Clsd tx pelvic ring fx	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27198	Clsd tx pelvic ring fx	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27200	Treat tail bone fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27202	Treat tail bone fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27220	Treat hip socket fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27230	Treat thigh fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27238	Treat thigh fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27246	Treat thigh fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27250	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27252	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27256	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27257	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27265	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27266	Treat hip dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27267	Cltx thigh fx	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27275	Manipulation of hip joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27301	Drain thigh/knee lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27305	Incise thigh tendon & fascia	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27306	Incision of thigh tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27307	Incision of thigh tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27310	Exploration of knee joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27323	Biopsy thigh soft tissues	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27324	Biopsy thigh soft tissues	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27325	Neurectomy hamstring	0	999	10/1/2020	12/31/9999	1	637.43	605.56
27326	Neurectomy popliteal	0	999	10/1/2020	12/31/9999	1	637.43	605.56
27327	Exc thigh/knee les sc < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27328	Exc thigh/knee tum deep <5cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27329	Resect thigh/knee tum < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27330	Biopsy knee joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27331	Explore/treat knee joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27332	Removal of knee cartilage	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27333	Removal of knee cartilage	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27334	Remove knee joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27335	Remove knee joint lining	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27337	Exc thigh/knee les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27339	Exc thigh/knee tum dep 5cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27340	Removal of kneecap bursa	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27345	Removal of knee cyst	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27347	Remove knee cyst	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27350	Removal of kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27355	Remove femur lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27356	Remove femur lesion/graft	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
27357	Remove femur lesion/graft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27358	Remove femur lesion/fixation	0	999	10/1/2014	12/31/9999	1	0.00	0.00
27360	Partial removal leg bone(s)	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27364	Resect thigh/knee tum 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27369	Njx cntrst kne arthg/ct/mri	0	999	1/1/2019	12/31/9999	1	0.00	0.00
27372	Removal of foreign body	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27380	Repair of kneecap tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27381	Repair/graft kneecap tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27385	Repair of thigh muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27386	Repair/graft of thigh muscle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27390	Incision of thigh tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27391	Incision of thigh tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27392	Incision of thigh tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27393	Lengthening of thigh tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27394	Lengthening of thigh tendons	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27395	Lengthening of thigh tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27396	Transplant of thigh tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27397	Transplants of thigh tendons	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27400	Revise thigh muscles/tendons	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27403	Repair of knee cartilage	0	999	10/1/2020	12/31/9999	1	2962.90	2814.76
27405	Repair of knee ligament	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27407	Repair of knee ligament	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27409	Repair of knee ligaments	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27415	Osteochondral knee allograft	0	999	10/1/2020	12/31/9999	1	7528.43	7152.01
27416	Osteochondral knee autograft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27418	Repair degenerated kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27420	Revision of unstable kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27422	Revision of unstable kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27424	Revision/removal of kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27425	Lat retinacular release open	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27427	Reconstruction knee	0	999	10/1/2020	12/31/9999	1	2904.70	2759.47
27428	Reconstruction knee	0	999	10/1/2020	12/31/9999	1	6173.71	5865.02
27429	Reconstruction knee	0	999	10/1/2020	12/31/9999	1	8090.95	7686.40
27430	Revision of thigh muscles	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27435	Incision of knee joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27437	Revise kneecap	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27438	Revise kneecap with implant	0	999	10/1/2020	12/31/9999	1	6293.04	5978.39
27440	Revision of knee joint	0	999	10/1/2020	12/31/9999	1	6767.18	6428.82
27441	Revision of knee joint	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
27442	Revision of knee joint	0	999	10/1/2020	12/31/9999	1	6780.19	6441.18
27443	Revision of knee joint	0	999	10/1/2020	12/31/9999	1	6613.33	6282.66
27446	Revision of knee joint	0	999	10/1/2020	12/31/9999	1	6728.61	6392.18
27475	Surgery to stop leg growth	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27479	Surgery to stop leg growth	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27496	Decompression of thigh/knee	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27497	Decompression of thigh/knee	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27498	Decompression of thigh/knee	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27499	Decompression of thigh/knee	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27500	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27501	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27502	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27503	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27508	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27509	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27510	Treatment of thigh fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27516	Treat thigh fx growth plate	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27517	Treat thigh fx growth plate	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27520	Treat kneecap fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27524	Treat kneecap fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27530	Treat knee fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27532	Treat knee fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27538	Treat knee fracture(s)	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27550	Treat knee dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27552	Treat knee dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27560	Treat kneecap dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27562	Treat kneecap dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27566	Treat kneecap dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27570	Fixation of knee joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27594	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27600	Decompression of lower leg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27601	Decompression of lower leg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27602	Decompression of lower leg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27603	Drain lower leg lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27604	Drain lower leg bursa	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27605	Incision of achilles tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27606	Incision of achilles tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27607	Treat lower leg bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27610	Explore/treat ankle joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27612	Exploration of ankle joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27613	Biopsy lower leg soft tissue	0	999	10/1/2020	12/31/9999	1	136.27	129.46
27614	Biopsy lower leg soft tissue	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27615	Resect leg/ankle tum < 5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27616	Resect leg/ankle tum 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27618	Exc leg/ankle tum < 3 cm	0	999	10/1/2020	12/31/9999	1	461.11	438.05
27619	Exc leg/ankle tum deep <5 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27620	Explore/treat ankle joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27625	Remove ankle joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27626	Remove ankle joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27630	Removal of tendon lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27632	Exc leg/ankle les sc 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27634	Exc leg/ankle tum dep 5 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27635	Remove lower leg bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27637	Remove/graft leg bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27638	Remove/graft leg bone lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27640	Partial removal of tibia	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27641	Partial removal of fibula	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27647	Resect talus/calcaneus tum	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27648	Injection for ankle x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
27650	Repair achilles tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27652	Repair/graft achilles tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27654	Repair of achilles tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27656	Repair leg fascia defect	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27658	Repair of leg tendon each	0	999	10/1/2020	12/31/9999	3	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27659	Repair of leg tendon each	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27664	Repair of leg tendon each	0	999	10/1/2020	12/31/9999	3	2242.69	2130.56
27665	Repair of leg tendon each	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27675	Repair lower leg tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27676	Repair lower leg tendons	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27680	Release of lower leg tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27681	Release of lower leg tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27685	Revision of lower leg tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27686	Revise lower leg tendons	0	999	10/1/2020	12/31/9999	6	1029.01	977.56
27687	Revision of calf tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27690	Revise lower leg tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27691	Revise lower leg tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27692	Revise additional leg tendon	0	999	10/1/2014	12/31/9999	1	0.00	0.00
27695	Repair of ankle ligament	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27696	Repair of ankle ligaments	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27698	Repair of ankle ligament	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27700	Revision of ankle joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27704	Removal of ankle implant	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27705	Incision of tibia	0	999	10/1/2020	12/31/9999	1	3230.12	3068.61
27707	Incision of fibula	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27709	Incision of tibia & fibula	0	999	10/1/2020	12/31/9999	1	4581.70	4352.62
27720	Repair of tibia	0	999	10/1/2020	12/31/9999	1	3078.17	2924.26
27726	Repair fibula nonunion	0	999	10/1/2020	12/31/9999	1	3135.70	2978.92
27730	Repair of tibia epiphysis	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27732	Repair of fibula epiphysis	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27734	Repair lower leg epiphyses	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27740	Repair of leg epiphyses	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27742	Repair of leg epiphyses	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27745	Reinforce tibia	0	999	10/1/2020	12/31/9999	1	3124.28	2968.07
27750	Treatment of tibia fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27752	Treatment of tibia fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27756	Treatment of tibia fracture	0	999	10/1/2020	12/31/9999	1	3276.66	3112.83
27758	Treatment of tibia fracture	0	999	10/1/2020	12/31/9999	1	6474.26	6150.55
27759	Treatment of tibia fracture	0	999	10/1/2020	12/31/9999	1	6392.18	6072.57
27760	Cltx medial ankle fx	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27762	Cltx med ankle fx w/mnpj	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27766	Optx medial ankle fx	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27767	Cltx post ankle fx	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27768	Cltx post ankle fx w/mnpj	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27769	Optx post ankle fx	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27780	Treatment of fibula fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27781	Treatment of fibula fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27784	Treatment of fibula fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27786	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27788	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27792	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	2963.99	2815.79
27808	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27810	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27814	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	3010.98	2860.43
27816	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27818	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27822	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	2998.24	2848.33
27823	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	2988.37	2838.95
27824	Treat lower leg fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27825	Treat lower leg fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27826	Treat lower leg fracture	0	999	10/1/2020	12/31/9999	1	3132.62	2975.99
27827	Treat lower leg fracture	0	999	10/1/2020	12/31/9999	1	6413.70	6093.02
27828	Treat lower leg fracture	0	999	10/1/2020	12/31/9999	1	6525.85	6199.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27829	Treat lower leg joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27830	Treat lower leg dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27831	Treat lower leg dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27832	Treat lower leg dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27840	Treat ankle dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27842	Treat ankle dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27846	Treat ankle dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27848	Treat ankle dislocation	0	999	10/1/2020	12/31/9999	1	3303.90	3138.71
27860	Fixation of ankle joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27870	Fusion of ankle joint open	0	999	10/1/2020	12/31/9999	1	6758.66	6420.73
27871	Fusion of tibiofibular joint	0	999	10/1/2020	12/31/9999	1	6513.74	6188.05
27884	Amputation follow-up surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27889	Amputation of foot at ankle	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27892	Decompression of leg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
27893	Decompression of leg	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
27894	Decompression of leg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28001	Drainage of bursa of foot	0	999	10/1/2020	12/31/9999	1	144.65	137.42
28002	Treatment of foot infection	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28003	Treatment of foot infection	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28005	Treat foot bone lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28008	Incision of foot fascia	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28010	Incision of toe tendon	0	999	10/1/2020	12/31/9999	1	99.61	94.63
28011	Incision of toe tendons	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28020	Exploration of foot joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28022	Exploration of foot joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28024	Exploration of toe joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28035	Decompression of tibia nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
28039	Exc foot/toe tum sc 1.5 cm/>	0	999	10/1/2020	12/31/9999	6	795.47	755.70
28041	Exc foot/toe tum dep 1.5cm/>	0	999	10/1/2020	12/31/9999	6	795.47	755.70
28043	Exc foot/toe tum sc < 1.5 cm	0	999	10/1/2020	12/31/9999	8	461.11	438.05
28045	Exc foot/toe tum deep <1.5cm	0	999	10/1/2020	12/31/9999	8	795.47	755.70
28046	Resect foot/toe tumor < 3 cm	0	999	10/1/2020	12/31/9999	1	795.47	755.70
28047	Resect foot/toe tumor 3 cm/>	0	999	10/1/2020	12/31/9999	1	795.47	755.70
28050	Biopsy of foot joint lining	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28052	Biopsy of foot joint lining	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28054	Biopsy of toe joint lining	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28055	Neurectomy foot	0	999	10/1/2020	12/31/9999	1	637.43	605.56
28060	Partial removal foot fascia	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28062	Removal of foot fascia	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28070	Removal of foot joint lining	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28072	Removal of foot joint lining	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28080	Removal of foot lesion	0	999	10/1/2020	12/31/9999	4	570.40	541.88
28086	Excise foot tendon sheath	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28088	Excise foot tendon sheath	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28090	Removal of foot lesion	0	999	10/1/2020	12/31/9999	4	570.40	541.88
28092	Removal of toe lesions	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28100	Removal of ankle/heel lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28102	Remove/graft foot lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28103	Remove/graft foot lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28104	Removal of foot lesion	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28106	Remove/graft foot lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28107	Remove/graft foot lesion	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28108	Removal of toe lesions	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28110	Part removal of metatarsal	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28111	Part removal of metatarsal	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28112	Part removal of metatarsal	0	999	10/1/2020	12/31/9999	8	1029.01	977.56
28113	Part removal of metatarsal	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28114	Removal of metatarsal heads	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28116	Revision of foot	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28118	Removal of heel bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28119	Removal of heel spur	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28120	Part removal of ankle/heel	0	999	10/1/2020	12/31/9999	4	1029.01	977.56
28122	Partial removal of foot bone	0	999	10/1/2020	12/31/9999	8	1029.01	977.56
28124	Partial removal of toe	0	999	10/1/2020	12/31/9999	8	241.37	229.30
28126	Partial removal of toe	0	999	10/1/2020	12/31/9999	2	1029.01	977.56
28130	Removal of ankle bone	0	999	10/1/2020	12/31/9999	1	3346.93	3179.58
28140	Removal of metatarsal	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28150	Removal of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28153	Partial removal of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28160	Partial removal of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28171	Resect tarsal tumor	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28173	Resect metatarsal tumor	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28175	Resect phalanx of toe tumor	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28190	Removal of foot foreign body	0	999	10/1/2020	12/31/9999	6	145.80	138.51
28192	Removal of foot foreign body	0	999	10/1/2020	12/31/9999	4	461.11	438.05
28193	Removal of foot foreign body	0	999	10/1/2020	12/31/9999	4	461.11	438.05
28200	Repair of foot tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28202	Repair/graft of foot tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28208	Repair of foot tendon	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
28210	Repair/graft of foot tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28220	Release of foot tendon	0	999	10/1/2020	12/31/9999	1	228.09	216.69
28222	Release of foot tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28225	Release of foot tendon	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28226	Release of foot tendons	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28230	Incision of foot tendon(s)	0	999	10/1/2020	12/31/9999	1	224.91	213.66
28232	Incision of toe tendon	0	999	10/1/2020	12/31/9999	12	209.90	199.41
28234	Incision of foot tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28238	Revision of foot tendon	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28240	Release of big toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28250	Revision of foot fascia	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28260	Release of midfoot joint	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28261	Revision of foot tendon	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28262	Revision of foot and ankle	0	999	10/1/2020	12/31/9999	1	3547.18	3369.82
28264	Release of midfoot joint	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28270	Release of foot contracture	0	999	10/1/2020	12/31/9999	12	1029.01	977.56
28272	Release of toe joint each	0	999	10/1/2020	12/31/9999	12	202.68	192.55
28280	Fusion of toes	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28285	Repair of hammertoe	0	999	10/1/2020	12/31/9999	8	1029.01	977.56
28286	Repair of hammertoe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28288	Partial removal of foot bone	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
28289	Corrj halux rigdus w/o implt	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28291	Corrj halux rigdus w/implt	0	999	10/1/2020	12/31/9999	1	3440.47	3268.45
28292	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28295	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28296	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28297	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	3216.72	3055.88
28298	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28299	Correction hallux valgus	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28300	Incision of heel bone	0	999	10/1/2020	12/31/9999	1	2999.56	2849.58
28302	Incision of ankle bone	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28304	Incision of midfoot bones	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28305	Incise/graft midfoot bones	0	999	10/1/2020	12/31/9999	1	3229.68	3068.20
28306	Incision of metatarsal	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28307	Incision of metatarsal	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28308	Incision of metatarsal	0	999	10/1/2020	12/31/9999	8	1029.01	977.56
28309	Incision of metatarsals	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28310	Revision of big toe	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28312	Revision of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28313	Repair deformity of toe	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
28315	Removal of sesamoid bone	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28320	Repair of foot bones	0	999	10/1/2020	12/31/9999	1	7102.27	6747.16
28322	Repair of metatarsals	0	999	10/1/2020	12/31/9999	1	3059.06	2906.11
28340	Resect enlarged toe tissue	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28341	Resect enlarged toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28344	Repair extra toe(s)	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28345	Repair webbed toe(s)	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28400	Treatment of heel fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28405	Treatment of heel fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28406	Treatment of heel fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28415	Treat heel fracture	0	999	10/1/2020	12/31/9999	1	3099.91	2944.91
28420	Treat/graft heel fracture	0	999	10/1/2020	12/31/9999	1	6600.32	6270.30
28430	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28435	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28436	Treatment of ankle fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28445	Treat ankle fracture	0	999	10/1/2020	12/31/9999	1	2910.19	2764.68
28446	Osteochondral talus autogrft	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28450	Treat midfoot fracture each	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28455	Treat midfoot fracture each	0	999	10/1/2020	12/31/9999	1	134.26	127.55
28456	Treat midfoot fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28465	Treat midfoot fracture each	0	999	10/1/2020	12/31/9999	1	3064.99	2911.74
28470	Treat metatarsal fracture	0	999	10/1/2020	12/31/9999	5	87.17	82.81
28475	Treat metatarsal fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28476	Treat metatarsal fracture	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
28485	Treat metatarsal fracture	0	999	10/1/2020	12/31/9999	5	2985.51	2836.23
28490	Treat big toe fracture	0	999	10/1/2020	12/31/9999	1	79.11	75.15
28495	Treat big toe fracture	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28496	Treat big toe fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28505	Treat big toe fracture	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28510	Treatment of toe fracture	0	999	10/1/2020	12/31/9999	5	62.65	59.52
28515	Treatment of toe fracture	0	999	10/1/2020	12/31/9999	5	84.59	80.36
28525	Treat toe fracture	0	999	10/1/2020	12/31/9999	5	1029.01	977.56
28530	Treat sesamoid bone fracture	0	999	10/1/2020	12/31/9999	1	60.06	57.06
28531	Treat sesamoid bone fracture	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28540	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28545	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28546	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28555	Repair foot dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28570	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28575	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28576	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28585	Repair foot dislocation	0	999	10/1/2020	12/31/9999	1	3307.62	3142.24
28600	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28605	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28606	Treat foot dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28615	Repair foot dislocation	0	999	10/1/2020	12/31/9999	1	2924.46	2778.24
28630	Treat toe dislocation	0	999	10/1/2020	12/31/9999	1	71.31	67.74
28635	Treat toe dislocation	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28636	Treat toe dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28645	Repair toe dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28660	Treat toe dislocation	0	999	10/1/2020	12/31/9999	1	55.14	52.38
28665	Treat toe dislocation	0	999	10/1/2020	12/31/9999	1	92.90	88.26
28666	Treat toe dislocation	0	999	10/1/2020	12/31/9999	10	1029.01	977.56
28675	Repair of toe dislocation	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28705	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	9263.06	8799.91

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28715	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	7070.87	6717.33
28725	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	6494.90	6170.16
28730	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	6987.89	6638.50
28735	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	7057.86	6704.97
28737	Revision of foot bones	0	999	10/1/2020	12/31/9999	1	6709.32	6373.85
28740	Fusion of foot bones	0	999	10/1/2020	12/31/9999	1	3315.75	3149.96
28750	Fusion of big toe joint	0	999	10/1/2020	12/31/9999	1	3254.93	3092.18
28755	Fusion of big toe joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28760	Fusion of big toe joint	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
28810	Amputation toe & metatarsal	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28820	Amputation of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28825	Partial amputation of toe	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
28890	Hi enrgy eswt plantar fascia	0	999	10/1/2020	12/31/9999	1	156.78	148.94
29000	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29010	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29015	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29035	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29040	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29044	Application of body cast	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29046	Application of body cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29049	Application of figure eight	0	999	10/1/2020	12/31/9999	1	49.66	47.18
29055	Application of shoulder cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29058	Application of shoulder cast	0	999	10/1/2020	12/31/9999	1	55.72	52.93
29065	Application of long arm cast	0	999	10/1/2020	12/31/9999	1	48.22	45.81
29075	Application of forearm cast	0	999	10/1/2020	12/31/9999	1	44.18	41.97
29085	Apply hand/wrist cast	0	999	10/1/2020	12/31/9999	1	47.93	45.53
29086	Apply finger cast	0	999	10/1/2020	12/31/9999	1	43.60	41.42
29105	Apply long arm splint	0	999	10/1/2020	12/31/9999	1	39.84	37.85
29125	Apply forearm splint	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29126	Apply forearm splint	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29130	Application of finger splint	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29131	Application of finger splint	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29200	Strapping of chest	0	999	10/1/2020	12/31/9999	1	15.02	14.27
29240	Strapping of shoulder	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29260	Strapping of elbow or wrist	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29280	Strapping of hand or finger	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29305	Application of hip cast	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29325	Application of hip casts	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29345	Application of long leg cast	0	999	10/1/2020	12/31/9999	1	62.94	59.79
29355	Application of long leg cast	0	999	10/1/2020	12/31/9999	1	64.10	60.90
29358	Apply long leg cast brace	0	999	10/1/2020	12/31/9999	1	80.84	76.80
29365	Application of long leg cast	0	999	10/1/2020	12/31/9999	1	59.47	56.50
29405	Apply short leg cast	0	999	10/1/2020	12/31/9999	1	38.69	36.76
29425	Apply short leg cast	0	999	10/1/2020	12/31/9999	1	36.38	34.56
29435	Apply short leg cast	0	999	10/1/2020	12/31/9999	1	53.70	51.02
29440	Addition of walker to cast	0	999	10/1/2020	12/31/9999	1	17.61	16.73
29445	Apply rigid leg cast	0	999	10/1/2020	12/31/9999	1	49.66	47.18
29450	Application of leg cast	0	999	10/1/2020	12/31/9999	1	52.26	49.65
29505	Application long leg splint	0	999	10/1/2020	12/31/9999	1	46.48	44.16
29515	Application lower leg splint	0	999	10/1/2020	12/31/9999	1	33.78	32.09
29520	Strapping of hip	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29530	Strapping of knee	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29540	Strapping of ankle and/or ft	0	999	10/1/2020	12/31/9999	1	11.26	10.70
29550	Strapping of toes	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29580	Application of paste boot	0	999	10/1/2020	12/31/9999	1	33.78	32.09
29581	Apply multlay comprs lwr leg	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29584	Appl multlay comprs arm/hand	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29700	Removal/revision of cast	0	999	10/1/2020	12/31/9999	1	32.34	30.72

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
29705	Removal/revision of cast	0	999	10/1/2020	12/31/9999	1	27.43	26.06
29710	Removal/revision of cast	0	999	10/1/2020	12/31/9999	1	53.99	51.29
29720	Repair of body cast	0	999	10/1/2020	12/31/9999	1	45.33	43.06
29730	Windowing of cast	0	999	10/1/2020	12/31/9999	1	25.98	24.68
29740	Wedging of cast	0	999	10/1/2020	12/31/9999	1	42.44	40.32
29750	Wedging of clubfoot cast	0	999	10/1/2020	12/31/9999	1	44.46	42.24
29800	Jaw arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29804	Jaw arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29805	Shoulder arthroscopy dx	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29806	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29807	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29819	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29820	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29821	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29822	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29823	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29824	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29825	Shoulder arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29826	Shoulder arthroscopy/surgery	0	999	10/1/2014	12/31/9999	1	0.00	0.00
29827	Arthroscop rotator cuff repr	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29828	Arthroscopy biceps tenodesis	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29830	Elbow arthroscopy	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29834	Elbow arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29835	Elbow arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29836	Elbow arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29837	Elbow arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29838	Elbow arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29840	Wrist arthroscopy	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29843	Wrist arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29844	Wrist arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29845	Wrist arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29846	Wrist arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29847	Wrist arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29848	Wrist endoscopy/surgery	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29850	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29851	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29855	Tibial arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	3442.22	3270.11
29856	Tibial arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	6274.65	5960.92
29860	Hip arthroscopy dx	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29861	Hip arthro w/fb removal	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29862	Hip arthr0 w/debridement	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29863	Hip arthr0 w/synovectomy	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29866	Autgrft implnt knee w/scope	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29870	Knee arthroscopy dx	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29871	Knee arthroscopy/drainage	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29873	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29874	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29875	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29876	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29877	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29879	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29880	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29881	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29882	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29883	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29884	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29885	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29886	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
29887	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29888	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	3098.59	2943.66
29889	Knee arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	6129.30	5822.84
29891	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29892	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29893	Scope plantar fasciotomy	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29894	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29895	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29897	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29898	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29899	Ankle arthroscopy/surgery	0	999	10/1/2020	12/31/9999	1	2907.78	2762.39
29900	Mcp joint arthroscopy dx	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29901	Mcp joint arthroscopy surg	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29902	Mcp joint arthroscopy surg	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29904	Subtalar arthro w/fb rmvl	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29905	Subtalar arthro w/exc	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29906	Subtalar arthro w/deb	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
29907	Subtalar arthro w/fusion	0	999	10/1/2020	12/31/9999	1	6289.45	5974.98
29914	Hip arthro w/femoroplasty	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29915	Hip arthro acetabuloplasty	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
29916	Hip arthro w/labral repair	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
30000	Drainage of nose lesion	0	999	10/1/2020	12/31/9999	1	82.31	78.19
30020	Drainage of nose lesion	0	999	10/1/2020	12/31/9999	1	160.24	152.23
30100	Intranasal biopsy	0	999	10/1/2020	12/31/9999	1	85.75	81.46
30110	Removal of nose polyp(s)	0	999	10/1/2020	12/31/9999	1	141.47	134.40
30115	Removal of nose polyp(s)	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30117	Removal of intranasal lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30118	Removal of intranasal lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30120	Revision of nose	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30124	Removal of nose lesion	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30125	Removal of nose lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30130	Excise inferior turbinate	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30140	Resect inferior turbinate	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30150	Partial removal of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30160	Removal of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30200	Injection treatment of nose	0	999	10/1/2020	12/31/9999	1	66.12	62.81
30210	Nasal sinus therapy	0	999	10/1/2020	12/31/9999	1	85.46	81.19
30220	Insert nasal septal button	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30300	Remove nasal foreign body	0	999	10/1/2015	12/31/9999	1	0.00	0.00
30310	Remove nasal foreign body	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30320	Remove nasal foreign body	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30400	Reconstruction of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30410	Reconstruction of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30420	Reconstruction of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30430	Revision of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30435	Revision of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30450	Revision of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30460	Revision of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30462	Revision of nose	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30465	Repair nasal stenosis	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30520	Repair of nasal septum	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30540	Repair nasal defect	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30545	Repair nasal defect	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30560	Release of nasal adhesions	0	999	10/1/2020	12/31/9999	1	178.55	169.62
30580	Repair upper jaw fistula	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30600	Repair mouth/nose fistula	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30620	Intranasal reconstruction	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
30630	Repair nasal septum defect	0	999	10/1/2020	12/31/9999	1	844.05	801.85

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
30801	Ablate inf turbinate superf	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30802	Ablate inf turbinate submuc	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30901	Control of nosebleed	0	999	10/1/2015	12/31/9999	1	0.00	0.00
30903	Control of nosebleed	0	999	10/1/2020	12/31/9999	1	44.07	41.87
30905	Control of nosebleed	0	999	10/1/2020	12/31/9999	1	44.07	41.87
30906	Repeat control of nosebleed	0	999	10/1/2020	12/31/9999	1	82.31	78.19
30915	Ligation nasal sinus artery	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
30920	Ligation upper jaw artery	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
30930	Ther fx nasal inf turbinate	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31000	Irrigation maxillary sinus	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31002	Irrigation sphenoid sinus	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31020	Exploration maxillary sinus	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31030	Exploration maxillary sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31032	Explore sinus remove polyps	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31040	Exploration behind upper jaw	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31050	Exploration sphenoid sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31051	Sphenoid sinus surgery	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31070	Exploration of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31075	Exploration of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31080	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31081	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31084	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31085	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31086	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31087	Removal of frontal sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31090	Exploration of sinuses	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31200	Removal of ethmoid sinus	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31201	Removal of ethmoid sinus	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31205	Removal of ethmoid sinus	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31231	Nasal endoscopy dx	0	999	10/1/2020	12/31/9999	1	63.28	60.12
31233	Nsl/sins ndsc dx max sinusc	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31235	Nsl/sins ndsc dx sphn sinusc	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31237	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31238	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31239	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31240	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31253	Nsl/sins ndsc total	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31254	Nsl/sins ndsc w/prtl ethmdct	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31255	Nsl/sins ndsc w/tot ethmdct	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31256	Exploration maxillary sinus	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31257	Nsl/sins ndsc tot w/sphendt	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31259	Nsl/sins ndsc sphn tiss rmvl	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31267	Endoscopy maxillary sinus	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31276	Nsl/sins ndsc frnt tiss rmvl	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31287	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31288	Nasal/sinus endoscopy surg	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31295	Nsl/sins ndsc surg max sins	0	999	10/1/2020	12/31/9999	1	1457.15	1384.29
31296	Nsl/sins ndsc surg frnt sins	0	999	10/1/2020	12/31/9999	1	1464.95	1391.70
31297	Nsl/sins ndsc surg sphn sins	0	999	10/1/2020	12/31/9999	1	1453.40	1380.73
31298	Nsl/sins ndsc surg frnt&sphn	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31300	Removal of larynx lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31400	Revision of larynx	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31420	Removal of epiglottis	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31500	Insert emergency airway	0	999	10/1/2020	12/31/9999	2	82.31	78.19
31502	Change of windpipe airway	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31505	Diagnostic laryngoscopy	0	999	10/1/2020	12/31/9999	1	51.39	48.82
31510	Laryngoscopy with biopsy	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31511	Remove foreign body larynx	0	999	10/1/2020	12/31/9999	1	63.28	60.12

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
31512	Removal of larynx lesion	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31513	Injection into vocal cord	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31515	Laryngoscopy for aspiration	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31520	Dx laryngoscopy newborn	0	1	10/1/2020	12/31/9999	1	152.76	145.12
31525	Dx laryngoscopy excl nb	1	999	10/1/2020	12/31/9999	1	489.35	464.88
31526	Dx laryngoscopy w/oper scope	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31527	Laryngoscopy for treatment	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31528	Laryngoscopy and dilation	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31529	Laryngoscopy and dilation	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31530	Laryngoscopy w/fb removal	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31531	Laryngoscopy w/fb & op scope	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31535	Laryngoscopy w/biopsy	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31536	Laryngoscopy w/bx & op scope	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31540	Laryngoscopy w/exc of tumor	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31541	Larynscop w/tumr exc + scope	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31545	Remove vc lesion w/scope	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31546	Remove vc lesion scope/graft	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31551	Laryngoplasty laryngeal sten	0	11	10/1/2020	12/31/9999	1	1797.24	1707.38
31552	Laryngoplasty laryngeal sten	12	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31553	Laryngoplasty laryngeal sten	0	11	10/1/2020	12/31/9999	1	1797.24	1707.38
31554	Laryngoplasty laryngeal sten	12	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31560	Laryngoscop w/arytenoidectom	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31561	Larynscop remve cart + scop	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31570	Laryngoscope w/vc inj	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31571	Laryngoscop w/vc inj + scope	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31572	Largsc w/laser dstrj les	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31573	Largsc w/ther injection	0	999	10/1/2020	12/31/9999	1	146.38	139.06
31574	Largsc w/njx augmentation	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31575	Diagnostic laryngoscopy	0	999	10/1/2020	12/31/9999	1	63.28	60.12
31576	Laryngoscopy with biopsy	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31577	Largsc w/rmvl foreign bdy(s)	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31578	Largsc w/removal lesion	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31579	Laryngoscopy telescopic	0	999	10/1/2020	12/31/9999	1	95.86	91.07
31580	Laryngoplasty laryngeal web	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31590	Reinnervate larynx	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31591	Laryngoplasty medialization	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31592	Cricotracheal resection	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31603	Incision of windpipe	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31605	Incision of windpipe	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31611	Surgery/speech prosthesis	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31612	Puncture/clear windpipe	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31613	Repair windpipe opening	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31614	Repair windpipe opening	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31615	Visualization of windpipe	0	999	10/1/2020	12/31/9999	1	178.55	169.62
31622	Dx bronchoscope/wash	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31623	Dx bronchoscope/brush	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31624	Dx bronchoscope/lavage	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31625	Bronchoscopy w/biopsy(s)	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31626	Bronchoscopy w/markers	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31627	Navigational bronchoscopy	0	999	10/1/2012	12/31/9999	1	0.00	0.00
31628	Bronchoscopy/lung bx each	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31629	Bronchoscopy/needle bx each	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31630	Bronchoscopy dilate/fx repr	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31631	Bronchoscopy dilate w/stent	0	999	10/1/2020	12/31/9999	1	1516.71	1440.87
31632	Bronchoscopy/lung bx addl	0	999	10/1/2014	12/31/9999	4	0.00	0.00
31633	Bronchoscopy/needle bx addl	0	999	10/1/2014	12/31/9999	5	0.00	0.00
31634	Bronch w/balloon occlusion	0	999	10/1/2020	12/31/9999	2	1516.71	1440.87
31635	Bronchoscopy w/fb removal	0	999	10/1/2020	12/31/9999	1	489.35	464.88

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
31636	Bronchoscopy bronch stents	0	999	10/1/2020	12/31/9999	1	2219.39	2108.42
31637	Bronchoscopy stent add-on	0	999	10/1/2014	12/31/9999	4	0.00	0.00
31638	Bronchoscopy revise stent	0	999	10/1/2020	12/31/9999	5	1516.71	1440.87
31640	Bronchoscopy w/tumor excise	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31641	Bronchoscopy treat blockage	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31643	Diag bronchoscope/catheter	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31645	Brnchsc w/ther aspir 1st	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31646	Brnchsc w/ther aspir sbsq	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31647	Bronchial valve init insert	0	999	10/1/2020	12/31/9999	1	1977.05	1878.20
31648	Bronchial valve remov init	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31649	Bronchial valve remov addl	0	999	10/1/2020	12/31/9999	4	489.35	464.88
31651	Bronchial valve addl insert	0	999	10/1/2014	12/31/9999	4	0.00	0.00
31652	Bronch ebus samplng 1/2 node	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31653	Bronch ebus samplng 3/> node	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31654	Bronch ebus ivntj perph les	0	999	1/1/2016	12/31/9999	1	0.00	0.00
31717	Bronchial brush biopsy	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31720	Clearance of airways	0	999	10/1/2015	12/31/9999	1	0.00	0.00
31730	Intro windpipe wire/tube	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31750	Repair of windpipe	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31755	Repair of windpipe	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
31820	Closure of windpipe lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31825	Repair of windpipe defect	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31830	Revise windpipe scar	0	999	10/1/2020	12/31/9999	1	844.05	801.85
32400	Needle biopsy chest lining	0	999	10/1/2020	12/31/9999	1	461.11	438.05
32405	Percut bx lung/mediastinum	0	999	10/1/2020	12/31/9999	1	461.11	438.05
32550	Insert pleural cath	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
32552	Remove lung catheter	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32553	Ins mark thor for rt perq	0	999	10/1/2020	12/31/9999	1	503.41	478.24
32554	Aspirate pleura w/o imaging	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32555	Aspirate pleura w/ imaging	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32556	Insert cath pleura w/o image	0	999	10/1/2020	12/31/9999	1	530.45	503.93
32557	Insert cath pleura w/ image	0	999	10/1/2020	12/31/9999	1	463.93	440.73
32960	Therapeutic pneumothorax	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32998	Ablate pulm tumor perq rf	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
33016	Pericardiocentesis w/imaging	0	999	1/1/2020	12/31/9999	1	463.93	440.73
33206	Insert heart pm atrial	0	999	10/1/2020	12/31/9999	1	5908.66	5613.23
33207	Insert heart pm ventricular	0	999	10/1/2020	12/31/9999	1	6107.17	5801.81
33208	Insrt heart pm atrial & vent	0	999	10/1/2020	12/31/9999	1	6253.74	5941.05
33210	Insert electrd/pm cath sngl	0	999	10/1/2020	12/31/9999	1	3041.98	2889.88
33211	Insert card electrodes dual	0	999	10/1/2020	12/31/9999	1	4693.45	4458.78
33212	Insert pulse gen sngl lead	0	999	10/1/2020	12/31/9999	1	4961.20	4713.14
33213	Insert pulse gen dual leads	0	999	10/1/2020	12/31/9999	1	6168.77	5860.33
33214	Upgrade of pacemaker system	0	999	10/1/2020	12/31/9999	1	6052.99	5750.34
33215	Reposition pacing-defib lead	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
33216	Insert 1 electrode pm-defib	0	999	10/1/2020	12/31/9999	1	4375.66	4156.88
33217	Insert 2 electrode pm-defib	0	999	10/1/2020	12/31/9999	1	5338.85	5071.91
33218	Repair lead pace-defib one	0	999	10/1/2020	12/31/9999	1	1206.22	1145.91
33220	Repair lead pace-defib dual	0	999	10/1/2020	12/31/9999	1	1701.53	1616.45
33221	Insert pulse gen mult leads	0	999	10/1/2020	12/31/9999	1	9382.47	8913.35
33222	Relocation pocket pacemaker	0	999	10/1/2020	12/31/9999	1	655.96	623.16
33223	Relocate pocket for defib	0	999	10/1/2020	12/31/9999	1	655.96	623.16
33224	Insert pacing lead & connect	0	999	10/1/2020	12/31/9999	1	6270.43	5956.91
33225	L ventric pacing lead add-on	0	999	10/1/2015	12/31/9999	1	0.00	0.00
33226	Reposition l ventric lead	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
33227	Remove&replace pm gen singl	0	999	10/1/2020	12/31/9999	1	4849.51	4607.03
33228	Remv&replc pm gen dual lead	0	999	10/1/2020	12/31/9999	1	6107.91	5802.51
33229	Remv&replc pm gen mult leads	0	999	10/1/2020	12/31/9999	1	9446.56	8974.23
33230	Insrt pulse gen w/dual leads	0	999	10/1/2020	12/31/9999	1	15960.86	15162.82

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
33231	Insrt pulse gen w/mult leads	0	999	10/1/2020	12/31/9999	1	21313.90	20248.21
33233	Removal of pm generator	0	999	10/1/2020	12/31/9999	1	4282.44	4068.32
33234	Removal of pacemaker system	0	999	10/1/2020	12/31/9999	1	1206.22	1145.91
33235	Removal pacemaker electrode	0	999	10/1/2020	12/31/9999	1	1561.23	1483.17
33240	Insrt pulse gen w/singl lead	0	999	10/1/2020	12/31/9999	1	15794.07	15004.37
33241	Remove pulse generator	0	999	10/1/2020	12/31/9999	1	1206.22	1145.91
33249	Insj/rplcmt defib w/lead(s)	0	999	10/1/2020	12/31/9999	1	21361.39	20293.32
33262	Rmvl& replc pulse gen 1 lead	0	999	10/1/2020	12/31/9999	1	15603.21	14823.05
33263	Rmvl & rplcmt dfb gen 2 lead	0	999	10/1/2020	12/31/9999	1	15823.50	15032.33
33264	Rmvl & rplcmt dfb gen mlt ld	0	999	10/1/2020	12/31/9999	1	21392.26	20322.65
33270	Ins/rep subq defibrillator	0	999	10/1/2020	12/31/9999	1	21170.24	20111.73
33271	Insj subq impltbl dfb elctrd	0	999	10/1/2020	12/31/9999	1	5007.96	4757.56
33273	Repos prev impltbl subq dfb	0	999	10/1/2020	12/31/9999	1	1206.22	1145.91
33285	Insj subq car rhythm mntr	0	999	10/1/2020	12/31/9999	1	5324.86	5058.62
33286	Rmvl subq car rhythm mntr	0	999	10/1/2020	12/31/9999	1	246.58	234.25
33419	Repair tcat mitral valve	0	999	1/1/2015	12/31/9999	1	0.00	0.00
33508	Endoscopic vein harvest	0	999	10/1/2012	12/31/9999	1	0.00	0.00
34490	Removal of vein clot	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
34713	Perq access & clsr fem art	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34714	Opn fem art expos cndt crtj	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34715	Opn ax/subcla art expos	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34716	Opn ax/subcla art expos cndt	0	999	1/1/2018	12/31/9999	2	0.00	0.00
35188	Repair blood vessel lesion	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
35207	Repair blood vessel lesion	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
35572	Harvest femoropopliteal vein	0	999	10/1/2012	12/31/9999	1	0.00	0.00
35875	Removal of clot in graft	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
35876	Removal of clot in graft	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36000	Place needle in vein	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36002	Pseudoaneurysm injection trt	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36005	Injection ext venography	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36010	Place catheter in vein	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36011	Place catheter in vein	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36012	Place catheter in vein	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36013	Place catheter in artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36014	Place catheter in artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36015	Place catheter in artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36100	Establish access to artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36140	Intro ndl icath upr/lxtr art	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36160	Establish access to aorta	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36200	Place catheter in aorta	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36215	Place catheter in artery	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36216	Place catheter in artery	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36217	Place catheter in artery	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36218	Place catheter in artery	0	999	10/1/2012	12/31/9999	4	0.00	0.00
36221	Place cath thoracic aorta	0	999	10/1/2013	12/31/9999	2	0.00	0.00
36222	Place cath carotid/inom art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36223	Place cath carotid/inom art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36224	Place cath carotd art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36225	Place cath subclavian art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36226	Place cath vertebral art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36227	Place cath xtrnl carotid	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36228	Place cath intracranial art	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36245	Ins cath abd/l-ext art 1st	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36246	Ins cath abd/l-ext art 2nd	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36247	Ins cath abd/l-ext art 3rd	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36248	Ins cath abd/l-ext art addl	0	999	10/1/2012	12/31/9999	4	0.00	0.00
36251	Ins cath ren art 1st unilat	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36252	Ins cath ren art 1st bilat	0	999	10/1/2012	12/31/9999	10	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
36253	Ins cath ren art 2nd+ unilat	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36254	Ins cath ren art 2nd+ bilat	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36260	Insertion of infusion pump	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36261	Revision of infusion pump	0	999	10/1/2020	12/31/9999	1	2102.59	1997.46
36262	Removal of infusion pump	0	999	10/1/2020	12/31/9999	1	1206.22	1145.91
36400	Bl draw < 3 yrs fem/jugular	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36405	Bl draw <3 yrs scalp vein	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36406	Bl draw <3 yrs other vein	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36410	Non-routine bl draw 3/> yrs	3	999	10/1/2012	12/31/9999	1	0.00	0.00
36416	Capillary blood draw	0	999	10/1/2018	12/31/9999	3	0.00	0.00
36420	Vein access cutdown < 1 yr	0	1	10/1/2015	12/31/9999	1	0.00	0.00
36425	Vein access cutdown > 1 yr	1	999	10/1/2015	12/31/9999	1	0.00	0.00
36430	Blood transfusion service	0	999	10/1/2020	12/31/9999	1	28.01	26.61
36440	Bl push transfuse 2 yr/<	0	999	10/1/2020	12/31/9999	1	156.86	149.02
36450	Bl exchange/transfuse nb	0	1	10/1/2020	12/31/9999	1	156.86	149.02
36455	Bl exchange/transfuse non-nb	1	999	10/1/2020	12/31/9999	1	156.86	149.02
36473	Endovenous mchnchem 1st vein	0	999	10/1/2020	12/31/9999	1	1046.60	994.27
36474	Endovenous mchnchem add-on	0	999	1/1/2017	12/31/9999	1	0.00	0.00
36475	Endovenous rf 1st vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36476	Endovenous rf vein add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
36478	Endovenous laser 1st vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36479	Endovenous laser vein addon	0	999	10/1/2014	12/31/9999	1	0.00	0.00
36481	Insertion of catheter vein	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36482	Endoven ther chem adhes 1st	0	999	10/1/2020	12/31/9999	1	1439.54	1367.56
36483	Endoven ther chem adhes sbsq	0	999	1/1/2018	12/31/9999	2	0.00	0.00
36500	Insertion of catheter vein	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36510	Insertion of catheter vein	0	1	10/1/2012	12/31/9999	1	0.00	0.00
36511	Apheresis wbc	0	999	10/1/2020	12/31/9999	1	535.05	508.30
36512	Apheresis rbc	0	999	10/1/2020	12/31/9999	1	535.05	508.30
36513	Apheresis platelets	0	999	10/1/2020	12/31/9999	1	156.86	149.02
36514	Apheresis plasma	0	999	10/1/2020	12/31/9999	1	535.05	508.30
36516	Apheresis immunoads slctv	0	999	10/1/2020	12/31/9999	1	1543.50	1466.33
36522	Photopheresis	0	999	10/1/2020	12/31/9999	1	1543.50	1466.33
36555	Insert non-tunnel cv cath	0	4	10/1/2020	12/31/9999	1	463.93	440.73
36556	Insert non-tunnel cv cath	5	999	10/1/2020	12/31/9999	1	463.93	440.73
36557	Insert tunneled cv cath	0	4	10/1/2020	12/31/9999	1	1857.45	1764.58
36558	Insert tunneled cv cath	5	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36560	Insert tunneled cv cath	0	4	10/1/2020	12/31/9999	1	1072.98	1019.33
36561	Insert tunneled cv cath	5	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36563	Insert tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36565	Insert tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36566	Insert tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36568	Insj picc <5 yr w/o imaging	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36569	Insj picc 5 yr+ w/o imaging	5	999	10/1/2020	12/31/9999	1	463.93	440.73
36570	Insert picvad cath	0	4	10/1/2020	12/31/9999	1	1072.98	1019.33
36571	Insert picvad cath	5	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36572	Insj picc rs&i <5 yr	0	4	10/1/2020	12/31/9999	1	254.87	242.13
36573	Insj picc rs&i 5 yr+	5	999	10/1/2020	12/31/9999	1	463.93	440.73
36575	Repair tunneled cv cath	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36576	Repair tunneled cv cath	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36578	Replace tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36580	Replace cvad cath	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36581	Replace tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36582	Replace tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36583	Replace tunneled cv cath	0	999	10/1/2020	12/31/9999	1	3349.58	3182.10
36584	Compl rplcmt picc rs&i	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36585	Replace picvad cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36589	Removal tunneled cv cath	0	999	10/1/2020	12/31/9999	1	254.87	242.13

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
36590	Removal tunneled cv cath	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36593	Declot vascular device	0	999	10/1/2020	12/31/9999	1	25.12	23.86
36595	Mech remov tunneled cv cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36596	Mech remov tunneled cv cath	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36597	Reposition venous catheter	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36598	Inj w/fluor eval cv device	0	999	10/1/2020	12/31/9999	1	74.27	70.56
36600	Withdrawal of arterial blood	0	999	10/1/2012	12/31/9999	5	0.00	0.00
36620	Insertion catheter artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36625	Insertion catheter artery	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36640	Insertion catheter artery	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36680	Insert needle bone cavity	0	999	10/1/2015	12/31/9999	1	0.00	0.00
36800	Insertion of cannula	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36810	Insertion of cannula	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36815	Insertion of cannula	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36818	Av fuse uppr arm cephalic	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36819	Av fuse uppr arm basilic	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36820	Av fusion/forearm vein	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36821	Av fusion direct any site	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
36825	Artery-vein autograft	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36830	Artery-vein nonautograft	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36831	Open thrombect av fistula	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36832	Av fistula revision open	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36833	Av fistula revision	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36835	Artery to vein shunt	0	999	10/1/2020	12/31/9999	1	1599.72	1519.73
36860	External cannula declotting	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36861	Cannula declotting	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
36901	Intro cath dialysis circuit	0	999	10/1/2020	12/31/9999	1	458.77	435.83
36902	Intro cath dialysis circuit	0	999	10/1/2020	12/31/9999	1	1713.39	1627.72
36903	Intro cath dialysis circuit	0	999	10/1/2020	12/31/9999	1	5055.28	4802.52
36904	Thrmbc/nfs dialysis circuit	0	999	10/1/2020	12/31/9999	1	2300.19	2185.18
36905	Thrmbc/nfs dialysis circuit	0	999	10/1/2020	12/31/9999	1	3346.35	3179.03
36906	Thrmbc/nfs dialysis circuit	0	999	10/1/2020	12/31/9999	1	8145.79	7738.50
36907	Balo angiop ctr dialysis seg	0	999	1/1/2017	12/31/9999	1	0.00	0.00
36908	Stent plmt ctr dialysis seg	0	999	1/1/2017	12/31/9999	1	0.00	0.00
36909	Dialysis circuit embolj	0	999	1/1/2017	12/31/9999	1	0.00	0.00
37184	Prim art m-thrmbc 1st vsl	0	999	10/1/2020	12/31/9999	1	5143.74	4886.55
37185	Prim art m-thrmbc sbsq vsl	0	999	10/1/2014	12/31/9999	1	0.00	0.00
37186	Sec art thrombectomy add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
37187	Venous mech thrombectomy	0	999	10/1/2020	12/31/9999	1	2482.38	2358.26
37188	Ven mechnl thrmbc repeat tx	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37197	Remove intrvas foreign body	0	999	10/1/2020	12/31/9999	2	1072.98	1019.33
37200	Transcatheter biopsy	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
37211	Thrombolytic art therapy	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
37212	Thrombolytic venous therapy	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37220	Iliac revasc	0	999	10/1/2020	12/31/9999	1	1713.39	1627.72
37221	Iliac revasc w/stent	0	999	10/1/2020	12/31/9999	1	4943.89	4696.70
37222	Iliac revasc add-on	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37223	Iliac revasc w/stent add-on	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37224	Fem/popl revas w/tla	0	999	10/1/2020	12/31/9999	1	2495.96	2371.16
37225	Fem/popl revas w/ather	0	999	10/1/2020	12/31/9999	1	5340.32	5073.30
37226	Fem/popl revasc w/stent	0	999	10/1/2020	12/31/9999	1	5155.86	4898.07
37227	Fem/popl revasc stnt & ather	0	999	10/1/2020	12/31/9999	1	8753.35	8315.68
37228	Tib/per revasc w/tla	0	999	10/1/2020	12/31/9999	1	4536.31	4309.49
37229	Tib/per revasc w/ather	0	999	10/1/2020	12/31/9999	1	8229.39	7817.92
37230	Tib/per revasc w/stent	0	999	10/1/2020	12/31/9999	1	8081.36	7677.29
37231	Tib/per revasc stent & ather	0	999	10/1/2020	12/31/9999	1	8519.59	8093.61
37232	Tib/per revasc add-on	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37233	Tibper revasc w/ather add-on	0	999	10/1/2015	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
37234	Revsc opn/prq tib/pero stent	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37235	Tib/per revasc stnt & ather	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37236	Open/perq place stent 1st	0	999	10/1/2020	12/31/9999	1	4756.15	4518.34
37237	Open/perq place stent ea add	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37238	Open/perq place stent same	0	999	10/1/2020	12/31/9999	1	4955.35	4707.58
37239	Open/perq place stent ea add	0	999	10/1/2015	12/31/9999	2	0.00	0.00
37241	Vasc embolize/occlude venous	0	999	10/1/2020	12/31/9999	1	3346.35	3179.03
37242	Vasc embolize/occlude artery	0	999	10/1/2020	12/31/9999	1	4877.38	4633.51
37243	Vasc embolize/occlude organ	0	999	10/1/2020	12/31/9999	1	3346.35	3179.03
37246	Trluml balo angiop 1st art	0	999	10/1/2020	12/31/9999	1	1713.39	1627.72
37247	Trluml balo angiop addl art	0	999	1/1/2017	12/31/9999	1	0.00	0.00
37248	Trluml balo angiop 1st vein	0	999	10/1/2020	12/31/9999	1	1713.39	1627.72
37249	Trluml balo angiop addl vein	0	999	1/1/2017	12/31/9999	1	0.00	0.00
37252	Intrvasc us noncoronary 1st	0	999	1/1/2016	12/31/9999	1	0.00	0.00
37253	Intrvasc us noncoronary addl	0	999	1/1/2016	12/31/9999	4	0.00	0.00
37500	Endoscopy ligate perf veins	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
37607	Ligation of a-v fistula	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37609	Temporal artery procedure	0	999	10/1/2020	12/31/9999	1	461.11	438.05
37650	Revision of major vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37700	Revise leg vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37718	Ligate/strip short leg vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37722	Ligate/strip long leg vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37735	Removal of leg veins/lesion	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37760	Ligate leg veins radical	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37761	Ligate leg veins open	0	999	10/1/2020	12/31/9999	1	463.93	440.73
37765	Stab phleb veins xtr 10-20	0	999	10/1/2020	12/31/9999	1	198.35	188.43
37766	Phleb veins - extrem 20+	0	999	10/1/2020	12/31/9999	1	218.56	207.63
37780	Revision of leg vein	0	999	10/1/2020	12/31/9999	1	463.93	440.73
37785	Ligate/divide/excise vein	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
37790	Penile venous occlusion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
38200	Injection for spleen x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
38220	Dx bone marrow aspirations	0	999	10/1/2020	12/31/9999	1	97.87	92.98
38221	Dx bone marrow biopsies	0	999	10/1/2020	12/31/9999	1	89.50	85.03
38222	Dx bone marrow bx & aspir	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38241	Transplt autol hct/donor	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38242	Transplt allo lymphocytes	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38243	Transplj hematopoietic boost	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38300	Drainage lymph node lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38305	Drainage lymph node lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38308	Incision of lymph channels	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38500	Biopsy/removal lymph nodes	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38505	Needle biopsy lymph nodes	0	999	10/1/2020	12/31/9999	1	461.11	438.05
38510	Biopsy/removal lymph nodes	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38520	Biopsy/removal lymph nodes	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38525	Biopsy/removal lymph nodes	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38530	Biopsy/removal lymph nodes	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38542	Explore deep node(s) neck	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
38550	Removal neck/armpit lesion	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38555	Removal neck/armpit lesion	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
38570	Laparoscopy lymph node biop	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
38571	Laparoscopy lymphadenectomy	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
38572	Laparoscopy lymphadenectomy	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
38573	Laps pelvic lymphadec	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
38700	Removal of lymph nodes neck	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
38740	Remove armpit lymph nodes	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
38745	Remove armpit lymph nodes	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
38760	Remove groin lymph nodes	0	999	10/1/2020	12/31/9999	1	1754.62	1666.89
38790	Inject for lymphatic x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
38792	Ra tracer id of sentinl node	0	999	10/1/2012	12/31/9999	1	0.00	0.00
38794	Access thoracic lymph duct	0	999	10/1/2012	12/31/9999	1	0.00	0.00
38900	Io map of sent lymph node	0	999	10/1/2012	12/31/9999	1	0.00	0.00
40490	Biopsy of lip	0	999	10/1/2020	12/31/9999	1	64.10	60.90
40500	Partial excision of lip	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40510	Partial excision of lip	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40520	Partial excision of lip	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40525	Reconstruct lip with flap	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40527	Reconstruct lip with flap	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40530	Partial removal of lip	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40650	Repair lip	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40652	Repair lip	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40654	Repair lip	0	999	10/1/2020	12/31/9999	1	429.28	407.82
40700	Repair cleft lip/nasal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40701	Repair cleft lip/nasal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40702	Repair cleft lip/nasal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40720	Repair cleft lip/nasal	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40761	Repair cleft lip/nasal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40800	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	133.10	126.45
40801	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40804	Removal foreign body mouth	0	999	10/1/2015	12/31/9999	1	0.00	0.00
40805	Removal foreign body mouth	0	999	10/1/2020	12/31/9999	1	157.35	149.48
40806	Incision of lip fold	0	999	10/1/2020	12/31/9999	1	71.60	68.02
40808	Biopsy of mouth lesion	0	999	10/1/2020	12/31/9999	1	97.58	92.70
40810	Excision of mouth lesion	0	999	10/1/2020	12/31/9999	1	129.63	123.15
40812	Excise/repair mouth lesion	0	999	10/1/2020	12/31/9999	1	160.53	152.50
40814	Excise/repair mouth lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40816	Excision of mouth lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40818	Excise oral mucosa for graft	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40819	Excise lip or cheek fold	0	999	10/1/2020	12/31/9999	1	429.28	407.82
40820	Treatment of mouth lesion	0	999	10/1/2020	12/31/9999	1	171.78	163.19
40830	Repair mouth laceration	0	999	10/1/2020	12/31/9999	1	82.31	78.19
40831	Repair mouth laceration	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40840	Reconstruction of mouth	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40842	Reconstruction of mouth	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40843	Reconstruction of mouth	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40844	Reconstruction of mouth	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
40845	Reconstruction of mouth	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
41000	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	87.77	83.38
41005	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41006	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41007	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41008	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41009	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	178.55	169.62
41010	Incision of tongue fold	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41015	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	178.55	169.62
41016	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
41017	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41018	Drainage of mouth lesion	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41019	Place needles h&n for rt	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
41100	Biopsy of tongue	0	999	10/1/2020	12/31/9999	1	98.16	93.25
41105	Biopsy of tongue	0	999	10/1/2020	12/31/9999	1	98.16	93.25
41108	Biopsy of floor of mouth	0	999	10/1/2020	12/31/9999	1	92.39	87.77
41110	Excision of tongue lesion	0	999	10/1/2020	12/31/9999	1	130.50	123.98
41112	Excision of tongue lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41113	Excision of tongue lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41114	Excision of tongue lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41115	Excision of tongue fold	0	999	10/1/2020	12/31/9999	1	150.42	142.90

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
41116	Excision of mouth lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41120	Partial removal of tongue	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
41250	Repair tongue laceration	0	999	10/1/2016	12/31/9999	1	0.00	0.00
41251	Repair tongue laceration	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41252	Repair tongue laceration	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41510	Tongue to lip surgery	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41520	Reconstruction tongue fold	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41800	Drainage of gum lesion	0	999	10/1/2016	12/31/9999	1	0.00	0.00
41805	Removal foreign body gum	0	999	10/1/2020	12/31/9999	1	201.82	191.73
41806	Removal foreign body jawbone	0	999	10/1/2020	12/31/9999	1	242.23	230.12
41820	Excision gum each quadrant	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41821	Excision of gum flap	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41822	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	203.26	193.10
41823	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	292.47	277.85
41825	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	134.26	127.55
41826	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	181.89	172.80
41827	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
41828	Excision of gum lesion	0	999	10/1/2020	12/31/9999	1	181.02	171.97
41830	Removal of gum tissue	0	999	10/1/2020	12/31/9999	4	260.42	247.40
41850	Treatment of gum lesion	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41870	Gum graft	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41872	Repair gum	0	999	10/1/2020	12/31/9999	1	267.93	254.53
41874	Repair tooth socket	0	999	10/1/2020	12/31/9999	4	222.02	210.92
41899	Dental surgery procedure	0	999	4/1/2018	12/31/9999	1	251.70	239.12
42000	Drainage mouth roof lesion	0	999	10/1/2020	12/31/9999	1	82.31	78.19
42100	Biopsy roof of mouth	0	999	10/1/2020	12/31/9999	1	77.95	74.05
42104	Excision lesion mouth roof	0	999	10/1/2020	12/31/9999	1	123.86	117.67
42106	Excision lesion mouth roof	0	999	10/1/2020	12/31/9999	1	151.29	143.73
42107	Excision lesion mouth roof	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42120	Remove palate/lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42140	Excision of uvula	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42145	Repair palate pharynx/uvula	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42160	Treatment mouth roof lesion	0	999	10/1/2020	12/31/9999	1	133.38	126.71
42180	Repair palate	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42182	Repair palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42200	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42205	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42210	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42215	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42220	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42225	Reconstruct cleft palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42226	Lengthening of palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42227	Lengthening of palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42235	Repair palate	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42260	Repair nose to lip fistula	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42280	Preparation palate mold	0	999	10/1/2020	12/31/9999	1	97.01	92.16
42281	Insertion palate prosthesis	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42300	Drainage of salivary gland	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42305	Drainage of salivary gland	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42310	Drainage of salivary gland	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42320	Drainage of salivary gland	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42330	Removal of salivary stone	0	999	10/1/2020	12/31/9999	1	117.50	111.63
42335	Removal of salivary stone	0	999	10/1/2020	12/31/9999	1	221.74	210.65
42340	Removal of salivary stone	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42400	Biopsy of salivary gland	0	999	10/1/2020	12/31/9999	1	60.06	57.06
42405	Biopsy of salivary gland	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42408	Excision of salivary cyst	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42409	Drainage of salivary cyst	0	999	10/1/2020	12/31/9999	1	844.05	801.85

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
42410	Excise parotid gland/lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42415	Excise parotid gland/lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42420	Excise parotid gland/lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42425	Excise parotid gland/lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42440	Excise submaxillary gland	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42450	Excise sublingual gland	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42500	Repair salivary duct	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42505	Repair salivary duct	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42507	Parotid duct diversion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42509	Parotid duct diversion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42510	Parotid duct diversion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42550	Injection for salivary x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
42600	Closure of salivary fistula	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42650	Dilation of salivary duct	0	999	10/1/2020	12/31/9999	1	39.55	37.57
42660	Dilation of salivary duct	0	999	10/1/2020	12/31/9999	1	60.34	57.32
42665	Ligation of salivary duct	0	999	10/1/2020	12/31/9999	6	844.05	801.85
42700	Drainage of tonsil abscess	0	999	10/1/2020	12/31/9999	1	82.31	78.19
42720	Drainage of throat abscess	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42725	Drainage of throat abscess	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42800	Biopsy of throat	0	999	10/1/2020	12/31/9999	1	82.58	78.45
42804	Biopsy of upper nose/throat	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42806	Biopsy of upper nose/throat	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42808	Excise pharynx lesion	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42809	Remove pharynx foreign body	0	999	10/1/2015	12/31/9999	1	0.00	0.00
42810	Excision of neck cyst	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42815	Excision of neck cyst	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42820	Remove tonsils and adenoids	0	11	10/1/2020	12/31/9999	1	1797.24	1707.38
42821	Remove tonsils and adenoids	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42825	Removal of tonsils	0	11	10/1/2020	12/31/9999	1	1797.24	1707.38
42826	Removal of tonsils	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42830	Removal of adenoids	0	11	10/1/2020	12/31/9999	1	844.05	801.85
42831	Removal of adenoids	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42835	Removal of adenoids	0	11	10/1/2020	12/31/9999	1	844.05	801.85
42836	Removal of adenoids	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42860	Excision of tonsil tags	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42870	Excision of lingual tonsil	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42890	Partial removal of pharynx	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42892	Revision of pharyngeal walls	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42900	Repair throat wound	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42950	Reconstruction of throat	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
42955	Surgical opening of throat	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42960	Control throat bleeding	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42962	Control throat bleeding	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42970	Control nose/throat bleeding	0	999	10/1/2020	12/31/9999	1	82.31	78.19
42972	Control nose/throat bleeding	0	999	10/1/2020	12/31/9999	1	844.05	801.85
43030	Throat muscle surgery	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
43130	Removal of esophagus pouch	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
43180	Esophagoscopy rigid trnso	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
43191	Esophagoscopy rigid trnso dx	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43192	Esophagoscp rig trnso inject	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43193	Esophagoscp rig trnso biopsy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43194	Esophagoscp rig trnso rem fb	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43195	Esophagoscopy rigid balloon	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43196	Esophagoscp guide wire dilat	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43197	Esophagoscopy flex dx brush	0	999	10/1/2020	12/31/9999	1	108.27	102.86
43198	Esophagosc flex trnsn biopsy	0	999	10/1/2020	12/31/9999	1	115.49	109.72
43200	Esophagoscopy flexible brush	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43201	Esoph scope w/submucous inj	0	999	10/1/2020	12/31/9999	1	530.45	503.93

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
43202	Esophagoscopy flex biopsy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43204	Esoph scope w/sclerosis inj	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43205	Esophagus endoscopy/ligation	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43206	Esoph optical endomicroscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43211	Esophagoscop mucosal resect	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43212	Esophagoscop stent placement	0	999	10/1/2020	12/31/9999	1	2499.66	2374.68
43213	Esophagoscopy retro balloon	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43214	Esophagosc dilate balloon 30	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43215	Esophagoscopy flex remove fb	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43216	Esophagoscopy lesion removal	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43217	Esophagoscopy snare les remv	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43220	Esophagoscopy balloon <30mm	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43226	Esoph endoscopy dilation	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43227	Esophagoscopy control bleed	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43229	Esophagoscopy lesion ablate	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43231	Esophagoscop ultrasound exam	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43232	Esophagoscopy w/us needle bx	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43233	Egd balloon dil esoph30 mm/>	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43235	Egd diagnostic brush wash	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43236	Uppr gi scope w/submuc inj	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43237	Endoscopic us exam esoph	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43238	Egd us fine needle bx/aspir	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43239	Egd biopsy single/multiple	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43240	Egd w/transmural drain cyst	0	999	10/1/2020	12/31/9999	1	1574.03	1495.33
43241	Egd tube/cath insertion	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43242	Egd us fine needle bx/aspir	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43243	Egd injection varices	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43244	Egd varices ligation	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43245	Egd dilate stricture	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43246	Egd place gastrostomy tube	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43247	Egd remove foreign body	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43248	Egd guide wire insertion	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43249	Esoph egd dilation <30 mm	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43250	Egd cautery tumor polyp	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43251	Egd remove lesion snare	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43252	Egd optical endomicroscopy	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43253	Egd us transmural injxn/mark	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43254	Egd endo mucosal resection	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43255	Egd control bleeding any	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43259	Egd us exam duodenum/jejunum	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43260	Ercp w/specimen collection	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43261	Endo cholangiopancreatograph	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43262	Endo cholangiopancreatograph	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43263	Ercp sphincter pressure meas	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43264	Ercp remove duct calculi	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43265	Ercp lithotripsy calculi	0	999	10/1/2020	12/31/9999	1	1568.46	1490.04
43266	Egd endoscopic stent place	0	999	10/1/2020	12/31/9999	1	2532.22	2405.61
43270	Egd lesion ablation	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43273	Endoscopic pancreatoscopy	0	999	10/1/2014	12/31/9999	1	0.00	0.00
43274	Ercp duct stent placement	0	999	10/1/2020	12/31/9999	1	1568.46	1490.04
43275	Ercp remove forgn body duct	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43276	Ercp stent exchange w/dilate	0	999	10/1/2020	12/31/9999	1	1568.46	1490.04
43277	Ercp ea duct/ampulla dilate	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43278	Ercp lesion ablate w/dilate	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
43284	Laps esophgl sphnctr agmntj	0	999	10/1/2020	12/31/9999	1	4097.49	3892.62
43285	Rmvl esophgl sphnctr dev	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
43450	Dilate esophagus 1/mult pass	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43453	Dilate esophagus	0	999	10/1/2020	12/31/9999	1	530.45	503.93

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
43653	Laparoscopy gastrostomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
43752	Nasal/orogastric w/tube plmt	0	999	10/1/2020	12/31/9999	1	146.98	139.63
43753	Tx gastro intub w/asp	0	999	10/1/2015	12/31/9999	1	0.00	0.00
43754	Dx gastr intub w/asp spec	0	999	10/1/2015	12/31/9999	1	0.00	0.00
43755	Dx gastr intub w/asp specs	0	999	10/1/2020	12/31/9999	1	55.93	53.13
43756	Dx duod intub w/asp spec	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43757	Dx duod intub w/asp specs	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43761	Reposition gastrostomy tube	0	999	10/1/2020	12/31/9999	1	94.95	90.20
43870	Repair stomach opening	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
44100	Biopsy of bowel	0	999	10/1/2020	12/31/9999	1	317.70	301.82
44312	Revision of ileostomy	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
44340	Revision of colostomy	0	999	10/1/2020	12/31/9999	1	1203.50	1143.33
44360	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44361	Small bowel endoscopy/biopsy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44363	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44364	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44365	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44366	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44369	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44370	Small bowel endoscopy/stent	0	999	10/1/2020	12/31/9999	1	2534.83	2408.09
44372	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44373	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44376	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44377	Small bowel endoscopy/biopsy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44378	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44379	S bowel endoscope w/stent	0	999	10/1/2020	12/31/9999	1	1568.46	1490.04
44380	Small bowel endoscopy br/wa	0	999	10/1/2020	12/31/9999	1	317.70	301.82
44381	Small bowel endoscopy br/wa	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44382	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	317.70	301.82
44384	Small bowel endoscopy	0	999	10/1/2020	12/31/9999	1	1044.91	992.66
44385	Endoscopy of bowel pouch	0	999	10/1/2020	12/31/9999	1	308.78	293.34
44386	Endoscopy bowel pouch/biop	0	999	10/1/2020	12/31/9999	1	308.78	293.34
44388	Colonoscopy thru stoma spx	0	999	10/1/2020	12/31/9999	1	308.78	293.34
44389	Colonoscopy with biopsy	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44390	Colonoscopy for foreign body	0	999	10/1/2020	12/31/9999	1	308.78	293.34
44391	Colonoscopy for bleeding	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44392	Colonoscopy & polypectomy	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44394	Colonoscopy w/snare	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44401	Colonoscopy with ablation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44402	Colonoscopy w/stent plcmt	0	999	10/1/2020	12/31/9999	1	2354.86	2237.12
44403	Colonoscopy w/resection	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44404	Colonoscopy w/injection	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44405	Colonoscopy w/dilation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44406	Colonoscopy w/ultrasound	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44407	Colonoscopy w/ndl aspir/bx	0	999	10/1/2020	12/31/9999	1	405.94	385.64
44408	Colonoscopy w/decompression	0	999	10/1/2020	12/31/9999	1	308.78	293.34
44500	Intro gastrointestinal tube	0	999	10/1/2020	12/31/9999	1	317.70	301.82
45000	Drainage of pelvic abscess	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45005	Drainage of rectal abscess	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45020	Drainage of rectal abscess	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45100	Biopsy of rectum	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45108	Removal of anorectal lesion	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45150	Excision of rectal stricture	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45160	Excision of rectal lesion	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45171	Exc rect tum transanal part	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45172	Exc rect tum transanal full	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45190	Destruction rectal tumor	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45300	Proctosigmoidoscopy dx	0	999	10/1/2020	12/31/9999	1	75.35	71.58

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
45303	Proctosigmoidoscopy dilate	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45305	Proctosigmoidoscopy w/bx	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45307	Proctosigmoidoscopy fb	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45308	Proctosigmoidoscopy removal	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45309	Proctosigmoidoscopy removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45315	Proctosigmoidoscopy removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45317	Proctosigmoidoscopy bleed	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45320	Proctosigmoidoscopy ablate	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45321	Proctosigmoidoscopy volvul	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45327	Proctosigmoidoscopy w/stent	0	999	10/1/2020	12/31/9999	1	2029.92	1928.42
45330	Diagnostic sigmoidoscopy	0	999	10/1/2020	12/31/9999	1	116.35	110.53
45331	Sigmoidoscopy and biopsy	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45332	Sigmoidoscopy w/fb removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45333	Sigmoidoscopy & polypectomy	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45334	Sigmoidoscopy for bleeding	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45335	Sigmoidoscopy w/submuc inj	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45337	Sigmoidoscopy & decompress	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45338	Sigmoidoscopy w/tumr remove	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45340	Sig w/tndsc balloon dilation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45341	Sigmoidoscopy w/ultrasound	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45342	Sigmoidoscopy w/us guide bx	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45346	Sigmoidoscopy w/ablation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45347	Sigmoidoscopy w/plcmt stent	0	999	10/1/2020	12/31/9999	1	2597.79	2467.90
45349	Sigmoidoscopy w/resection	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45350	Sgmdsc w/band ligation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45378	Diagnostic colonoscopy	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45379	Colonoscopy w/fb removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45380	Colonoscopy and biopsy	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45381	Colonoscopy submucous njx	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45382	Colonoscopy w/control bleed	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45384	Colonoscopy w/lesion removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45385	Colonoscopy w/lesion removal	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45386	Colonoscopy w/balloon dilat	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45388	Colonoscopy w/ablation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45389	Colonoscopy w/stent plcmt	0	999	10/1/2020	12/31/9999	1	2506.12	2380.81
45390	Colonoscopy w/resection	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45391	Colonoscopy w/endoscope us	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45392	Colonoscopy w/endoscopic fnb	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45393	Colonoscopy w/decompression	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45398	Colonoscopy w/band ligation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45500	Repair of rectum	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45505	Repair of rectum	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45520	Treatment of rectal prolapse	0	999	10/1/2016	12/31/9999	1	0.00	0.00
45541	Correct rectal prolapse	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45560	Repair of rectocele	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45900	Reduction of rectal prolapse	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45905	Dilation of anal sphincter	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45910	Dilation of rectal narrowing	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45915	Remove rectal obstruction	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45990	Surg dx exam anorectal	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46020	Placement of seton	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46030	Removal of rectal marker	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46040	Incision of rectal abscess	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46045	Incision of rectal abscess	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46050	Incision of anal abscess	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46060	Incision of rectal abscess	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46070	Incision of anal septum	0	1	10/1/2020	12/31/9999	1	880.16	836.15
46080	Incision of anal sphincter	0	999	10/1/2020	12/31/9999	1	880.16	836.15

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
46083	Incise external hemorrhoid	0	999	10/1/2020	12/31/9999	1	94.95	90.20
46200	Removal of anal fissure	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46220	Excise anal ext tag/papilla	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46221	Ligation of hemorrhoid(s)	0	999	10/1/2020	12/31/9999	1	148.98	141.53
46230	Removal of anal tags	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46250	Remove ext hem groups 2+	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46255	Remove int/ext hem 1 group	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46257	Remove in/ex hem grp & fiss	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46258	Remove in/ex hem grp w/fistu	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46260	Remove in/ex hem groups 2+	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46261	Remove in/ex hem grps & fiss	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46262	Remove in/ex hem grps w/fist	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46270	Remove anal fist subq	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46275	Remove anal fist inter	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46280	Remove anal fist complex	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46285	Remove anal fist 2 stage	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46288	Repair anal fistula	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46320	Removal of hemorrhoid clot	0	999	10/1/2020	12/31/9999	1	107.69	102.31
46500	Injection into hemorrhoid(s)	0	999	10/1/2020	12/31/9999	1	188.54	179.11
46505	Chemodenervation anal musc	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46600	Diagnostic anoscopy spx	0	999	10/1/2015	12/31/9999	1	0.00	0.00
46601	Diagnostic anoscopy	0	999	1/1/2015	12/31/9999	1	0.00	0.00
46604	Anoscopy and dilation	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46606	Anoscopy and biopsy	0	999	10/1/2020	12/31/9999	1	170.92	162.37
46607	Diagnostic anoscopy & biopsy	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46608	Anoscopy remove for body	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46610	Anoscopy remove lesion	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46611	Anoscopy	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46612	Anoscopy remove lesions	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46614	Anoscopy control bleeding	0	999	10/1/2020	12/31/9999	1	88.34	83.92
46615	Anoscopy	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46700	Repair of anal stricture	14	999	10/1/2020	12/31/9999	1	880.16	836.15
46706	Repr of anal fistula w/glue	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46707	Repair anorectal fist w/plug	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46750	Repair of anal sphincter	14	999	10/1/2020	12/31/9999	1	880.16	836.15
46753	Reconstruction of anus	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46754	Removal of suture from anus	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46760	Repair of anal sphincter	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46761	Repair of anal sphincter	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46900	Destruction anal lesion(s)	0	999	10/1/2020	12/31/9999	5	129.16	122.70
46910	Destruction anal lesion(s)	0	999	10/1/2020	12/31/9999	1	149.55	142.07
46916	Cryosurgery anal lesion(s)	0	999	10/1/2020	12/31/9999	1	70.63	67.10
46917	Laser surgery anal lesions	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46922	Excision of anal lesion(s)	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46924	Destruction anal lesion(s)	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46930	Destroy internal hemorrhoids	0	999	10/1/2020	12/31/9999	1	123.86	117.67
46940	Treatment of anal fissure	0	999	10/1/2020	12/31/9999	1	126.46	120.14
46942	Treatment of anal fissure	0	999	10/1/2020	12/31/9999	1	126.17	119.86
46945	Int hrhc lig 1 hroid w/o img	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46946	Int hrhc lig 2+hroid w/o img	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46947	Hemorrhoidopexy by stapling	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46948	Int hrhc tranal dartlzj 2+	0	999	1/1/2020	12/31/9999	1	880.16	836.15
47000	Needle biopsy of liver	0	999	10/1/2020	12/31/9999	1	461.11	438.05
47001	Needle biopsy liver add-on	0	999	10/1/2012	12/31/9999	3	0.00	0.00
47382	Percut ablate liver rf	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
47383	Perq abltj lvr cryoablation	0	999	10/1/2020	12/31/9999	1	2482.02	2357.92
47531	Injection for cholangiogram	0	999	1/1/2016	12/31/9999	1	0.00	0.00
47532	Injection for cholangiogram	0	999	1/1/2016	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
47533	Plmt biliary drainage cath	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47534	Plmt biliary drainage cath	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47535	Conversion ext bil drg cath	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47536	Exchange biliary drg cath	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47537	Removal biliary drg cath	0	999	10/1/2020	12/31/9999	1	317.70	301.82
47538	Perq plmt bile duct stent	0	999	10/1/2020	12/31/9999	1	2663.50	2530.33
47539	Perq plmt bile duct stent	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
47540	Perq plmt bile duct stent	0	999	10/1/2020	12/31/9999	1	2495.43	2370.66
47541	Plmt access bil tree sm bwl	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47542	Dilate biliary duct/ampulla	0	999	1/1/2016	12/31/9999	1	0.00	0.00
47543	Endoluminal bx biliary tree	0	999	1/1/2016	12/31/9999	1	0.00	0.00
47544	Removal duct glbldr calculi	0	999	1/1/2016	12/31/9999	1	0.00	0.00
47552	Biliary endo perq dx w/speci	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47553	Biliary endoscopy thru skin	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47554	Biliary endoscopy thru skin	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
47555	Biliary endoscopy thru skin	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
47556	Biliary endoscopy thru skin	0	999	10/1/2020	12/31/9999	1	2601.63	2471.55
47562	Laparoscopic cholecystectomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
47563	Laparo cholecystectomy/graph	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
47564	Laparo cholecystectomy/explr	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
48102	Needle biopsy pancreas	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49082	Abd paracentesis	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49083	Abd paracentesis w/imaging	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49084	Peritoneal lavage	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49180	Biopsy abdominal mass	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49250	Excision of umbilicus	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49320	Diag laparo separate proc	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49321	Laparoscopy biopsy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49322	Laparoscopy aspiration	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49324	Lap insert tunnel ip cath	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49325	Lap revision perm ip cath	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49326	Lap w/omentopexy add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
49327	Lap ins device for rt	0	999	10/1/2014	12/31/9999	1	0.00	0.00
49400	Air injection into abdomen	0	999	10/1/2012	12/31/9999	1	0.00	0.00
49402	Remove foreign body adbomen	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49406	Image cath fluid peri/retro	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49407	Image cath fluid trns/vgnl	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49411	Ins mark abd/pel for rt perq	0	999	10/1/2020	12/31/9999	1	290.16	275.65
49418	Insert tun ip cath perc	0	999	10/1/2020	12/31/9999	2	1101.77	1046.68
49419	Insert tun ip cath w/port	0	999	10/1/2020	12/31/9999	1	1857.45	1764.58
49421	Ins tun ip cath for dial opn	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49422	Remove tunneled ip cath	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
49423	Exchange drainage catheter	0	999	10/1/2020	12/31/9999	1	530.45	503.93
49424	Assess cyst contrast inject	0	999	10/1/2012	12/31/9999	1	0.00	0.00
49426	Revise abdomen-venous shunt	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49427	Injection abdominal shunt	0	999	10/1/2012	12/31/9999	1	0.00	0.00
49429	Removal of shunt	0	999	10/1/2020	12/31/9999	1	1072.98	1019.33
49435	Insert subq exten to ip cath	0	999	10/1/2015	12/31/9999	1	0.00	0.00
49436	Embedded ip cath exit-site	0	999	10/1/2020	12/31/9999	1	530.45	503.93
49440	Place gastrostomy tube perc	0	999	10/1/2020	12/31/9999	1	530.45	503.93
49441	Place duod/jej tube perc	0	999	10/1/2020	12/31/9999	1	530.45	503.93
49442	Place cecostomy tube perc	0	999	10/1/2020	12/31/9999	1	405.94	385.64
49446	Change g-tube to g-j perc	0	999	10/1/2020	12/31/9999	1	530.45	503.93
49450	Replace g/c tube perc	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49451	Replace duod/jej tube perc	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49452	Replace g-j tube perc	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49460	Fix g/colon tube w/device	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49465	Fluoro exam of g/colon tube	0	999	10/1/2020	12/31/9999	1	94.20	89.49

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
49495	Rpr ing hernia baby reduc	0	1	10/1/2020	12/31/9999	1	1101.77	1046.68
49496	Rpr ing hernia baby blocked	0	1	10/1/2020	12/31/9999	1	1101.77	1046.68
49500	Rpr ing hernia init reduce	0	4	10/1/2020	12/31/9999	1	1101.77	1046.68
49501	Rpr ing hernia init blocked	0	4	10/1/2020	12/31/9999	1	1101.77	1046.68
49505	Prp i/hern init reduc >5 yr	5	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49507	Prp i/hern init block >5 yr	5	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49520	Rerepair ing hernia reduce	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49521	Rerepair ing hernia blocked	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49525	Repair ing hernia sliding	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49540	Repair lumbar hernia	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49550	Rpr rem hernia init reduce	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49553	Rpr fem hernia init blocked	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49555	Rerepair fem hernia reduce	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49557	Rerepair fem hernia blocked	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49560	Rpr ventral hern init reduc	0	999	10/1/2020	12/31/9999	2	1101.77	1046.68
49561	Rpr ventral hern init block	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49565	Rerepair ventrl hern reduce	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49566	Rerepair ventrl hern block	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49568	Hernia repair w/mesh	0	999	10/1/2014	12/31/9999	1	0.00	0.00
49570	Rpr epigastric hern reduce	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49572	Rpr epigastric hern blocked	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49580	Rpr umbil hern reduc < 5 yr	0	4	10/1/2020	12/31/9999	1	1101.77	1046.68
49582	Rpr umbil hern block < 5 yr	0	4	10/1/2020	12/31/9999	1	1101.77	1046.68
49585	Rpr umbil hern reduc > 5 yr	5	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49587	Rpr umbil hern block > 5 yr	5	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49590	Repair spigelian hernia	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49600	Repair umbilical lesion	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
49650	Lap ing hernia repair init	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49651	Lap ing hernia repair recur	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49652	Lap vent/abd hernia repair	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49653	Lap vent/abd hern proc comp	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
49654	Lap inc hernia repair	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
49655	Lap inc hern repair comp	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
49656	Lap inc hernia repair recur	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
49657	Lap inc hern recur comp	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
50080	Removal of kidney stone	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69
50081	Removal of kidney stone	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69
50200	Renal biopsy perq	0	999	10/1/2020	12/31/9999	1	461.11	438.05
50382	Change ureter stent percut	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50384	Remove ureter stent percut	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50385	Change stent via transureth	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50386	Remove stent via transureth	0	999	10/1/2020	12/31/9999	1	511.61	486.03
50387	Change nephroureteral cath	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50389	Remove renal tube w/fluoro	0	999	10/1/2020	12/31/9999	1	224.97	213.72
50390	Drainage of kidney lesion	0	999	10/1/2020	12/31/9999	1	246.58	234.25
50391	Instll rx agnt into rnal tub	0	999	10/1/2020	12/31/9999	1	39.26	37.30
50396	Measure kidney pressure	0	999	10/1/2020	12/31/9999	1	224.97	213.72
50430	Njx px nfrosgrm &/urtrgrm	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50431	Njx px nfrosgrm &/urtrgrm	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50432	Plmt nephrostomy catheter	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50433	Plmt nephroureteral catheter	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50434	Convert nephrostomy catheter	0	999	10/1/2020	12/31/9999	1	846.41	804.09
50435	Exchange nephrostomy cath	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50436	Dilat xst trc ndurlgc px	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50437	Dilat xst trc new access rcs	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50551	Kidney endoscopy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50553	Kidney endoscopy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50555	Kidney endoscopy & biopsy	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
50557	Kidney endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69
50561	Kidney endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50562	Renal scope w/tumor resect	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69
50570	Kidney endoscopy	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50572	Kidney endoscopy	0	999	10/1/2020	12/31/9999	1	224.97	213.72
50574	Kidney endoscopy & biopsy	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50575	Kidney endoscopy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50576	Kidney endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50580	Kidney endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50590	Fragmenting of kidney stone	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50592	Perc rf ablate renal tumor	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
50593	Perc cryo ablate renal tum	0	999	10/1/2020	12/31/9999	1	3933.34	3736.67
50606	Endoluminal bx urtr rnl plvs	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50684	Injection for ureter x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
50686	Measure ureter pressure	0	999	10/1/2020	12/31/9999	1	55.93	53.13
50688	Change of ureter tube/stent	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50690	Injection for ureter x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
50693	Plmt ureteral stent prq	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50694	Plmt ureteral stent prq	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50695	Plmt ureteral stent prq	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50705	Ureteral embolization/occl	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50706	Balloon dilate urtrl strix	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50727	Revise ureter	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50947	Laparo new ureter/bladder	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
50948	Laparo new ureter/bladder	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
50951	Endoscopy of ureter	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50953	Endoscopy of ureter	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50955	Ureter endoscopy & biopsy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50957	Ureter endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50961	Ureter endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50970	Ureter endoscopy	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50972	Ureter endoscopy & catheter	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
50974	Ureter endoscopy & biopsy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50976	Ureter endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
50980	Ureter endoscopy & treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
51020	Incise & treat bladder	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51030	Incise & treat bladder	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51040	Incise & drain bladder	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51045	Incise bladder/drain ureter	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51050	Removal of bladder stone	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
51065	Remove ureter calculus	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51080	Drainage of bladder abscess	0	999	10/1/2020	12/31/9999	1	795.47	755.70
51100	Drain bladder by needle	0	999	10/1/2020	12/31/9999	1	31.18	29.62
51101	Drain bladder by trocar/cath	0	999	10/1/2020	12/31/9999	1	84.30	80.09
51102	Drain bl w/cath insertion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51500	Removal of bladder cyst	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
51520	Removal of bladder lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51535	Repair of ureter lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51600	Injection for bladder x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51605	Preparation for bladder xray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51610	Injection for bladder x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51700	Irrigation of bladder	0	999	10/1/2020	12/31/9999	1	41.86	39.77
51701	Insert bladder catheter	0	999	10/1/2015	12/31/9999	1	0.00	0.00
51702	Insert temp bladder cath	0	999	10/1/2015	12/31/9999	1	0.00	0.00
51703	Insert bladder cath complex	0	999	10/1/2020	12/31/9999	1	55.93	53.13
51705	Change of bladder tube	0	999	10/1/2020	12/31/9999	1	49.08	46.63
51710	Change of bladder tube	0	999	10/1/2020	12/31/9999	1	224.97	213.72
51715	Endoscopic injection/implant	0	999	10/1/2020	12/31/9999	1	1460.94	1387.89

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
51720	Treatment of bladder lesion	0	999	10/1/2020	12/31/9999	1	41.00	38.95
51725	Simple cystometrogram	0	999	10/1/2020	12/31/9999	1	94.95	90.20
51726	Complex cystometrogram	0	999	10/1/2020	12/31/9999	1	94.95	90.20
51727	Cystometrogram w/up	0	999	10/1/2020	12/31/9999	1	195.75	185.96
51728	Cystometrogram w/vp	0	999	10/1/2020	12/31/9999	1	200.94	190.89
51729	Cystometrogram w/vp&up	0	999	10/1/2020	12/31/9999	1	201.82	191.73
51736	Urine flow measurement	0	999	10/1/2015	12/31/9999	1	0.00	0.00
51741	Electro-uroflowmetry first	0	999	10/1/2016	12/31/9999	1	0.00	0.00
51784	Anal/urinary muscle study	0	999	10/1/2020	12/31/9999	1	23.38	22.21
51785	Anal/urinary muscle study	0	999	10/1/2020	12/31/9999	1	94.95	90.20
51792	Urinary reflex study	0	999	10/1/2016	12/31/9999	1	0.00	0.00
51797	Intraabdominal pressure test	0	999	10/1/2014	12/31/9999	1	0.00	0.00
51798	Us urine capacity measure	0	999	10/1/2015	12/31/9999	1	0.00	0.00
51880	Repair of bladder opening	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
51992	Laparo sling operation	0	999	10/1/2020	12/31/9999	1	2339.22	2222.26
52000	Cystoscopy	0	999	10/1/2020	12/31/9999	1	224.97	213.72
52001	Cystoscopy removal of clots	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52005	Cystoscopy & ureter catheter	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52007	Cystoscopy and biopsy	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52010	Cystoscopy & duct catheter	0	999	10/1/2020	12/31/9999	1	224.97	213.72
52204	Cystoscopy w/biopsy(s)	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52214	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52224	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52234	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52235	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52240	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52260	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52265	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	217.40	206.53
52270	Cystoscopy & revise urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52275	Cystoscopy & revise urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52276	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52277	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52281	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52282	Cystoscopy implant stent	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52283	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52285	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	224.97	213.72
52287	Cystoscopy chemodenervation	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52290	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52300	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52301	Cystoscopy and treatment	0	20	10/1/2020	12/31/9999	1	1101.58	1046.50
52305	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52310	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52315	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52317	Remove bladder stone	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52318	Remove bladder stone	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52320	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52325	Cystoscopy stone removal	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52327	Cystoscopy inject material	0	999	10/1/2020	12/31/9999	1	2150.34	2042.82
52330	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52332	Cystoscopy and treatment	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52334	Create passage to kidney	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52341	Cysto w/ureter stricture tx	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52342	Cysto w/up stricture tx	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52343	Cysto w/renal stricture tx	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52344	Cysto/uretero stricture tx	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52345	Cysto/uretero w/up stricture	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52346	Cystouretero w/renal strict	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52351	Cystouretero & or pyeloscope	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
52352	Cystouretero w/stone remove	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52353	Cystouretero w/lithotripsy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52354	Cystouretero w/biopsy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52355	Cystouretero w/excise tumor	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52356	Cysto/uretero w/lithotripsy	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52400	Cystouretero w/congen repr	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52402	Cystourethro cut ejacul duct	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52450	Incision of prostate	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52500	Revision of bladder neck	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52601	Prostatectomy (turp)	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52630	Remove prostate regrowth	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52640	Relieve bladder contracture	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
52647	Laser surgery of prostate	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52648	Laser surgery of prostate	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52649	Prostate laser enucleation	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
52700	Drainage of prostate abscess	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53000	Incision of urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53010	Incision of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53020	Incision of urethra	1	999	10/1/2020	12/31/9999	1	631.77	600.18
53025	Incision of urethra	0	1	10/1/2020	12/31/9999	1	631.77	600.18
53040	Drainage of urethra abscess	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53060	Drainage of urethra abscess	0	999	10/1/2020	12/31/9999	1	65.54	62.26
53080	Drainage of urinary leakage	0	999	10/1/2020	12/31/9999	1	224.97	213.72
53085	Drainage of urinary leakage	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53200	Biopsy of urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53210	Removal of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53215	Removal of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53220	Treatment of urethra lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53230	Removal of urethra lesion	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53235	Removal of urethra lesion	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53240	Surgery for urethra pouch	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53250	Removal of urethra gland	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53260	Treatment of urethra lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53265	Treatment of urethra lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53270	Removal of urethra gland	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53275	Repair of urethra defect	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53400	Revise urethra stage 1	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53405	Revise urethra stage 2	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53410	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53420	Reconstruct urethra stage 1	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53425	Reconstruct urethra stage 2	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53430	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53431	Reconstruct urethra/bladder	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53440	Male sling procedure	0	999	10/1/2020	12/31/9999	1	5237.35	4975.48
53442	Remove/revise male sling	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53444	Insert tandem cuff	0	999	10/1/2020	12/31/9999	1	10960.90	10412.86
53445	Insert uro/ves nck sphincter	0	999	10/1/2020	12/31/9999	1	11949.86	11352.37
53446	Remove uro sphincter	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53447	Remove/replace ur sphincter	0	999	10/1/2020	12/31/9999	1	11586.74	11007.40
53449	Repair uro sphincter	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53450	Revision of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53460	Revision of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53502	Repair of urethra injury	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53505	Repair of urethra injury	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53510	Repair of urethra injury	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53515	Repair of urethra injury	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53520	Repair of urethra defect	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
53600	Dilate urethra stricture	0	999	10/1/2020	12/31/9999	1	31.47	29.90

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
53601	Dilate urethra stricture	0	999	10/1/2016	12/31/9999	1	0.00	0.00
53605	Dilate urethra stricture	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53620	Dilate urethra stricture	0	999	10/1/2020	12/31/9999	1	69.87	66.38
53621	Dilate urethra stricture	0	999	10/1/2020	12/31/9999	1	71.60	68.02
53660	Dilation of urethra	0	999	10/1/2020	12/31/9999	1	35.22	33.46
53661	Dilation of urethra	0	999	10/1/2016	12/31/9999	1	0.00	0.00
53665	Dilation of urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53850	Prostatic microwave thermotx	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
53852	Prostatic rf thermotx	0	999	10/1/2020	12/31/9999	1	1051.22	998.66
53854	Trurl dstrj prst8 tiss rf wv	18	999	10/1/2020	12/31/9999	1	631.77	600.18
53855	Insert prost urethral stent	0	999	10/1/2020	12/31/9999	1	556.07	528.27
53860	Transurethral rf treatment	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54001	Slitting of prepuce	1	999	10/1/2020	12/31/9999	1	631.77	600.18
54015	Drain penis lesion	0	999	10/1/2020	12/31/9999	1	461.11	438.05
54050	Destruction penis lesion(s)	0	999	10/1/2016	12/31/9999	1	0.00	0.00
54055	Destruction penis lesion(s)	0	999	10/1/2020	12/31/9999	1	63.81	60.62
54056	Cryosurgery penis lesion(s)	0	999	10/1/2015	12/31/9999	1	0.00	0.00
54057	Laser surg penis lesion(s)	0	999	10/1/2020	12/31/9999	1	655.96	623.16
54060	Excision of penis lesion(s)	0	999	10/1/2020	12/31/9999	1	655.96	623.16
54065	Destruction penis lesion(s)	0	999	10/1/2020	12/31/9999	1	655.96	623.16
54100	Biopsy of penis	0	999	10/1/2020	12/31/9999	1	461.11	438.05
54105	Biopsy of penis	0	999	10/1/2020	12/31/9999	1	795.47	755.70
54110	Treatment of penis lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54112	Treat penis lesion graft	0	999	10/1/2020	12/31/9999	1	3196.52	3036.69
54115	Treatment of penis lesion	0	999	10/1/2020	12/31/9999	1	795.47	755.70
54120	Partial removal of penis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54161	Circum 28 days or older	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54162	Lysis penil circumic lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54163	Repair of circumcision	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54164	Frenulotomy of penis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54200	Treatment of penis lesion	0	999	10/1/2020	12/31/9999	1	56.01	53.21
54205	Treatment of penis lesion	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54220	Treatment of penis lesion	0	999	10/1/2020	12/31/9999	1	94.95	90.20
54230	Prepare penis study	0	999	10/1/2012	12/31/9999	1	0.00	0.00
54231	Dynamic cavernosometry	0	999	10/1/2020	12/31/9999	1	51.68	49.10
54240	Penis study	0	999	10/1/2020	12/31/9999	1	30.31	28.79
54300	Revision of penis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54304	Revision of penis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54308	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54312	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54316	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54318	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54322	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54324	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54326	Reconstruction of urethra	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54328	Revise penis/urethra	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54340	Secondary urethral surgery	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54344	Secondary urethral surgery	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54348	Secondary urethral surgery	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54352	Reconstruct urethra/penis	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
54360	Penis plastic surgery	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54380	Repair penis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54385	Repair penis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54420	Revision of penis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54435	Revision of penis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54437	Repair corporeal tear	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54440	Repair of penis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54450	Preputial stretching	0	999	10/1/2020	12/31/9999	1	94.95	90.20

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
54500	Biopsy of testis	0	999	10/1/2020	12/31/9999	1	795.47	755.70
54505	Biopsy of testis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54512	Excise lesion testis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54520	Removal of testis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54522	Orchiectomy partial	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54530	Removal of testis	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
54550	Exploration for testis	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
54560	Exploration for testis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54600	Reduce testis torsion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54620	Suspension of testis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54640	Orchiopexy ingun/scrot appr	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
54670	Repair testis injury	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54680	Relocation of testis(es)	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54690	Laparoscopy orchiectomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
54692	Laparoscopy orchiopexy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
54700	Drainage of scrotum	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54800	Biopsy of epididymis	0	999	10/1/2020	12/31/9999	1	461.11	438.05
54830	Remove epididymis lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54840	Remove epididymis lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54860	Removal of epididymis	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54861	Removal of epididymis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54865	Explore epididymis	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
54900	Fusion of spermatic ducts	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54901	Fusion of spermatic ducts	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55000	Drainage of hydrocele	0	999	10/1/2020	12/31/9999	1	51.39	48.82
55040	Removal of hydrocele	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
55041	Removal of hydroceles	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
55060	Repair of hydrocele	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55100	Drainage of scrotum abscess	0	999	10/1/2020	12/31/9999	1	461.11	438.05
55110	Explore scrotum	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55120	Removal of scrotum lesion	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55150	Removal of scrotum	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55175	Revision of scrotum	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55180	Revision of scrotum	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
55200	Incision of sperm duct	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55250	Removal of sperm duct(s)	21	999	10/1/2020	12/31/9999	1	631.77	600.18
55400	Repair of sperm duct	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55500	Removal of hydrocele	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55520	Removal of sperm cord lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55530	Revise spermatic cord veins	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55535	Revise spermatic cord veins	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
55540	Revise hernia & sperm veins	0	999	10/1/2020	12/31/9999	1	1101.77	1046.68
55550	Laparo ligate spermatic vein	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
55600	Incise sperm duct pouch	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55680	Remove sperm pouch lesion	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55700	Biopsy of prostate	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55705	Biopsy of prostate	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55706	Prostate saturation sampling	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55720	Drainage of prostate abscess	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55725	Drainage of prostate abscess	0	999	10/1/2020	12/31/9999	1	1101.58	1046.50
55860	Surgical exposure prostate	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
55873	Cryoablate prostate	0	999	10/1/2020	12/31/9999	1	4955.69	4707.91
55874	Tprnl plmt biodegrdabl matrl	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
55875	Transperi needle place pros	0	999	10/1/2020	12/31/9999	1	1581.02	1501.97
55876	Place rt device/marker pros	0	999	10/1/2020	12/31/9999	1	64.96	61.71
55920	Place needles pelvic for rt	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
56405	I & d of vulva/perineum	0	999	10/1/2020	12/31/9999	1	56.01	53.21
56420	Drainage of gland abscess	0	999	10/1/2020	12/31/9999	1	67.12	63.76

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
56440	Surgery for vulva lesion	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56441	Lysis of labial lesion(s)	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56442	Hymenotomy	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56501	Destroy vulva lesions sim	0	999	10/1/2020	12/31/9999	1	82.86	78.72
56515	Destroy vulva lesion/s compl	0	999	10/1/2020	12/31/9999	1	655.96	623.16
56605	Biopsy of vulva/perineum	0	999	10/1/2020	12/31/9999	1	38.11	36.20
56606	Biopsy of vulva/perineum	0	999	10/1/2014	12/31/9999	5	0.00	0.00
56620	Partial removal of vulva	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56625	Complete removal of vulva	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56700	Partial removal of hymen	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56740	Remove vagina gland lesion	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56800	Repair of vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56810	Repair of perineum	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56820	Exam of vulva w/scope	0	999	10/1/2020	12/31/9999	1	48.79	46.35
56821	Exam/biopsy of vulva w/scope	0	999	10/1/2020	12/31/9999	1	63.52	60.34
57000	Exploration of vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57010	Drainage of pelvic abscess	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57020	Drainage of pelvic fluid	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57022	I & d vaginal hematoma pp	9	60	10/1/2020	12/31/9999	1	795.47	755.70
57023	I & d vag hematoma non-ob	0	999	10/1/2020	12/31/9999	1	795.47	755.70
57061	Destroy vag lesions simple	0	999	10/1/2020	12/31/9999	1	73.34	69.67
57065	Destroy vag lesions complex	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57100	Biopsy of vagina	0	999	10/1/2020	12/31/9999	1	39.84	37.85
57105	Biopsy of vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57120	Closure of vagina	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57130	Remove vagina lesion	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57135	Remove vagina lesion	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57150	Treat vagina infection	0	999	10/1/2016	12/31/9999	1	0.00	0.00
57155	Insert uteri tandem/ovoids	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57156	Ins vag brachytx device	0	999	10/1/2020	12/31/9999	1	109.43	103.96
57160	Insert pessary/other device	0	999	10/1/2020	12/31/9999	1	27.14	25.78
57170	Fitting of diaphragm/cap	0	999	10/1/2020	12/31/9999	1	28.30	26.89
57180	Treat vaginal bleeding	0	999	10/1/2020	12/31/9999	1	67.12	63.76
57200	Repair of vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57210	Repair vagina/perineum	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57220	Revision of urethra	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57230	Repair of urethral lesion	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57240	Anterior colporrhaphy	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57250	Repair rectum & vagina	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57260	Cmbn ant pst colprhy	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57265	Cmbn ap colprhy w/ntrcl rpr	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57267	Insert mesh/pelvic flr addon	0	999	10/1/2014	12/31/9999	2	0.00	0.00
57268	Repair of bowel bulge	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57287	Revise/remove sling repair	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57288	Repair bladder defect	0	999	10/1/2020	12/31/9999	1	1961.42	1863.35
57289	Repair bladder & vagina	0	999	10/1/2020	12/31/9999	1	2184.26	2075.05
57291	Construction of vagina	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57295	Revise vag graft via vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57300	Repair rectum-vagina fistula	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57310	Repair urethrovaginal lesion	0	999	10/1/2020	12/31/9999	1	2184.26	2075.05
57320	Repair bladder-vagina lesion	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57400	Dilation of vagina	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57410	Pelvic examination	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57415	Remove vaginal foreign body	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57420	Exam of vagina w/scope	0	999	10/1/2020	12/31/9999	1	50.53	48.00
57421	Exam/biopsy of vag w/scope	0	999	10/1/2020	12/31/9999	1	66.70	63.37
57426	Revise prosth vag graft lap	0	999	10/1/2020	12/31/9999	1	2184.26	2075.05
57452	Exam of cervix w/scope	0	999	10/1/2020	12/31/9999	1	49.37	46.90

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
57454	Bx/curett of cervix w/scope	0	999	10/1/2020	12/31/9999	1	58.03	55.13
57455	Biopsy of cervix w/scope	0	999	10/1/2020	12/31/9999	1	61.78	58.69
57456	Endocerv curettage w/scope	0	999	10/1/2020	12/31/9999	1	58.90	55.96
57460	Bx of cervix w/scope leep	0	999	10/1/2020	12/31/9999	1	159.08	151.13
57461	Conz of cervix w/scope leep	0	999	10/1/2020	12/31/9999	1	169.77	161.28
57500	Biopsy of cervix	0	999	10/1/2020	12/31/9999	1	78.53	74.60
57505	Endocervical curettage	0	999	10/1/2020	12/31/9999	1	66.98	63.63
57510	Cauterization of cervix	0	999	10/1/2020	12/31/9999	1	61.50	58.43
57511	Cryocautery of cervix	0	999	10/1/2020	12/31/9999	1	79.11	75.15
57513	Laser surgery of cervix	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57520	Conization of cervix	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57522	Conization of cervix	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57530	Removal of cervix	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57550	Removal of residual cervix	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57556	Remove cervix repair bowel	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
57558	D&c of cervical stump	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57700	Revision of cervix	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57720	Revision of cervix	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57800	Dilation of cervical canal	0	999	10/1/2020	12/31/9999	1	32.34	30.72
58100	Biopsy of uterus lining	0	999	10/1/2020	12/31/9999	1	40.42	38.40
58110	Bx done w/colposcopy add-on	0	999	10/1/2012	12/31/9999	1	0.00	0.00
58120	Dilation and curettage	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58145	Myomectomy vag method	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58260	Vaginal hysterectomy	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58262	Vag hyst including t/o	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58301	Remove intrauterine device	0	999	10/1/2020	12/31/9999	1	41.86	39.77
58340	Catheter for hysterography	0	999	10/1/2012	12/31/9999	1	0.00	0.00
58345	Reopen fallopian tube	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58346	Insert heyman uteri capsule	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58350	Reopen fallopian tube	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58353	Endometr ablate thermal	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58356	Endometrial cryoablation	0	999	10/1/2020	12/31/9999	1	1288.26	1223.85
58541	Lsh uterus 250 g or less	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58542	Lsh w/t/o ut 250 g or less	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58543	Lsh uterus above 250 g	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58544	Lsh w/t/o uterus above 250 g	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58545	Laparoscopic myomectomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58546	Laparo-myomectomy complex	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58550	Laparo-asst vag hysterectomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58552	Laparo-vag hyst incl t/o	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58553	Laparo-vag hyst complex	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58554	Laparo-vag hyst w/t/o compl	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58555	Hysteroscopy dx sep proc	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58558	Hysteroscopy biopsy	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58559	Hysteroscopy lysis	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58560	Hysteroscopy resect septum	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58561	Hysteroscopy remove myoma	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58562	Hysteroscopy remove fb	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58563	Hysteroscopy ablation	0	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58565	Hysteroscopy sterilization	21	999	10/1/2020	12/31/9999	1	1453.09	1380.44
58570	Tlh uterus 250 g or less	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58571	Tlh w/t/o 250 g or less	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58572	Tlh uterus over 250 g	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58573	Tlh w/t/o uterus over 250 g	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58600	Division of fallopian tube	21	999	10/1/2020	12/31/9999	1	988.25	938.84
58615	Occlude fallopian tube(s)	21	999	10/1/2020	12/31/9999	1	988.25	938.84
58660	Laparoscopy lysis	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58661	Laparoscopy remove adnexa	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
58662	Laparoscopy excise lesions	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58670	Laparoscopy tubal cautery	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58671	Laparoscopy tubal block	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58672	Laparoscopy fimbrioplasty	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58673	Laparoscopy salpingostomy	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
58674	Laps abltj uterine fibroids	0	999	10/1/2020	12/31/9999	1	2870.86	2727.32
58800	Drainage of ovarian cyst(s)	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58805	Drainage of ovarian cyst(s)	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58820	Drain ovary abscess open	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58900	Biopsy of ovary(s)	0	999	10/1/2020	12/31/9999	1	988.25	938.84
59000	Amniocentesis diagnostic	9	60	10/1/2020	12/31/9999	1	52.54	49.91
59001	Amniocentesis therapeutic	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59012	Fetal cord puncture prenatal	9	60	10/1/2020	12/31/9999	1	109.43	103.96
59015	Chorion biopsy	9	60	10/1/2020	12/31/9999	1	49.37	46.90
59020	Fetal contract stress test	9	60	10/1/2020	12/31/9999	4	26.56	25.23
59025	Fetal non-stress test	9	60	10/1/2020	12/31/9999	2	15.02	14.27
59070	Transabdom amnioinfus w/us	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59072	Umbilical cord occlud w/us	0	999	10/1/2020	12/31/9999	1	152.98	145.33
59074	Fetal fluid drainage w/us	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59076	Fetal shunt placement w/us	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59100	Remove uterus lesion	9	60	10/1/2020	12/31/9999	1	1453.09	1380.44
59150	Treat ectopic pregnancy	9	60	10/1/2020	12/31/9999	1	1755.26	1667.50
59151	Treat ectopic pregnancy	9	60	10/1/2020	12/31/9999	1	1755.26	1667.50
59160	D & c after delivery	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59300	Episiotomy or vaginal repair	9	60	10/1/2020	12/31/9999	1	89.50	85.03
59320	Revision of cervix	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59412	Antepartum manipulation	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59414	Deliver placenta	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59812	Treatment of miscarriage	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59820	Care of miscarriage	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59821	Treatment of miscarriage	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59840	Abortion	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59841	Abortion	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59870	Evacuate mole of uterus	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59871	Remove cerclage suture	9	60	10/1/2020	12/31/9999	1	988.25	938.84
60000	Drain thyroid/tongue cyst	0	999	10/1/2020	12/31/9999	1	429.28	407.82
60100	Biopsy of thyroid	0	999	10/1/2020	12/31/9999	1	43.02	40.87
60200	Remove thyroid lesion	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60210	Partial thyroid excision	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60212	Partial thyroid excision	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60220	Partial removal of thyroid	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60225	Partial removal of thyroid	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60240	Removal of thyroid	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60280	Remove thyroid duct lesion	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60281	Remove thyroid duct lesion	0	999	10/1/2020	12/31/9999	1	1755.26	1667.50
60300	Aspir/inj thyroid cyst	0	999	10/1/2020	12/31/9999	1	62.94	59.79
60500	Explore parathyroid glands	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
61000	Remove cranial cavity fluid	0	1	10/1/2020	12/31/9999	1	252.66	240.03
61001	Remove cranial cavity fluid	0	1	10/1/2020	12/31/9999	1	252.66	240.03
61020	Remove brain cavity fluid	0	999	10/1/2020	12/31/9999	1	328.26	311.85
61026	Injection into brain canal	0	999	10/1/2020	12/31/9999	1	252.66	240.03
61050	Remove brain canal fluid	0	999	10/1/2020	12/31/9999	1	105.82	100.53
61055	Injection into brain canal	0	999	10/1/2020	12/31/9999	1	105.82	100.53
61070	Brain canal shunt procedure	0	999	10/1/2020	12/31/9999	1	252.66	240.03
61215	Insert brain-fluid device	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
61330	Decompress eye socket	0	999	10/1/2020	12/31/9999	1	844.05	801.85
61770	Incise skull for treatment	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
61781	Scan proc cranial intra	0	999	10/1/2012	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
61782	Scan proc cranial extra	0	999	10/1/2012	12/31/9999	1	0.00	0.00
61783	Scan proc spinal	0	999	10/1/2012	12/31/9999	1	0.00	0.00
61790	Treat trigeminal nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
61791	Treat trigeminal tract	0	999	10/1/2020	12/31/9999	1	637.43	605.56
61880	Revise/remove neuroelectrode	0	999	10/1/2020	12/31/9999	1	1476.76	1402.92
61885	Insrt/redo neurostim 1 array	0	999	10/1/2020	12/31/9999	1	13846.14	13153.83
61886	Implant neurostim arrays	0	999	10/1/2020	12/31/9999	1	18849.65	17907.17
61888	Revise/remove neuroreceiver	0	999	10/1/2020	12/31/9999	1	3582.98	3403.83
62160	Neuroendoscopy add-on	0	999	10/1/2012	12/31/9999	1	0.00	0.00
62194	Replace/irrigate catheter	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62225	Replace/irrigate catheter	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
62230	Replace/revise brain shunt	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
62252	Csf shunt reprogram	0	999	10/1/2020	12/31/9999	1	28.01	26.61
62263	Epidural lysis mult sessions	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62264	Epidural lysis on single day	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62267	Interdiscal perq aspir dx	0	999	10/1/2020	12/31/9999	1	246.58	234.25
62268	Drain spinal cord cyst	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62269	Needle biopsy spinal cord	0	999	10/1/2020	12/31/9999	1	461.11	438.05
62270	Dx lmbr spi pnxr	0	999	10/1/2020	12/31/9999	2	252.66	240.03
62272	Ther spi pnxr drg csf	0	999	10/1/2020	12/31/9999	2	252.66	240.03
62273	Inject epidural patch	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62280	Treat spinal cord lesion	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62281	Treat spinal cord lesion	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62282	Treat spinal canal lesion	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62284	Injection for myelogram	0	999	10/1/2012	12/31/9999	1	0.00	0.00
62287	Percutaneous diskectomy	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62290	Njx px discography lumbar	0	999	10/1/2012	12/31/9999	6	0.00	0.00
62291	Njx px discography crv/thrc	0	999	10/1/2012	12/31/9999	12	0.00	0.00
62292	Njx chemonucleolysis lmbr	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62294	Injection into spinal artery	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62302	Myelography lumbar injection	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62303	Myelography lumbar injection	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62304	Myelography lumbar injection	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62305	Myelography lumbar injection	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62320	Njx interlaminar crv/thrc	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62321	Njx interlaminar crv/thrc	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62322	Njx interlaminar lmbr/sac	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62323	Njx interlaminar lmbr/sac	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62324	Njx interlaminar crv/thrc	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62325	Njx interlaminar crv/thrc	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62326	Njx interlaminar lmbr/sac	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62327	Njx interlaminar lmbr/sac	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62328	Dx lmbr spi pnxr w/fluor/ct	0	999	1/1/2020	12/31/9999	1	252.66	240.03
62329	Ther spi pnxr csf fluor/ct	0	999	1/1/2020	12/31/9999	1	252.66	240.03
62350	Implant spinal canal cath	0	999	10/1/2020	12/31/9999	1	2318.39	2202.47
62355	Remove spinal canal catheter	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62360	Insert spine infusion device	0	999	10/1/2020	12/31/9999	1	11059.97	10506.97
62361	Implant spine infusion pump	0	999	10/1/2020	12/31/9999	1	11393.59	10823.91
62362	Implant spine infusion pump	0	999	10/1/2020	12/31/9999	1	10934.18	10387.47
62365	Remove spine infusion device	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
62367	Analyze spine infus pump	0	999	10/1/2020	12/31/9999	1	10.97	10.42
62368	Analyze sp inf pump w/reprog	0	999	10/1/2020	12/31/9999	1	15.30	14.54
62369	Anal sp inf pmp w/reprg&fill	0	999	10/1/2020	12/31/9999	1	56.88	54.04
62370	Anl sp inf pmp w/mdreprg&fil	0	999	10/1/2020	12/31/9999	1	53.12	50.46
62380	Ndsc dcmprn 1 ntrspc lumbar	0	999	10/1/2020	12/31/9999	5	2242.69	2130.56
63001	Remove spine lamina 1/2 crvl	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63003	Remove spine lamina 1/2 thrc	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63005	Remove spine lamina 1/2 lmbr	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
63020	Neck spine disk surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63030	Low back disk surgery	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63042	Laminotomy single lumbar	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63044	Laminotomy addl lumbar	0	999	10/1/2015	12/31/9999	1	0.00	0.00
63045	Remove spine lamina 1 crvl	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63046	Remove spine lamina 1 thrc	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63047	Remove spine lamina 1 lmbr	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63055	Decompress spinal cord thrc	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63056	Decompress spinal cord lmbr	0	999	10/1/2020	12/31/9999	1	2242.69	2130.56
63600	Remove spinal cord lesion	0	999	10/1/2020	12/31/9999	1	637.43	605.56
63610	Stimulation of spinal cord	0	999	10/1/2020	12/31/9999	1	942.06	894.96
63650	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	3611.89	3431.30
63655	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	12754.90	12117.16
63661	Remove spine eltrd perq aray	0	999	10/1/2020	12/31/9999	1	637.43	605.56
63662	Remove spine eltrd plate	0	999	10/1/2020	12/31/9999	1	1476.76	1402.92
63663	Revise spine eltrd perq aray	0	999	10/1/2020	12/31/9999	1	3530.79	3354.25
63664	Revise spine eltrd plate	0	999	10/1/2020	12/31/9999	1	11618.82	11037.88
63685	Insrt/redo spine n generator	0	999	10/1/2020	12/31/9999	1	18774.59	17835.86
63688	Revise/remove neuroreceiver	0	999	10/1/2020	12/31/9999	1	1476.76	1402.92
63744	Revision of spinal shunt	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
63746	Removal of spinal shunt	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64400	Njx aa&/strd trigeminal nrv	0	999	10/1/2020	12/31/9999	1	61.21	58.15
64405	Njx aa&/strd gr ocpl nrv	0	999	10/1/2020	12/31/9999	1	26.56	25.23
64408	Njx aa&/strd vagus nrv	0	999	10/1/2020	12/31/9999	1	32.62	30.99
64415	Njx aa&/strd brach plexus	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64416	Njx aa&/strd brach plex nfs	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64417	Njx aa&/strd axillary nrv	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64418	Njx aa&/strd sprscap nrv	0	999	10/1/2020	12/31/9999	1	34.65	32.92
64420	Njx aa&/strd ntrcost nrv 1	0	999	10/1/2020	12/31/9999	1	252.66	240.03
64421	Njx aa&/strd ntrcost nrv ea	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64425	Njx aa&/strd ii ih nerves	0	999	10/1/2020	12/31/9999	1	60.06	57.06
64430	Njx aa&/strd pudendal nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64435	Njx aa&/strd paracrv nrv	0	999	10/1/2020	12/31/9999	1	35.51	33.73
64445	Njx aa&/strd sciatic nerve	0	999	10/1/2020	12/31/9999	1	71.60	68.02
64446	Njx aa&/strd sciatic nrv nfs	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64447	Njx aa&/strd femoral nerve	0	999	10/1/2020	12/31/9999	1	38.69	36.76
64448	Njx aa&/strd fem nerve nfs	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64449	Njx aa&/strd lmbr plex nfs	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64450	Njx aa&/strd other pn/branch	0	999	10/1/2020	12/31/9999	1	38.69	36.76
64451	Njx aa&/strd nrv nrvtg si jt	0	999	1/1/2020	12/31/9999	1	252.66	240.03
64454	Njx aa&/strd gnclr nrv brnch	0	999	1/1/2020	12/31/9999	1	126.46	120.14
64455	N block inj plantar digit	0	999	10/1/2020	12/31/9999	1	16.46	15.64
64461	Pvb thoracic single inj site	0	999	10/1/2020	12/31/9999	1	252.66	240.03
64462	Pvb thoracic 2nd+ inj site	0	999	1/1/2016	12/31/9999	1	0.00	0.00
64463	Pvb thoracic cont infusion	0	999	10/1/2020	12/31/9999	1	252.66	240.03
64479	Inj foramen epidural c/t	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64480	Inj foramen epidural add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64483	Inj foramen epidural l/s	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64484	Inj foramen epidural add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64490	Inj paravert f jnt c/t 1 lev	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64491	Inj paravert f jnt c/t 2 lev	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64492	Inj paravert f jnt c/t 3 lev	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64493	Inj paravert f jnt l/s 1 lev	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64494	Inj paravert f jnt l/s 2 lev	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64495	Inj paravert f jnt l/s 3 lev	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64505	N block spenopalatine gangl	0	999	10/1/2020	12/31/9999	1	57.17	54.31
64510	N block stellate ganglion	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64517	N block inj hypogas plxs	0	999	10/1/2020	12/31/9999	1	328.26	311.85

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64520	N block lumbar/thoracic	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64530	N block inj celiac pelus	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64553	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	4130.40	3923.88
64555	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	3748.92	3561.47
64561	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	3747.03	3559.68
64566	Neuroeltrd stim post tibial	0	999	10/1/2020	12/31/9999	1	83.73	79.54
64568	Inc for vagus n elect impl	0	999	10/1/2020	12/31/9999	1	19157.89	18200.00
64569	Revise/repl vagus n eltrd	0	999	10/1/2020	12/31/9999	1	4372.26	4153.65
64570	Remove vagus n eltrd	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64575	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	12537.98	11911.08
64580	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	13631.42	12949.85
64581	Implant neuroelectrodes	0	999	10/1/2020	12/31/9999	1	3875.37	3681.60
64585	Revise/remove neuroelectrode	0	999	10/1/2020	12/31/9999	1	1476.76	1402.92
64590	Insrt/redo pn/gastr stimul	0	999	10/1/2020	12/31/9999	1	13834.38	13142.66
64595	Revise/rmv pn/gastr stimul	0	999	10/1/2020	12/31/9999	1	1476.76	1402.92
64600	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64605	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64610	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64612	Destroy nerve face muscle	0	999	10/1/2020	12/31/9999	1	61.78	58.69
64615	Chemodenerv musc migraine	0	999	10/1/2020	12/31/9999	1	54.57	51.84
64616	Chemodenerv musc neck dyston	0	999	10/1/2020	12/31/9999	1	52.26	49.65
64617	Chemodener muscle larynx emg	0	999	10/1/2020	12/31/9999	1	71.02	67.47
64620	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64624	Dstrj nulyt agt gnclr nrv	0	999	10/1/2020	12/31/9999	1	254.94	242.19
64625	Rf abltj nrv nrvtg si jt	0	999	1/1/2020	12/31/9999	1	637.43	605.56
64630	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64632	N block inj common digit	0	999	10/1/2020	12/31/9999	1	34.07	32.37
64633	Destroy cerv/thor facet jnt	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64634	Destroy c/th facet jnt addl	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64635	Destroy lumb/sac facet jnt	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64636	Destroy l/s facet jnt addl	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64640	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	5	141.18	134.12
64642	Chemodenerv 1 extremity 1-4	0	999	10/1/2020	12/31/9999	1	63.23	60.07
64643	Chemodenerv 1 extrem 1-4 ea	0	999	1/1/2014	12/31/9999	3	0.00	0.00
64644	Chemodenerv 1 extrem 5/> mus	0	999	10/1/2020	12/31/9999	1	77.95	74.05
64645	Chemodenerv 1 extrem 5/> ea	0	999	1/1/2014	12/31/9999	3	0.00	0.00
64646	Chemodenerv trunk musc 1-5	0	999	10/1/2020	12/31/9999	1	63.52	60.34
64647	Chemodenerv trunk musc 6/>	0	999	10/1/2020	12/31/9999	1	69.87	66.38
64650	Chemodenerv eccrine glands	0	999	10/1/2020	12/31/9999	1	43.02	40.87
64653	Chemodenerv eccrine glands	0	999	10/1/2020	12/31/9999	1	49.66	47.18
64680	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64681	Injection treatment of nerve	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64702	Revise finger/toe nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64704	Revise hand/foot nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64708	Revise arm/leg nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64712	Revision of sciatic nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64713	Revision of arm nerve(s)	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64714	Revise low back nerve(s)	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64716	Revision of cranial nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64718	Revise ulnar nerve at elbow	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64719	Revise ulnar nerve at wrist	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64721	Carpal tunnel surgery	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64722	Relieve pressure on nerve(s)	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64726	Release foot/toe nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64727	Internal nerve revision	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64732	Incision of brow nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64734	Incision of cheek nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64736	Incision of chin nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64738	Incision of jaw nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64740	Incision of tongue nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64742	Incision of facial nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64744	Incise nerve back of head	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64746	Incise diaphragm nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64763	Incise hip/thigh nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64766	Incise hip/thigh nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64771	Sever cranial nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64772	Incision of spinal nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64774	Remove skin nerve lesion	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64776	Remove digit nerve lesion	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64778	Digit nerve surgery add-on	0	999	10/1/2014	12/31/9999	2	0.00	0.00
64782	Remove limb nerve lesion	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64783	Limb nerve surgery add-on	0	999	10/1/2014	12/31/9999	2	0.00	0.00
64784	Remove nerve lesion	0	999	10/1/2020	12/31/9999	2	637.43	605.56
64786	Remove sciatic nerve lesion	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64787	Implant nerve end	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64788	Remove skin nerve lesion	0	999	10/1/2020	12/31/9999	2	637.43	605.56
64790	Removal of nerve lesion	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64792	Removal of nerve lesion	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64795	Biopsy of nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64802	Sympathectomy cervical	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64820	Sympathectomy digital artery	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64821	Remove sympathetic nerves	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
64822	Remove sympathetic nerves	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
64823	Sympathectomy supfc palmar	0	999	10/1/2020	12/31/9999	1	1029.01	977.56
64831	Repair of digit nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64832	Repair nerve add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64834	Repair of hand or foot nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64835	Repair of hand or foot nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64836	Repair of hand or foot nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64837	Repair nerve add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64840	Repair of leg nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64856	Repair/transpose nerve	0	999	10/1/2020	12/31/9999	5	1736.19	1649.38
64857	Repair arm/leg nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64858	Repair sciatic nerve	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64859	Nerve surgery	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64861	Repair of arm nerves	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64862	Repair of low back nerves	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64864	Repair of facial nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64865	Repair of facial nerve	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64872	Subsequent repair of nerve	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64874	Repair & revise nerve add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64876	Repair nerve/shorten bone	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64885	Nerve graft head/neck </4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64886	Nerve graft head/neck >4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64890	Nerve graft hand/foot </4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64891	Nerve graft hand/foot >4 cm	0	999	10/1/2020	12/31/9999	1	2263.14	2149.98
64892	Nerve graft arm/leg <4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64893	Nerve graft arm/leg >4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64895	Nerve graft hand/foot </4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64896	Nerve graft hand/foot >4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64897	Nerve graft arm/leg </4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64898	Nerve graft arm/leg >4 cm	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64901	Nerve graft add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64902	Nerve graft add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64905	Nerve pedicle transfer	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38
64907	Nerve pedicle transfer	0	999	10/1/2020	12/31/9999	1	1736.19	1649.38

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64910	Nerve repair w/allograft	0	999	10/1/2020	12/31/9999	10	2506.22	2380.91
64912	Nrv rpr w/nrv algrft 1st	0	999	10/1/2020	12/31/9999	3	2737.58	2600.70
64913	Nrv rpr w/nrv algrft ea addl	0	999	1/1/2018	12/31/9999	2	0.00	0.00
65091	Revise eye	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65093	Revise eye with implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65101	Removal of eye	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65103	Remove eye/insert implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65105	Remove eye/attach implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65110	Removal of eye	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65112	Remove eye/revise socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65114	Remove eye/revise socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65125	Revise ocular implant	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65130	Insert ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65135	Insert ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65140	Attach ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65150	Revise ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65155	Reinsert ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65175	Removal of ocular implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65205	Remove foreign body from eye	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65210	Remove foreign body from eye	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65220	Remove foreign body from eye	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65222	Remove foreign body from eye	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65235	Remove foreign body from eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65260	Remove foreign body from eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65265	Remove foreign body from eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65270	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65272	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65275	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65280	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65285	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65286	Repair of eye wound	0	999	10/1/2020	12/31/9999	1	370.14	351.63
65290	Repair of eye socket wound	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65400	Removal of eye lesion	0	999	10/1/2020	12/31/9999	1	326.20	309.89
65410	Biopsy of cornea	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65420	Removal of eye lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65426	Removal of eye lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65430	Corneal smear	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65435	Curette/treat cornea	0	999	10/1/2020	12/31/9999	1	38.40	36.48
65436	Curette/treat cornea	0	999	10/1/2020	12/31/9999	1	167.17	158.81
65450	Treatment of corneal lesion	0	999	10/1/2020	12/31/9999	1	109.34	103.87
65600	Revision of cornea	0	999	10/1/2020	12/31/9999	1	208.17	197.76
65710	Corneal transplant	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65730	Corneal transplant	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65750	Corneal transplant	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65755	Corneal transplant	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65756	Corneal trnspl endothelial	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65757	Prep corneal endo allograft	0	999	10/1/2012	12/31/9999	1	0.00	0.00
65770	Revise cornea with implant	0	999	10/1/2020	12/31/9999	1	7108.21	6752.80
65772	Correction of astigmatism	0	999	10/1/2020	12/31/9999	1	326.20	309.89
65775	Correction of astigmatism	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65778	Cover eye w/membrane	0	999	10/1/2012	12/31/9999	1	0.00	0.00
65779	Cover eye w/membrane suture	0	999	10/1/2014	12/31/9999	1	0.00	0.00
65780	Ocular reconst transplant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65781	Ocular reconst transplant	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65782	Ocular reconst transplant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
65800	Drainage of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65810	Drainage of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65815	Drainage of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
65820	Relieve inner eye pressure	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65850	Incision of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65855	Trabeculoplasty laser surg	0	999	10/1/2020	12/31/9999	1	108.56	103.13
65860	Incise inner eye adhesions	0	999	10/1/2020	12/31/9999	1	141.76	134.67
65865	Incise inner eye adhesions	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65870	Incise inner eye adhesions	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65875	Incise inner eye adhesions	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65880	Incise inner eye adhesions	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
65900	Remove eye lesion	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65920	Remove implant of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65930	Remove blood clot from eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66020	Injection treatment of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66030	Injection treatment of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66130	Remove eye lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66150	Glaucoma surgery	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66155	Glaucoma surgery	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66160	Glaucoma surgery	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66170	Glaucoma surgery	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66172	Incision of eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66174	Translum dil eye canal	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66175	Trnslum dil eye canal w/stnt	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66179	Aqueous shunt eye w/o graft	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66180	Aqueous shunt eye w/graft	0	999	10/1/2020	12/31/9999	1	1969.79	1871.30
66183	Insert ant drainage device	0	999	10/1/2020	12/31/9999	1	2073.61	1969.93
66184	Revision of aqueous shunt	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66185	Revise aqueous shunt eye	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66225	Repair/graft eye lesion	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66250	Follow-up surgery of eye	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66500	Incision of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66505	Incision of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66600	Remove iris and lesion	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66605	Removal of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66625	Removal of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66630	Removal of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66635	Removal of iris	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66680	Repair iris & ciliary body	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66682	Repair iris & ciliary body	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66700	Destruction ciliary body	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66710	Ciliary transsleral therapy	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66711	Ecp ciliary body destruction	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66720	Destruction ciliary body	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66740	Destruction ciliary body	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66761	Revision of iris	0	999	10/1/2020	12/31/9999	1	151.86	144.27
66762	Revision of iris	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66770	Removal of inner eye lesion	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66820	Incision secondary cataract	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66821	After cataract laser surgery	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66825	Reposition intraocular lens	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66830	Removal of lens lesion	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66840	Removal of lens material	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66850	Removal of lens material	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66852	Removal of lens material	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66920	Extraction of lens	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66930	Extraction of lens	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
66940	Extraction of lens	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66982	Xcapsl ctrc rmvl cplx wo ecp	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66983	Cataract surg w/iol 1 stage	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66984	Xcapsl ctrc rmvl w/o ecp	0	999	10/1/2020	12/31/9999	1	810.18	769.67

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
66985	Insert lens prosthesis	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66986	Exchange lens prosthesis	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66987	Xcapsl ctrc rmvl cplx w/ecp	0	999	10/1/2020	12/31/9999	1	1914.43	1818.71
66988	Xcapsl ctrc rmvl w/ecp	0	999	10/1/2020	12/31/9999	1	1914.43	1818.71
66990	Ophthalmic endoscope add-on	0	999	10/1/2012	12/31/9999	1	0.00	0.00
67005	Partial removal of eye fluid	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67010	Partial removal of eye fluid	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67015	Release of eye fluid	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67025	Replace eye fluid	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67027	Implant eye drug system	0	999	10/1/2020	12/31/9999	1	1303.41	1238.24
67028	Injection eye drug	0	999	10/1/2020	12/31/9999	1	37.82	35.93
67030	Incise inner eye strands	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67031	Laser surgery eye strands	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67036	Removal of inner eye fluid	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67039	Laser treatment of retina	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67040	Laser treatment of retina	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67041	Vit for macular pucker	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67042	Vit for macular hole	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67043	Vit for membrane dissect	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67101	Repair detached retina crtx	0	999	10/1/2020	12/31/9999	1	162.26	154.15
67105	Repair detached retina pc	0	999	10/1/2020	12/31/9999	1	137.14	130.28
67107	Repair detached retina	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67108	Repair detached retina	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67110	Repair detached retina	0	999	10/1/2020	12/31/9999	1	406.80	386.46
67113	Repair retinal detach cplx	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67115	Release encircling material	0	999	10/1/2020	12/31/9999	1	1468.67	1395.24
67120	Remove eye implant material	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67121	Remove eye implant material	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67141	Treatment of retina	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67145	Treatment of retina	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67208	Treatment of retinal lesion	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67210	Treatment of retinal lesion	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67218	Treatment of retinal lesion	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67220	Treatment of choroid lesion	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67221	Ocular photodynamic ther	0	999	10/1/2020	12/31/9999	1	122.42	116.30
67225	Eye photodynamic ther add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67227	Dstrj extensive retinopathy	0	999	10/1/2020	12/31/9999	1	131.66	125.08
67228	Treatment x10sv retinopathy	0	999	10/1/2020	12/31/9999	1	143.20	136.04
67229	Tr retinal les preterm inf	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67250	Reinforce eye wall	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67255	Reinforce/graft eye wall	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67311	Revise eye muscle	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67312	Revise two eye muscles	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67314	Revise eye muscle	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67316	Revise two eye muscles	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67318	Revise eye muscle(s)	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67320	Revise eye muscle(s) add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67331	Eye surgery follow-up add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67332	Rerevise eye muscles add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67334	Revise eye muscle w/suture	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67335	Eye suture during surgery	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67340	Revise eye muscle add-on	0	999	10/1/2014	12/31/9999	1	0.00	0.00
67343	Release eye tissue	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67345	Destroy nerve of eye muscle	0	999	10/1/2020	12/31/9999	1	101.05	96.00
67346	Biopsy eye muscle	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67400	Explore/biopsy eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67405	Explore/drain eye socket	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67412	Explore/treat eye socket	0	999	10/1/2020	12/31/9999	1	669.55	636.07

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
67413	Explore/treat eye socket	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67414	Explr/decompress eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67415	Aspiration orbital contents	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67420	Explore/treat eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67430	Explore/treat eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67440	Explore/drain eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67445	Explr/decompress eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67450	Explore/biopsy eye socket	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67500	Inject/treat eye socket	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67505	Inject/treat eye socket	0	999	10/1/2020	12/31/9999	1	31.18	29.62
67515	Inject/treat eye socket	0	999	10/1/2020	12/31/9999	1	28.87	27.43
67550	Insert eye socket implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67560	Revise eye socket implant	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67570	Decompress optic nerve	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67700	Drainage of eyelid abscess	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67710	Incision of eyelid	0	999	10/1/2020	12/31/9999	1	159.37	151.40
67715	Incision of eyelid fold	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67800	Remove eyelid lesion	0	999	10/1/2020	12/31/9999	1	61.21	58.15
67801	Remove eyelid lesions	0	999	10/1/2020	12/31/9999	1	74.20	70.49
67805	Remove eyelid lesions	0	999	10/1/2020	12/31/9999	1	94.98	90.23
67808	Remove eyelid lesion(s)	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67810	Biopsy eyelid & lid margin	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67820	Revise eyelashes	0	999	10/1/2015	12/31/9999	1	0.00	0.00
67825	Revise eyelashes	0	999	10/1/2020	12/31/9999	1	64.38	61.16
67830	Revise eyelashes	0	999	10/1/2020	12/31/9999	1	326.20	309.89
67835	Revise eyelashes	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67840	Remove eyelid lesion	0	999	10/1/2020	12/31/9999	1	163.42	155.25
67850	Treat eyelid lesion	0	999	10/1/2020	12/31/9999	1	122.70	116.57
67875	Closure of eyelid by suture	0	999	10/1/2020	12/31/9999	1	326.20	309.89
67880	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67882	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67900	Repair brow defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67901	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67902	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67903	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67904	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67906	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
67908	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67909	Revise eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67911	Revise eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67912	Correction eyelid w/implant	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67914	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67915	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	187.09	177.74
67916	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67917	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67921	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67922	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	180.74	171.70
67923	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67924	Repair eyelid defect	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67930	Repair eyelid wound	0	999	10/1/2020	12/31/9999	1	188.24	178.83
67935	Repair eyelid wound	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67938	Remove eyelid foreign body	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67950	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67961	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67966	Revision of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67971	Reconstruction of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67973	Reconstruction of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67974	Reconstruction of eyelid	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
67975	Reconstruction of eyelid	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68020	Incise/drain eyelid lining	0	999	10/1/2020	12/31/9999	1	54.86	52.12
68040	Treatment of eyelid lesions	0	999	10/1/2020	12/31/9999	1	25.41	24.14
68100	Biopsy of eyelid lining	0	999	10/1/2020	12/31/9999	1	103.94	98.74
68110	Remove eyelid lining lesion	0	999	10/1/2020	12/31/9999	1	135.12	128.36
68115	Remove eyelid lining lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68130	Remove eyelid lining lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68135	Remove eyelid lining lesion	0	999	10/1/2020	12/31/9999	1	70.45	66.93
68200	Treat eyelid by injection	0	999	10/1/2015	12/31/9999	1	0.00	0.00
68320	Revise/graft eyelid lining	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68325	Revise/graft eyelid lining	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68326	Revise/graft eyelid lining	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68328	Revise/graft eyelid lining	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68330	Revise eyelid lining	0	999	10/1/2020	12/31/9999	1	810.18	769.67
68335	Revise/graft eyelid lining	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68340	Separate eyelid adhesions	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68360	Revise eyelid lining	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68362	Revise eyelid lining	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68400	Incise/drain tear gland	0	999	10/1/2020	12/31/9999	1	185.65	176.37
68420	Incise/drain tear sac	0	999	10/1/2020	12/31/9999	1	196.62	186.79
68440	Incise tear duct opening	0	999	10/1/2020	12/31/9999	1	53.12	50.46
68500	Removal of tear gland	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68505	Partial removal tear gland	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68510	Biopsy of tear gland	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68520	Removal of tear sac	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68525	Biopsy of tear sac	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68530	Clearance of tear duct	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68540	Remove tear gland lesion	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68550	Remove tear gland lesion	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68700	Repair tear ducts	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68705	Revise tear duct opening	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68720	Create tear sac drain	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68745	Create tear duct drain	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68750	Create tear duct drain	0	999	10/1/2020	12/31/9999	1	1084.50	1030.28
68760	Close tear duct opening	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68761	Close tear duct opening	0	999	10/1/2020	12/31/9999	4	77.95	74.05
68770	Close tear system fistula	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68801	Dilate tear duct opening	0	999	10/1/2015	12/31/9999	1	0.00	0.00
68810	Probe nasolacrimal duct	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68811	Probe nasolacrimal duct	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68815	Probe nasolacrimal duct	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68816	Probe nl duct w/balloon	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68840	Explore/irrigate tear ducts	0	999	10/1/2020	12/31/9999	1	66.70	63.37
68850	Injection for tear sac x-ray	0	999	10/1/2012	12/31/9999	1	0.00	0.00
69000	Drain external ear lesion	0	999	10/1/2020	12/31/9999	1	104.22	99.01
69005	Drain external ear lesion	0	999	10/1/2020	12/31/9999	1	107.11	101.75
69020	Drain outer ear canal lesion	0	999	10/1/2020	12/31/9999	1	138.58	131.65
69100	Biopsy of external ear	0	999	10/1/2020	12/31/9999	1	54.57	51.84
69105	Biopsy of external ear canal	0	999	10/1/2020	12/31/9999	1	87.77	83.38
69110	Remove external ear partial	0	999	10/1/2020	12/31/9999	1	795.47	755.70
69120	Removal of external ear	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69140	Remove ear canal lesion(s)	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69145	Remove ear canal lesion(s)	0	999	10/1/2020	12/31/9999	1	795.47	755.70
69150	Extensive ear canal surgery	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69200	Clear outer ear canal	0	999	10/1/2015	12/31/9999	1	0.00	0.00
69205	Clear outer ear canal	0	999	10/1/2020	12/31/9999	1	461.11	438.05
69209	Remove impacted ear wax uni	0	999	1/1/2016	12/31/9999	1	0.00	0.00
69210	Remove impacted ear wax uni	0	999	10/1/2015	12/31/9999	1	0.00	0.00

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
69220	Clean out mastoid cavity	0	999	10/1/2015	12/31/9999	1	0.00	0.00
69222	Clean out mastoid cavity	0	999	10/1/2020	12/31/9999	1	125.88	119.59
69300	Revise external ear	5	999	10/1/2020	12/31/9999	1	844.05	801.85
69310	Rebuild outer ear canal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69320	Rebuild outer ear canal	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69420	Incision of eardrum	0	999	10/1/2020	12/31/9999	1	82.31	78.19
69421	Incision of eardrum	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69424	Remove ventilating tube	0	999	10/1/2020	12/31/9999	1	76.80	72.96
69433	Create eardrum opening	0	999	10/1/2020	12/31/9999	1	110.58	105.05
69436	Create eardrum opening	0	999	10/1/2020	12/31/9999	1	429.28	407.82
69440	Exploration of middle ear	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69450	Eardrum revision	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69501	Mastoidectomy	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69502	Mastoidectomy	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69505	Remove mastoid structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69511	Extensive mastoid surgery	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69530	Extensive mastoid surgery	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69540	Remove ear lesion	0	999	10/1/2020	12/31/9999	1	127.03	120.68
69550	Remove ear lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69552	Remove ear lesion	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69601	Mastoid surgery revision	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69602	Mastoid surgery revision	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69603	Mastoid surgery revision	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69604	Mastoid surgery revision	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69605	Mastoid surgery revision	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69610	Repair of eardrum	0	999	10/1/2020	12/31/9999	1	163.42	155.25
69620	Repair of eardrum	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69631	Repair eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69632	Rebuild eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69633	Rebuild eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69635	Repair eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69636	Rebuild eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69637	Rebuild eardrum structures	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69641	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69642	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69643	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69644	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69645	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69646	Revise middle ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69650	Release middle ear bone	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69660	Revise middle ear bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69661	Revise middle ear bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69662	Revise middle ear bone	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69666	Repair middle ear structures	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69667	Repair middle ear structures	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69670	Remove mastoid air cells	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69676	Remove middle ear nerve	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69700	Close mastoid fistula	0	999	10/1/2020	12/31/9999	1	429.28	407.82
69711	Remove/repair hearing aid	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69714	Implant temple bone w/stimul	5	999	10/1/2020	12/31/9999	1	7566.11	7187.80
69715	Temple bne implnt w/stimulat	5	999	10/1/2020	12/31/9999	1	8616.77	8185.93
69717	Temple bone implant revision	5	999	10/1/2020	12/31/9999	1	3500.19	3325.18
69718	Revise temple bone implant	5	999	10/1/2020	12/31/9999	1	4581.70	4352.62
69720	Release facial nerve	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69740	Repair facial nerve	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69745	Repair facial nerve	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69801	Incise inner ear	0	999	10/1/2020	12/31/9999	1	107.11	101.75
69805	Explore inner ear	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38

Mississippi Division of Medicaid

AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: December 1, 2020

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

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

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
69806	Explore inner ear	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69905	Remove inner ear	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69910	Remove inner ear & mastoid	0	999	10/1/2020	12/31/9999	1	1797.24	1707.38
69915	Incise inner ear nerve	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69930	Implant cochlear device	0	999	10/1/2020	12/31/9999	1	24558.34	23330.42
69990	Microsurgery add-on	0	999	10/1/2012	12/31/9999	1	0.00	0.00