

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	<ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	<ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
4	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
5	Begin Date	<ul style="list-style-type: none"> • This column represents the begin date of which the fee in columns I and J became effective.
6	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns H and I.
7	Max Units	<ul style="list-style-type: none"> • This column represents the maximum units the Division of Medicaid covers for the service.
8	Fee	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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 W/O IMAGE	0	999	10/1/2020	12/31/9999	1	47.35	44.98
10030	IMAGE FLUID COLL/CATHETER	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	INCISION/ DRAINAGE SIMPLE OR SINGLE	0	999	10/1/2020	12/31/9999	1	60.34	57.32
10061	INCISN/ DRAIN COMPLICTD OR MULT	0	999	10/1/2020	12/31/9999	1	92.39	87.77
10080	*INCISION AND DRAINAGE OF PIL	0	999	10/1/2020	12/31/9999	1	132.23	125.62
10081	INCISION AND DRAINAGE OF PIL	0	999	10/1/2020	12/31/9999	1	166.88	158.54
10120	INCISION AND REMOVAL OF FORE	0	999	10/1/2020	12/31/9999	1	85.46	81.19
10121	INCIS/ REMO FOR, SUBCUT TISS; COMPLICTD	0	999	10/1/2020	12/31/9999	1	461.11	438.05
10140	INCISION AND DRAINAGE OF HEMAT	0	999	10/1/2020	12/31/9999	1	88.06	83.66
10160	*PUNCTURE ASPIRATION OF ABSCE	0	999	10/1/2020	12/31/9999	1	66.70	63.37
10180	INC/DRAGE, COPLX, POSTOP WOUND INFEC	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11000	DEBRI OF ECZE; UP 10% OF BODY SUR	0	999	10/1/2020	12/31/9999	1	27.43	26.06
11001	DEBRIDE INFECT 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	DBRDMT SUBQ TISSUE EA ADDL 20 SQ CM	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11046	DBRDMT M&F EA ADDL 20 SQ CM	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11047	DEBRIDEMENT BONE EA ADDL 20 SQ CM/<	0	999	10/1/2014	12/31/9999	19	0.00	0.00
11055	PAR BEN HYPKE; SING LESION	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11056	PAR BEN HYPKE; 2 TO 4 LESION	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11057	PAR BEN HYPKE; MOR THAN 4 LESIONS	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	REMO OF TAGS; UP TO INCLD 15 LESIONS	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	SHAV DRM TRK, AR, LEG; LES DIA 0.5CM /LE	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11301	SHAV DRM TRK, AR, LEG; LES DIA 0.6/1.0CM	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11302	SHAV DRM TRK, AR, LEG; LES DIA 1.1/2.0CM	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11303	SHAV DRM TRK, AR, LEG; LES DIA OVR 2.0CM	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11305	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.5/LESS	0	999	10/1/2015	12/31/9999	15	0.00	0.00
11306	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.6/1.0CM	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11307	SHAV DRM SCA,NK,HD,FE, GEN;LES 1.1/2.0CM	0	999	10/1/2020	12/31/9999	15	70.63	67.10
11308	SHAV DRM SCA,NK,HD,FE, GEN;LES OVR 2.0 C	0	999	10/1/2016	12/31/9999	15	0.00	0.00
11310	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.5CM/LES	0	999	10/1/2020	12/31/9999	15	69.30	65.84
11311	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.6/1.0CM	0	999	10/1/2020	12/31/9999	15	70.63	67.10
11312	SHAV DRM FA, EA,EYL,NO,LI, MU; 1.1/2.0CM	0	999	10/1/2020	12/31/9999	15	88.93	84.48
11313	SHAV DRM FA, EA,EYL,NO,LI, MU; OVR 2.0CM	0	999	10/1/2020	12/31/9999	15	98.46	93.54
11400	EXC, LES, TRK,AR,LE; EXC 0.5CM OR LESS	0	999	10/1/2020	12/31/9999	15	73.91	70.21
11401	EXC, LES, TRK,AR,LE; EXC 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	10	84.30	80.09
11402	EXC, LES, TRK,AR,LE; EXC 1.1 TO 2.0 CM	0	999	10/1/2020	12/31/9999	5	92.10	87.50
11403	EXC, LES ,TRK,AR,LE; EXC 2.1 TO 3.0 CM	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
11404	EXC, LES, TRK,AR,LE; EXC 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11406	EXC, LES, TRK,AR,LE; EXC OVER 4.0 CM	0	999	10/1/2020	12/31/9999	4	461.11	438.05
11420	EXC, LES, SCA,NE,HD,FE, GEN; 0.5 CM/LESS	0	999	10/1/2020	12/31/9999	15	71.02	67.47
11421	EXC, LES, SCA,NE,HD,FE, GEN; 0.6 TO 1.0	0	999	10/1/2020	12/31/9999	10	83.44	79.27
11422	EXC, LES, SCA,NE,HD,FE, GEN; 1.1 TO 2.0	0	999	10/1/2020	12/31/9999	5	92.39	87.77
11423	EXC, LES, SCA,NE,HD,FE, GEN; 2.1 TO 3.0	0	999	10/1/2020	12/31/9999	3	100.18	95.17
11424	EXC, LES, SCA,NE,HD,FE, GEN; 3.1 TO 4.0	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11426	EXC, LES, SCA,NE,HD,FE, GEN; OVER 4.0 CM	0	999	10/1/2020	12/31/9999	2	795.47	755.70
11440	EXC, OTH LES, FA,ER,NO,LI,MU; 0.5 CM /LE	0	999	10/1/2020	12/31/9999	10	81.13	77.07
11441	EXC, OTH LES, FA,ER,NO,LI,MU; 0.6 TO 1.0	0	999	10/1/2020	12/31/9999	5	91.23	86.67
11442	EXC, OTH LES, FA,ER,NO,LI,MU; 1.1 TO 2.0	0	999	10/1/2020	12/31/9999	2	98.74	93.80
11443	EXC, OTH LES, FA,ER,NO,LI,MU; 2.1 TO 3.0	0	999	10/1/2020	12/31/9999	2	109.42	103.95
11444	EXC, OTH LES, FA,ER,NO,LI,MU; 3.1 TO 4.0	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11446	EXC, OTH LES, FA,ER,NO,LI,MU; OVER 4.0 C	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11450	EXC SKN/TISS HID, AXI;W SIM INTERM REPA	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11451	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11462	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11463	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11470	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11471	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11600	EXC TR-EXT MLG+MARG 0.5 < CM	0	999	10/1/2020	12/31/9999	5	108.85	103.41
11601	EXC TR-EXT MLG+MARG 0.6-1 CM	0	999	10/1/2020	12/31/9999	5	121.26	115.20
11602	EXC TR-EXT MLG+MARG 1.1-2 CM	0	999	10/1/2020	12/31/9999	5	129.16	122.70
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	0	999	10/1/2020	12/31/9999	2	140.32	133.30
11604	EXC TR-EXT MLG+MARG 3.1-4 CM	0	999	10/1/2020	12/31/9999	2	246.58	234.25
11606	EXC TR-EXT MLG+MARG > 4 CM	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	0	999	10/1/2020	12/31/9999	5	109.14	103.68
11621	EXC H-F-NK-SP MLG+MARG 0.6-1	0	999	10/1/2020	12/31/9999	5	121.55	115.47
11622	EXC H-F-NK-SP MLG+MARG 1.1-2	0	999	10/1/2020	12/31/9999	5	131.94	125.34
11623	EXC H-F-NK-SP MLG+MARG 2.1-3	0	999	10/1/2020	12/31/9999	2	144.94	137.69
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	0	999	10/1/2020	12/31/9999	2	461.11	438.05
11626	EXC H-F-NK-SP MLG+MAR > 4 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11640	EXC FACE-MM MALIG+MARG 0.5 <	0	999	10/1/2020	12/31/9999	3	112.31	106.69
11641	EXC FACE-MM MALIG+MARG 0.6-1	0	999	10/1/2020	12/31/9999	2	125.30	119.04
11642	EXC FACE-MM MALIG+MARG 1.1-2	0	999	10/1/2020	12/31/9999	2	137.14	130.28
11643	EXC FACE-MM MALIG+MARG 2.1-3	0	999	10/1/2020	12/31/9999	1	150.14	142.63
11644	EXC FACE-MM MALIG+MARG 3.1-4	0	999	10/1/2020	12/31/9999	1	461.11	438.05
11646	EXC FACE-MM MLG+MARG > 4 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11719	TRIM NAIL(S)	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	*AVULSION OF NAIL PLATE, PART	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11732	REMOVE ADDITIONAL NAIL PLATE	0	999	10/1/2014	12/31/9999	9	0.00	0.00
11740	EVACUATION OF SUBUNGUAL HEMA	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11750	EXCISION OF NAIL AND NAIL MA	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 WIT	0	999	10/1/2020	12/31/9999	1	149.55	142.07
11765	WEDGE EXCISION OF SKIN OF NAIL	0	999	10/1/2016	12/31/9999	1	0.00	0.00
11770	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11771	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11772	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11900	*INJECTION, INTRALESIONAL;	0	999	10/1/2015	12/31/9999	3	0.00	0.00
11901	*INJECTION, INTRALESIONAL;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
11920	TATTOOING, INTRADERMAL INTRODU	0	999	10/1/2020	12/31/9999	1	99.32	94.35
11921	TATTOOING, INTRADERMAL INTRO	0	999	10/1/2020	12/31/9999	1	110.00	104.50
11960	INSERTION OF TISSUE EXPANDER(S	0	999	10/1/2020	12/31/9999	20	1,203.50	1,143.33
11970	REPLACEMENT OF TISSUE EXPANDER	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
11971	REMOVAL OF TISSUE EXPANDER(S)	0	999	10/1/2020	12/31/9999	1	795.47	755.70
11976	REMOVAL, IMPLANTABLE CONTRACEP	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	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12002	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12004	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12005	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12006	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12007	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12011	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12013	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12014	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
12015	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12016	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12017	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12018	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63	67.10
12020	TREATMENT OF SUPERFICIAL WOUND	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12021	TREATMENT OF SUPERFICIAL WOUND	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12031	*LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12032	*LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12034	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12035	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12036	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12037	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	655.96	623.16
12041	*LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12042	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12044	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12045	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	200.91	190.86
12046	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12047	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	655.96	623.16
12051	*LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12052	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12053	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12054	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12055	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12056	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
12057	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16	122.70
13100	REPAIR, COMPLEX, TRUNK;	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13101	REPAIR, COMPLEX, TRUNK;	0	999	10/1/2020	12/31/9999	3	200.91	190.86
13102	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	3	0.00	0.00
13120	REPAIR, COMPLEX, SCALP, ARMS	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13121	REPAIR, COMPLEX, SCALP, ARMS	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13122	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	4	0.00	0.00
13131	REPAIR, COMPLEX, FOREHEAD, C	0	999	10/1/2020	12/31/9999	1	129.16	122.70
13132	REPAIR, COMPLEX, FOREHEAD, C	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	REPAIR, COMPLEX, EYELIDS, NO	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13152	REPAIR, COMPLEX, EYELIDS, NO	0	999	10/1/2020	12/31/9999	1	200.91	190.86
13153	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00	0.00
13160	SECONDARY CLOSURE OF SURGICAL	0	999	10/1/2020	12/31/9999	1	655.96	623.16
14000	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14001	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14020	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14021	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14040	ADJACENT TISSUE TRANSFER OR	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
14041	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14060	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14061	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96	623.16
14301	SKIN TISSUE REARRANGEMENT	0	999	10/1/2020	12/31/9999	2	1,203.50	1,143.33
14302	SKIN TISSUE REARRANGE ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00	0.00
14350	FILLETED FINGER OR TOE FLAP,	0	999	10/1/2020	12/31/9999	2	655.96	623.16
15002	SURG PREP REC SITE TRUNK,ARMS,LEGS 1ST 1	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15003	SURG PREP REC SITE TRUNK,ARMS,LEGS EA AD	0	999	4/1/2018	12/31/9999	60	0.00	0.00
15004	SURG PREP REC SITE FACE, HANDS, FEET 1ST	0	999	10/1/2020	12/31/9999	1	200.91	190.86
15005	SURG PREP REC SITE FACE, HANDS, FEET EA	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	*PINCH GRAFT, SINGLE OR MULTI	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 SPLIT GRAFT 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	1,203.50	1,143.33
15121	SKIN SPLIT GRAFT ADD-ON	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	1,203.50	1,143.33
15136	DERM AUTOGRAFT, F/N/HF/G ADD	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15150	CULT EPIDERM GRFT T/ARM/LEG	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15151	CULT EPIDERM GRFT T/A/L ADDL	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15152	CULT EPIDERM GRAFT T/A/L +%	0	999	4/1/2016	12/31/9999	5	0.00	0.00
15155	CULT EPIDERM GRAFT, F/N/HF/G	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15156	CULT EPIDERM 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	FULL THICKNESS GRAFT, FREE,	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15201	SKIN FULL GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00	0.00
15220	FULL THICKNESS GRAFT, FREE,	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	FULL THICKNESS GRAFT, FREE,	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	FULL THICKNESS GRAFT, FREE,	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 <=100 SQ CM 1ST 25	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15272	SKIN SUB <=100 SQ CM EA ADD 25	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15273	SKIN SUB >100 SQ CM 1ST 100	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15274	SKIN SUB >100 SQ CM EA ADD 100	0	999	1/1/2017	12/31/9999	60	0.00	0.00
15275	SKIN SUB <=100 SQ CM 1ST 25	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15276	SKIN SUB <=100 SQ CM EA ADD 25	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15277	SKIN SUB >100 SQ CM 1ST 100	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15278	SKIN SUB >100 SQ CM EA ADD 100	0	999	10/1/2014	12/31/9999	2	0.00	0.00
15570	FORMATION OF DIRECT; TRUNK	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15572	SCALP, ARMS, OR LEGS	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15574	FOREHEAD, CHEEKS, CHIN, MOUTH	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15576	EYELIDS, NOSE,EARS, LIPS,INTRA	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15600	DELAY OF FLAP OR SECTIONING OF	0	999	10/1/2020	12/31/9999	5	1,203.50	1,143.33
15610	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15620	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15630	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15650	TRANSFER, INTERMEDIATE, OF A	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15730	MIDFACE FLAP W/PRESERV VAS PED	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15731	FOREHEAD FLAP W/PRESERVATION OF VASCULAR	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	0	999	10/1/2020	12/31/9999	3	1,203.50	1,143.33

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
15734	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15736	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15738	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15740	FLAP; ISLAND PEDICLE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15750	FLAP; NEUROVASCULAR PEDICLE	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15760	GRAFT; COMPOSITE (FULL THICKNE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15769	GRAFT AUTO SOFT TIS BY DIR EXCISION	0	999	1/1/2020	12/31/9999	1	1,203.50	1,143.33
15770	GRAFT;	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15771	GRAFT AUTO FAT LIPO, 50 CC OR LESS	0	999	1/1/2020	12/31/9999	1	1,203.50	1,143.33
15773	GRAFT AUTO FAT LIPO, 25 CC	0	999	1/1/2020	12/31/9999	1	655.96	623.16
15777	BIOLOGIC IMPLANT	0	999	10/1/2014	12/31/9999	1	0.00	0.00
15819	CERVICOPLASTY	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15820	BLEPHAROPLASTY, LOWER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15821	BLEPHAROPLASTY, LOWER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15822	BLEPHAROPLASTY, UPPER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15823	BLEPHAROPLASTY, UPPER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15830	EXC EXCESS SKIN/SUBCUT TISSUE; AB, INFRA	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
15840	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15841	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15842	FLAP FOR FACE NERVE PALSY	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15845	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15847	EXC EXCESS SKIN/SUBCUT TISSUE; AB, UMBIL	0	999	10/1/2014	12/31/9999	1	0.00	0.00
15851	REMOVAL OF SUTURES IN HOSPIT	0	999	10/1/2020	12/31/9999	1	57.17	54.31
15852	DRESSING CHANGE (FOR OTHER THA	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	EXCISION, COCCYGEAL PRESSURE U	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15922	EXCISION, COCCYGEAL PRESSURE U	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15931	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15933	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15934	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15935	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15936	REMOVE SACRUM PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15937	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15940	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15941	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15944	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15945	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15946	REMOVAL OF PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15950	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	461.11	438.05
15951	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	795.47	755.70
15952	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15953	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
15956	REMOVE THIGH PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96	623.16
15958	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
16000	INITIAL TREATMENT, FIRST DEG	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 PREMAL LESIONS; 1ST LESION	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17003	DESTROY 2-14 LESIONS	0	999	10/1/2014	12/31/9999	13	0.00	0.00
17004	DESTRUCT PREMAL LESIONS; 15 OR MORE LESI	0	999	10/1/2020	12/31/9999	1	86.33	82.01
17106	DESTRUCTION OF CUTANEOUS VASCU	0	999	10/1/2020	12/31/9999	1	129.16	122.70
17107	DESTRUCTION OF CUTANEOUS PROLI	0	999	10/1/2020	12/31/9999	1	200.91	190.86
17108	DESTRUCTION OF CUTANEOUS VASCU	0	999	10/1/2020	12/31/9999	1	282.66	268.53
17110	DESTRUCT BENIGN LESIONS OTH THAN SKIN TA	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	CHEMICAL CAUTERIZATION OF GRAN	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17262	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17263	LESION DIAMETER 2.1 TO 3.0 CM	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17264	LESION DIAMETER 3.1 TO 4.0	0	999	10/1/2020	12/31/9999	1	105.67	100.39
17266	LESION DIAMETER OVER 4.0 CM	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	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	1	70.63	67.10
17272	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2016	12/31/9999	1	0.00	0.00
17273	LESION DIAMETER 2.1 TO 3.0	0	999	10/1/2020	12/31/9999	1	104.22	99.01
17274	LESION DIAMETER 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	1	117.50	111.63
17276	LESION DIAMETER OVER 4.0 CM	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	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	1	90.37	85.85
17282	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2020	12/31/9999	1	101.63	96.55
17283	LESION DIAMETER 2.1 TO 3.0 CM	0	999	10/1/2020	12/31/9999	1	114.91	109.16
17284	LESION DIAMETER 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	1	126.74	120.40
17286	LESION DIAMETER OVER 4.0 CM	0	999	10/1/2020	12/31/9999	1	151.00	143.45
17311	MOHS, HEAD NECK HANDS FEET, ETC; FIRST S	0	999	10/1/2020	12/31/9999	4	200.91	190.86
17312	MOHS, HEAD NECK HANDS FEET, ETC; EA ADDL	0	999	10/1/2014	12/31/9999	2	0.00	0.00
17313	MOHS, TRUNK, ARMS, LEGS; FIRST STAGE UP	0	999	10/1/2020	12/31/9999	4	200.91	190.86
17314	MOHS, TRUNK, ARMS, LEGS; EA ADDL STAGE A	0	999	10/1/2014	12/31/9999	2	0.00	0.00
17315	MOHS, EA ADDL BLOCK AFT FIRST 5 TISSUE B	0	999	10/1/2014	12/31/9999	2	0.00	0.00
19000	*PUNCTURE ASPIRATION OF CYST;	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	MASTOTOMY WITH EXPLORATION O	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19030	INJECTION PROCEDURE ONLY FOR	14	999	10/1/2012	12/31/9999	1	0.00	0.00
19081	BIOPSY BREAST STEREOTATIC 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19082	BIOPSY BREAST STEREOTATIC EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19083	BIOPSY BREAST ULTRASND 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19084	BIOPSY BREAST ULTRASND EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19085	BIOPSY BREAST MAG RES 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11	438.05
19086	BIOPSY BREAST MAG RES EA ADDL	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	ABL CRYO FIBRO INCL ULTRASOUND GUID EA	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19110	NIPPLE EXPLORATION, WITH OR WI	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19112	EXCISION OF LACTIFEROUS DUCT F	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19120	EXC CYST FIBROADENOMA BENIGN/MALIGNANT T	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	PLACE LOC DEV MAMM GUID 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19282	PLACE LOC DEV MAMM GUID EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19283	PLACE LOC DEV STEREOTATIC 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19284	PLACE LOC DEV STEREOTATIC EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19285	PLACE LOC DEV ULTRASND 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19286	PLACE LOC DEV ULTRASND EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19287	PLACE LOC DEV MAG RES 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00	0.00
19288	PLACE LOC DEV MAG RES EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00	0.00
19294	PREP OF TUMOR CAVITY, W/PLACMENT OF IORT	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	3,340.68	3,173.65
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	1,754.62	1,666.89
19300	MASTECTOMY FOR GYNECOMASTIA	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19301	MASTECTOMY, PARTIAL	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHA	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
19303	MASTECTOMY, SIMPLE, COMPLETE	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
19318	REDUCTION MAMMAPLASTY	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
19328	REMOVAL OF INTACT MAMMARY IMPL	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19330	REMOVAL OF MAMMARY IMPLANT MAT	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19340	IMMEDIATE INSERTION OF BREAST	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
19342	DELAYED INSERTION OF BREAST PR	0	999	10/1/2020	12/31/9999	1	2,143.58	2,036.40
19350	RECONSTRUCTION OF NIPPLE AND	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19355	CORRECTION OF INVERTED NIPPLES	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19357	BREAST RECONSTRUCTION, IMMEDIA	0	999	10/1/2020	12/31/9999	1	3,746.96	3,559.61
19370	OPEN PERIPROSTHETIC CAPSULOTOM	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19371	PERIPROSTHETIC CAPSULECTOMY, B	0	999	10/1/2020	12/31/9999	1	894.75	850.01
19380	REVISION OF RECONSTRUCTED BREA	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
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	1,029.01	977.56
20200	BIOPSY, MUSCLE;	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20205	BIOPSY, MUSCLE;	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20206	*BIOPSY, MUSCLE, PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	461.11	438.05
20220	BIOPSY, BONE, TROCAR OR 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	BIOPSY BONE OPEN SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20245	BIOPSY BONE OPEN DEEP	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20250	BIOPSY, VERTEBRAL BODY, OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
20251	BIOPSY, VERTEBRAL BODY, OPEN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20500	*INJECTION OF SINUS TRACT;	0	999	10/1/2020	12/31/9999	1	53.12	50.46
20501	INJECTION OF SINUS TRACT; DIAG	0	999	10/1/2012	12/31/9999	1	0.00	0.00
20520	*REMOVAL OF FOREIGN BODY IN M	0	999	10/1/2020	12/31/9999	1	111.15	105.59
20525	REMOVAL OF FOREIGN BODY IN M	0	999	10/1/2020	12/31/9999	1	795.47	755.70
20526	THER INJECTION CARPAL TUNNEL	0	999	10/1/2020	12/31/9999	1	33.20	31.54
20527	INJECTION, ENZYME	0	999	10/1/2020	12/31/9999	1	36.09	34.29
20550	INJECTION; 1 TENDON SHEATH/LIGAMENTINJEC	0	999	10/1/2020	12/31/9999	1	20.78	19.74
20551	INJECTION; 1 TENDON ORIGIN/INSERTIOINJEC	0	999	10/1/2020	12/31/9999	1	21.94	20.84
20552	INJ; SINGLE/MX TRIG POINT 1/2 MUSCLINJ;	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	1,029.01	977.56
20600	ARTHROCENTESIS SMALL JOINT NO GUIDANCE	0	999	10/1/2020	12/31/9999	1	19.92	18.92
20604	ARTHROCENTESIS SMALL JOINT WITH GUIDANCE	0	999	10/1/2020	12/31/9999	2	34.36	32.64
20605	ARTHROCENTESIS INTERMED JOINT NO GUIDANC	0	999	10/1/2020	12/31/9999	1	20.78	19.74
20606	ARTHROCENTESIS INTERMED JOINT WITH GUIDA	0	999	10/1/2020	12/31/9999	2	37.25	35.39
20610	ARTHROCENTESIS MAJOR JOINT WITHOUT GUIDA	0	999	10/1/2020	12/31/9999	1	24.83	23.59
20611	ARTHROCENTESIS MAJOR JOINT WITH GUIDANCE	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	ASPIRATION AND INJECTION FOR	0	999	10/1/2020	12/31/9999	1	129.63	123.15
20650	*INSERTION OF WIRE OR PIN FOR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
20662	APPLICATION OF HALO;	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20663	APPLICATION OF HALO;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
20665	*REMOVAL OF TONGS OR HALO APP	0	999	10/1/2020	12/31/9999	1	146.98	139.63
20670	*REMOVAL OF IMPLANT;	0	999	10/1/2020	12/31/9999	3	461.11	438.05
20680	REMOVAL OF IMPLANT;	0	999	10/1/2020	12/31/9999	3	795.47	755.70
20690	APPLICATION OF A UNIPLANE (PIN	0	999	10/1/2020	12/31/9999	1	3,005.05	2,854.80
20692	APPLICATION OF A MULTIPLANE (P	0	999	10/1/2020	12/31/9999	1	6,510.60	6,185.07
20693	ADJUSTMENT OR REVISION OF EXTE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20694	REMOVAL UNDER ANESTHESIA, OF E	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20822	REPLANTATION, DIGIT, EXCLUDING	0	999	10/1/2020	12/31/9999	1	570.40	541.88
20900	BONE GRAFT, ANY DONOR AREA;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20902	BONE GRAFT, ANY DONOR AREA;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20910	CARTILAGE GRAFT, COSTOCHONDR	0	999	10/1/2020	12/31/9999	1	200.91	190.86
20912	CARTILAGE GRAFT; NASAL SEPTUM	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
20920	FASCIA LATA GRAFT;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
20922	FASCIA LATA GRAFT;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
20924	TENDON GRAFT, FROM A DISTANC	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
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	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20937	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20938	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00	0.00
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING	0	999	1/1/2018	12/31/9999	1	0.00	0.00
20950	MONITORING OF INTERSTITIAL FLU	0	999	10/1/2020	12/31/9999	1	246.58	234.25
20972	FREE OSTEOCUTANEOUS FLAP WITH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20973	FREE OSTEOCUTANEOUS FLAP WITH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20975	ELECTRICAL STIMULATION TO AID	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	ABLATION THERAPY BY RADIOFREQUENCY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
20983	ALBATION THERAPY BY CRYOABLATION	0	999	10/1/2020	12/31/9999	2	3,036.89	2,885.05
20985	CPTR-ASST DIR MS PX	0	999	10/1/2012	12/31/9999	1	0.00	0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR	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 SC = 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 TUM < 2 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21016	RESECT FACE TUM = 2 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21025	EXCISION OF BONE (FOR OSTEOMYE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21026	EXCISION OF BONE (FOR OSTEOMYE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21029	REMOVAL BY CONTOURING OF BENIG	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	EXCISION OF TORUS MANDIBULARIS	0	999	10/1/2020	12/31/9999	1	217.11	206.25
21032	EXCISION OF MAXILLARY PALATIUS	0	999	10/1/2020	12/31/9999	1	215.96	205.16
21034	EXCISE MAX/ZYGOMA MLG TUMOR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21040	EXCISE MANDIBLE LESION	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21044	EXCISION OF MALIGNANT TUMOR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21046	REMOVE MANDIBLE CYST COMPLEX	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21047	EXCISE LWR JAW CYST W/REPAIR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21048	REMOVE MAXILLA CYST COMPLEX	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21050	ARTHRECTOMY, TEMPOROMANDIBUL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21060	MENISCECTOMY, TEMPOROMANDIBU	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21070	CORONOIDECTOMY (SEPARATE PROCE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21073	MNPJ OF TMJ W/ANESTH	0	999	10/1/2020	12/31/9999	1	205.86	195.57
21100	*APPLICATION OF HALO TYPE APP	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21110	APPLICATION OF INTERDENTAL F	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21116	INJECTION PROCEDURE FOR TEMP	0	999	10/1/2012	12/31/9999	1	0.00	0.00
21120	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21121	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21122	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21123	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21125	AUGMENTATION, MANDIBULAR BODY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21127	AUGMENTATION, MANDIBULAR BODY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21137	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21138	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21139	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21150	RECONSTRUCTION MIDFACE, LEFORT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21181	REMOVAL BY CONTOURING OF BENIG	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21198	OSTEOTOMY MANDIBLE, SEGMENTAL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21199	RECONSTR LWR JAW W/ADVANCE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21206	OSTEOTOMY, MAXILLA, SEGMENTAL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21208	OSTEOPLASTY, FACIAL BONES; AUG	0	999	10/1/2020	12/31/9999	1	2,357.34	2,239.47

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
21209	OSTEOPLASTY, FACIAL BONES; RED	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21210	GRAFT, BONE;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21215	GRAFT, BONE;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21230	GRAFT;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21235	GRAFT; EAR CARTILAGE, AUTOGENO	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21240	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21242	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21243	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	9,686.94	9,202.59
21244	RECONSTRUCTION OF MANDIBLE, EX	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21245	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21246	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21248	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21249	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21260	ORBITAL HYPERTELORISM CORREC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21267	ORBITAL REPOSITIONING, PERIO	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21270	MALAR AUGMENTATION, PROSTHETIC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21275	SECONDARY REVISION FOR ORBIT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21280	MEDIAL CANTHOPEXY (SEPARATE PR	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21282	LATERAL CANTHOPEXY	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21295	REDUCTION OF MASSETER MUSCLE A	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21296	REDUCTION OF MASSETER MUSCLE (	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21310	CLOSED TREATMENT OF NASAL BONE	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21315	CLOSED TREATMENT, NASAL BONE F	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21320	MANIPULATIVE TREATMENT, NASA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21325	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21330	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21335	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21336	OPEN TREATMENT OF NASAL SEPTAL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
21337	CLOSED TREATMENT OF NASAL SEPT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21338	OPEN TREATMENT OF NASOETHMOI	0	999	10/1/2020	12/31/9999	1	2,623.92	2,492.72
21339	OPEN TREATMENT OF NASOETHMOI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21340	PERCUTANEOUS TREATMENT OF NASO	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21345	CLOSED TREATMENT OF NASOMAXILL	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21355	PERCUTANEOUS TREATMENT OF FRAC	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21356	OPEN TREATMENT OF DEPRESSED ZY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21360	OPEN TREATMENT OF DEPRESSED MA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21390	OPEN TREATMENT OF ORBITAL FL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21400	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	178.55	169.62
21401	TREATMENT OF FRACTURE OF ORB	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21406	OPEN TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21407	OPEN TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21421	CLOSED TREATMENT OF PALATAL OR	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21440	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	408.25	387.84
21445	OPEN TREATMENT OF MANDIBULAR O	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21450	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	178.55	169.62
21451	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21452	PERCUTANEOUS TREATMENT OF MAND	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21453	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21454	OPEN TREATMENT OF MANDIBULAR F	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21461	OPEN TREATMENT OF MANDIBULAR F	0	999	10/1/2020	12/31/9999	1	2,522.91	2,396.76
21462	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	2,470.83	2,347.29
21465	OPEN TREATMENT OF MANDIBULAR C	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21480	CLOSED TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21485	CLOSED TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21490	OPEN TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	844.05	801.85
21497	INTERDENTAL WIRING, FOR COND	0	999	10/1/2020	12/31/9999	1	429.28	407.82
21501	INCISION AND DRAINAGE, DEEP	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21502	INCISION AND DRAINAGE, DEEP	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
21550	EXCISIONAL BIOPSY, SOFT TISS	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 TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21558	RESECT NECK TUM = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
21600	EXCISION OF RIB, PARTIAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
21610	COSTOTRANSVERSECTOMY (SEPARA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
21685	HYOID MYOTOMY AND SUSPENSION HYOID	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
21700	DIVISION OF SCALENUS ANTICUS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
21720	DIVISION OF STERNOCLEIDOMAST	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
21725	DIVISION OF STERNOCLEIDOMAST	0	999	10/1/2020	12/31/9999	1	246.58	234.25
21820	CLOSED TREATMENT OF STERNUM FR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
21920	BIOPSY, SOFT TISSUE OF BACK OR	0	999	10/1/2020	12/31/9999	1	142.34	135.22
21925	BIOPSY, SOFT TISSUE OF BACK OR	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	PARTIAL RESECTION OF VERTEBR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
22103	REMOVE EXTRA SPINE SEGMENT	0	999	10/1/2014	12/31/9999	11	0.00	0.00
22310	TREATMENT OF VERTEBRAL BODY	0	999	10/1/2020	12/31/9999	1	87.17	82.81
22315	ALLOGRAFT, STRUCTURAL, FOR SPINE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
22505	*MANIPULATION OF SPINE, ANY R	0	999	10/1/2020	12/31/9999	1	570.40	541.88
22510	PERQ CERVICOTHORACIC INJECTION	0	999	10/1/2020	12/31/9999	6	1,029.01	977.56
22511	PERQ LUMBOSACRAL INJECTION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
22512	ADDL PERQ CERVICO/LUMBOSACRAL INJ	0	999	1/1/2015	12/31/9999	11	0.00	0.00
22513	PERQ AUGMENTATION THORACIC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
22514	PERQ AUGMENTATION LUMBAR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
22515	ADDL PERQ THORACIC/LUMBAR INJ	0	999	1/1/2015	12/31/9999	11	0.00	0.00
22551	ARTHRD ANT INTR DECOM CERV BELW C2	0	999	10/1/2020	12/31/9999	1	6,735.78	6,398.99
22552	ARTHRD ANT INTR CERV BELW C2 EA ADD NTRS	0	999	10/1/2017	12/31/9999	4	0.00	0.00
22554	ARTHRODESIS, ANTERIOR INTERBOD	0	999	10/1/2020	12/31/9999	1	6,741.62	6,404.54
22585	ARTHRODESIS, ANTERIOR OR ANTER	0	999	10/1/2017	12/31/9999	10	0.00	0.00
22612	ARTHRODESIS, POSTERIOR OR POST	0	999	10/1/2020	12/31/9999	1	6,886.06	6,541.76
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	POSTERIOR INSTRUMENTATION;	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	INS INTERBODY DEV/INTERSP	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22854	INS INTERBODY DEV/DEFECT	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22859	INSERT IN-VET DEV CONJ W/INTRBDY	0	999	1/1/2017	12/31/9999	5	0.00	0.00
22900	EXC BACK TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22901	EXC BACK 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	RESECT ABD TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
22905	RESECT ABD TUM > 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	1,029.01	977.56
23030	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23031	INCISION AND DRAINAGE;	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	1,029.01	977.56
23044	EXPLORATORY SHOULDER SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
23065	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	108.85	103.41
23066	BIOPSY, SOFT 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 TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23078	RESECT SHOULDER TUM > 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	1,029.01	977.56
23101	SHOULDER JOINT SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23105	REMOVE SHOULDER JOINT LINING	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23106	INCISION OF COLLARBONE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23107	ARTHROTOMY GLENOHUMERAL JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23120	CLAVICULECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23125	CLAVICULECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23130	PARTIAL REMOVAL,SHOULDERBONE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23140	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23145	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23146	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23150	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23155	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23156	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	3,473.85	3,300.16
23170	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23172	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23174	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23180	REMOVE COLLAR BONE LESION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23182	REMOVE SHOULDER BLADE LESION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23184	REMOVE HUMERUS LESION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23190	OSTECTOMY OF SCAPULA, PARTIA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
23195	RESECTION HUMERAL HEAD	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23330	REMOVAL OF FOREIGN BODY;	0	999	10/1/2020	12/31/9999	1	246.58	234.25
23333	RMV FOREIGN BODY SHOULDER DEEP	0	999	10/1/2020	12/31/9999	1	795.47	755.70
23334	RMV PROSTHESIS HUMERAL/GLENOID	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, ANY TYPE FO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23397	MUSCLE TRANSFER, ANY TYPE FO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23400	SCAPULOPEXY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23405	INCISION OF TENDON & MUSCLE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23406	INCISE TENDON(S) & MUSCLE(S)	0	999	10/1/2020	12/31/9999	1	3,214.97	3,054.22
23410	REPAIR ROTATOR CUFF, ACUTE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23412	REPAIR OF RUPTURED SUPRASPIN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23415	CORACOACROMIAL LIGAMENT RELEAS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23420	REPAIR OF SHOULDER	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23430	TENODESIS FOR RUPTURE OF LON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23440	RESECTION OR TRANSPLANTATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23450	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23455	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23460	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23462	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23465	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23466	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23480	OSTEOTOMY, CLAVICLE, WITH OR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23485	OSTEOTOMY, CLAVICLE, WITH OR	0	999	10/1/2020	12/31/9999	1	6,286.31	5,971.99
23490	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23491	REINFORCE SHOULDER BONES	0	999	10/1/2020	12/31/9999	1	6,403.84	6,083.65
23500	CLOSED TREATMENT OF CLAVICULAR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23505	TREATMENT OF CLOSED CLAVICUL	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23515	OPEN TRMNT CLAVIC FRAC	0	999	10/1/2020	12/31/9999	1	3,077.51	2,923.63

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
23520	CLOSED TREATMENT OF STERNOCLAV	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23525	TREATMENT OF CLOSED STERNOCL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23530	OPEN TREATMENT OF STERNOCLAVIC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23532	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23540	CLOSED TREATMENT OF ACROMIOCLA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23545	TREATMENT OF CLOSED ACROMIOC	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23550	OPEN TREATMENT OF ACROMIOCLAVI	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23552	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	3,057.75	2,904.86
23570	CLOSED TREATMENT OF SCAPULAR F	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23575	CLOSED TREATMENT OF SCAPULAR F	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23585	OPEN TREATMENT OF SCAPULAR FRA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23600	CLOSED TREATMENT OF PROXIMAL H	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23605	CLOSED TREATMENT OF PROXIMAL H	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23615	OPEN TRMNT PROX HUM FRAC	0	999	10/1/2020	12/31/9999	1	6,631.72	6,300.13
23616	OPEN TRMNT PROX HUM FRAC W/PROSTH RPL	0	999	10/1/2020	12/31/9999	1	9,336.59	8,869.76
23620	TREAT HUMERUS FRACTURE	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23625	TREATMENT OF CLOSED GREATER	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23630	OPEN TRMNT GR HUM TUB FRAC	0	999	10/1/2020	12/31/9999	1	2,965.30	2,817.04
23650	CLOSED TREATMENT OF SHOULDER D	0	999	10/1/2020	12/31/9999	1	87.17	82.81
23655	TREATMENT OF CLOSED SHOULDER	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23660	OPEN TREATMENT OF ACUTE SHOULD	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23665	TREAT DISLOCATION/FRACTURE	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23670	OPEN TRMT SHLDR DISLOC W/FRAC GR HUM TUB	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
23675	CLOSED TREATMENT OF SHOULDER D	0	999	10/1/2020	12/31/9999	1	570.40	541.88
23680	OPEN TRMNT SLDR DISL W/SURG OR ANAT NECK	0	999	10/1/2020	12/31/9999	1	6,697.66	6,362.78
23700	*MANIPULATION UNDER ANESTHESI	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	2,242.69	2,130.56
23802	FUSION OF SHOULDER JOINT	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
23921	DISARTICULATION OF SHOULDER;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
23930	INCISION AND DRAINAGE;	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	INCISION, DEEP, WITH OPENING	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24000	EXPLORATORY ELBOW SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24006	ARTHROTOMY OF THE ELBOW, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24065	BIOPSY, SOFT TISSUES;	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	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24101	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24102	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24105	EXCISION, OLECRANON BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24110	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24115	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24116	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24120	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24125	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24126	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	3,417.42	3,246.55
24130	EXCISION, RADIAL HEAD	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24134	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24136	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24138	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24140	PARTIAL REMOVAL OF ARM BONE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24145	PARTIAL REMOVAL OF RADIUS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
24147	PARTIAL REMOVAL OF ELBOW	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24149	RADICAL RESECTION OF ELBOW	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24152	RESECT RADIUS TUMOR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24155	RESECTION OF ELBOW JOINT (AR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24160	IMPLANT REMOVAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24164	IMPLANT REMOVAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24200	REMOVAL OF 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 PROCEDURE FOR ELBO	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 OR TENDON TRANSFER, A	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24305	ARM TENDON LENGTHENING	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24310	REVISION OF ARM TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24320	TENOPLASTY, WITH MUSCLE TRAN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24330	FLEXOR-PLASTY, ELBOW, (EG, S	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24331	FLEXOR-PLASTY, ELBOW, (EG, S	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24332	TENOLYSIS, TRICEPS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24340	TENODESIS FOR RUPTURE OF BIC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24341	REPAIR TENDON/MUSCLE ARM	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24342	REPAIR OF RUPTURED TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24343	REPR ELBOW LAT LIGMNT W/TISS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24344	RECONSTRUCT ELBOW LAT LIGMNT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24345	REPR ELBW MED LIGMNT W/TISS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24346	RECONSTRUCT ELBOW MED LIGMNT	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
24357	REPAIR ELBOW, PERC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24358	REPAIR ELBOW W/DEB, OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24359	REPAIR ELBOW DEB/ATTCH OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24360	RECONSTRUCT ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24361	ARTHROPLASTY, ELBOW;	0	999	10/1/2020	12/31/9999	1	9,771.24	9,282.68
24362	ARTHROPLASTY, ELBOW;	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
24363	REPLACE ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	9,764.06	9,275.86
24365	ARTHROPLASTY, RADIAL HEAD;	0	999	10/1/2020	12/31/9999	1	6,869.46	6,525.99
24366	ARTHROPLASTY, RADIAL HEAD;	0	999	10/1/2020	12/31/9999	1	7,303.24	6,938.08
24370	REV TOT ELBOW HUMERAL OR ULNAR	0	999	10/1/2020	12/31/9999	1	6,746.55	6,409.22
24371	REV TOT ELBOW HUMERAL AND ULNAR	0	999	10/1/2020	12/31/9999	1	8,750.69	8,313.16
24400	OSTEOTOMY, HUMERUS, WITH OR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24410	MULTIPLE OSTEOTOMIES WITH RE	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
24420	OSTEOPLASTY, HUMERUS (EG, SH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24430	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	6,419.54	6,098.56
24435	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	6,465.74	6,142.45
24470	REVISION OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
24495	DECOMPRESSION FASCIOTOMY, FO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24498	REINFORCE HUMERUS	0	999	10/1/2020	12/31/9999	1	6,330.27	6,013.76
24500	CLOSED TREATMENT OF HUMERAL SH	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24505	CLOSED TREATMENT OF HUMERAL SH	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24515	OPEN TREATMENT OF HUMERAL SHAF	0	999	10/1/2020	12/31/9999	1	6,252.66	5,940.03
24516	TREAT HUMERUS FRACTURE	0	999	10/1/2020	12/31/9999	1	6,341.93	6,024.83
24530	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24535	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24538	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24545	OPEN TRTMNT HUM SUPRA FRAC W/O INTERCOND	0	999	10/1/2020	12/31/9999	1	6,564.43	6,236.21
24546	OPEN TRTMNT HUM SUPRA FRAC W/INTERCOND E	0	999	10/1/2020	12/31/9999	1	8,775.21	8,336.45
24560	CLOSED TREATMENT OF HUMERAL EP	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24565	TREATMENT OF CLOSED EPICONDY	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24566	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24575	OPEN TRTMNT HUM EPICOND FRAC MED/LAT	0	999	10/1/2020	12/31/9999	1	5,930.14	5,633.63
24576	CLOSED TREATMENT OF HUMERAL CO	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24577	TREATMENT OF CLOSED CONDYLAR	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
24579	OPEN TRTMNT HUM COND FRAC MED/LAT	0	999	10/1/2020	12/31/9999	1	6,031.51	5,729.93
24582	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24586	OPEN TREATMENT OF PERIARTICULA	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
24587	OPEN TREATMENT OF PERIARTICULA	0	999	10/1/2020	12/31/9999	1	6,608.39	6,277.97
24600	TREATMENT OF CLOSED ELBOW DI	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24605	TREATMENT OF CLOSED ELBOW DI	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24615	OPEN TREATMENT OF ACUTE OR CHR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24620	CLOSED TREATMENT OF MONTEGGIA	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24635	OPEN TRTMNT MONTEGGIA TYPE FRAC/ELBOW	0	999	10/1/2020	12/31/9999	1	3,129.99	2,973.49
24640	CLOSED TREATMENT OF RADIAL HEA	0	20	10/1/2020	12/31/9999	1	44.75	42.51
24650	CLOSED TREATMENT OF RADIAL HEA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24655	TREATMENT OF CLOSED RADIAL H	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24665	OPEN TRTMNT RAD HEAD/NECK FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24666	OPEN TRTMNT RAD HEAD/NECK FRAC W/RADIAL	0	999	10/1/2020	12/31/9999	1	7,266.01	6,902.71
24670	CLOSED TRTMNT ULNAR FRAC W/O MAN	0	999	10/1/2020	12/31/9999	1	87.17	82.81
24675	CLOSED TRTMNT ULNAR FRAC W/MAN	0	999	10/1/2020	12/31/9999	1	570.40	541.88
24685	OPEN TRTMNT ULNAR FRAC PROX END	0	999	10/1/2020	12/31/9999	1	2,946.64	2,799.31
24800	FUSION OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
24802	FUSION/GRAFT OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
24925	AMPUTATION, ARM THROUGH HUME	0	999	10/1/2020	12/31/9999	1	1,029.01	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	1,029.01	977.56
25020	DECOMPRESS FOREARM 1 SPACE	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25023	DECOMPRESSION FASCIOTOMY, FL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25024	DECOMPRESS FOREARM 2 SPACES	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25025	DECOMPRESS FORARM 2 SPACES	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25028	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01	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	2,242.69	2,130.56
25040	ARTHROTOMY WITH EXPLORATION,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25065	BIOPSY, 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 FOREARM/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	1,029.01	977.56
25100	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25101	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25105	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25107	REMOVE WRIST JOINT CARTILAGE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25109	EXC TENDON FOREARM WRIST FLEXOR EXTENSOR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25110	EXCISION, LESION OF TENDON S	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25111	EXCISION OF GANGLION, WRIST	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25112	EXCISION OF GANGLION, WRIST	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25115	RADICAL EXCISION OF BURSA, S	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25116	RADICAL EXCISION OF BURSA, S	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25118	SYNOVECTOMY, EXTENSOR TENDON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25119	SYNOVECTOMY, EXTENSOR TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25120	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25125	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25126	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25130	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25135	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25136	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,971.23	2,822.67
25145	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
25150	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25151	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25210	CARPECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25215	CARPECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25230	RADIAL STYLOIDECTOMY (SEPARA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25240	EXCISION DISTAL ULNA (DARRAC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25246	INJECTION PROCEDURE FOR WRIS	0	999	10/1/2012	12/31/9999	1	0.00	0.00
25248	EXPLORATION FOR REMOVAL OF D	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	1,029.01	977.56
25259	MANIPULATE WRIST W/ANESTHES	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25260	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	12	1,029.01	977.56
25263	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	10	2,242.69	2,130.56
25265	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25270	REPAIR, TENDON OR MUSCLE, EX	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25272	REPAIR, TENDON OR MUSCLE, EX	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25274	REPAIR FOREARM TENDON/MUSCLE	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25275	REPAIR FOREARM TENDON SHEATH	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25280	LENGTHENING OR SHORTENING OF	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25290	TENOTOMY, OPEN, SINGLE, FLEX	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25295	TENOLYSIS, SINGLE FLEXOR OR	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
25300	TENODESIS AT WRIST;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25301	TENODESIS AT WRIST;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25310	TENDON TRANSPLANTATION OR TR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25312	TENDON TRANSPLANTATION OR TR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25315	FLEXOR ORIGIN SLIDE FOR CERE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25316	FLEXOR ORIGIN SLIDE FOR CERE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25320	REPAIR/REVISE WRIST JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25332	REVISE WRIST JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25335	TRANSPOSITION AND REALIGNMEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25337	RECONSTRUCT ULNA/RADIOULNAR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25350	OSTEOTOMY, RADIUS;	0	999	10/1/2020	12/31/9999	1	3,474.28	3,300.57
25355	OSTEOTOMY, RADIUS;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25360	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25365	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
25370	MULTIPLE OSTEOTOMIES, WITH R	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25375	MULTIPLE OSTEOTOMIES, WITH R	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25390	OSTEOPLASTY, RADIUS OR ULNA;	0	999	10/1/2020	12/31/9999	1	3,157.66	2,999.78
25391	OSTEOPLASTY, RADIUS OR ULNA;	0	999	10/1/2020	12/31/9999	1	6,432.54	6,110.91
25392	OSTEOPLASTY, RADIUS AND ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25393	OSTEOPLASTY, RADIUS AND ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25394	REPAIR CARPAL BONE, SHORTEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25400	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,163.58	3,005.40
25405	REPAIR/GRAFT RADIUS OR ULNA	0	999	10/1/2020	12/31/9999	1	3,128.23	2,971.82
25415	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,236.70	3,074.87
25420	REPAIR/GRAFT RADIUS & ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25425	REPAIR OF DEFECT WITH AUTOGE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25426	REPAIR OF DEFECT WITH AUTOGE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25430	VASC GRAFT INTO CARPAL BONE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25431	REPAIR NONUNION CARPAL BONE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25440	REPAIR/GRAFT WRIST BONE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25441	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	7,470.56	7,097.03
25442	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	10,222.62	9,711.49
25443	RECONSTRUCT WRIST JOINT	0	999	10/1/2020	12/31/9999	1	3,126.91	2,970.56
25444	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	7,532.02	7,155.42
25445	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	3,159.85	3,001.86
25446	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	10,282.41	9,768.29
25447	REPAIR WRIST JOINT(S)	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
25449	ARTHROPLASTY WITH REMOVAL OF	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25450	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25455	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25490	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25491	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
25492	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25500	CLOSED TREATMENT OF RADIAL SHA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25505	TREATMENT OF CLOSED RADIAL S	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25515	OPEN TRTMNT RAD SHAFT FRAC	0	999	10/1/2020	12/31/9999	1	3,010.32	2,859.80
25520	TREAT FRACTURE OF RADIUS	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25525	OPEN TRTMNT RAD SHAFT FRAC & CLOSED TRTM	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25526	OPEN TRTMNT RAD SHAFT FRAC & DIST RADIOU	0	999	10/1/2020	12/31/9999	1	2,981.12	2,832.06
25530	CLOSED TREATMENT OF ULNAR SHAF	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25535	TREATMENT OF CLOSED ULNAR SH	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25545	OPEN TRTMNT ULNAR SHAFT FRAC INCL INT FI	0	999	10/1/2020	12/31/9999	1	2,952.79	2,805.15
25560	CLOSED TREATMENT OF RADIAL AND	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25565	TREATMENT OF CLOSED RADIAL A	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25574	OPEN TRTMNT RAD & ULNAR SHAFT; OF RADIUS	0	999	10/1/2020	12/31/9999	1	3,175.88	3,017.09
25575	OPEN TRTMNT DOD & ULAR SHAFT; OF RAD AN	0	999	10/1/2020	12/31/9999	1	3,087.83	2,933.44
25600	CLOSED TREAT DISTAL RADIAL FRAC W/O MANI	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25605	TREATMENT OF CLOSED DISTAL R	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25606	PERCUT SKEL FIX DISTAL RAD FRAC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25607	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,229.68	3,068.20
25608	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,215.85	3,055.06
25609	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,229.02	3,067.57
25622	CLOSED TREATMENT OF CARPAL SCA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25624	TREATMENT OF CLOSED CARPAL S	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25628	OPEN TRTMNT CARPAL SCAPHOID FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25630	CLOSED TREATMENT OF CARPAL BON	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25635	TREATMENT OF CLOSED CARPAL B	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	1,029.01	977.56
25650	CLOSED TREATMENT OF ULNAR STYL	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	1,029.01	977.56
25652	TREAT FRACTURE ULNAR STYLOID	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25660	CLOSED TREATMENT OF RADIOCARPA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25670	OPEN TREATMENT OF RADIOCARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25671	PIN RADIOULNAR DISLOCATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25675	CLOSED TREATMENT OF DISTAL RAD	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25676	OPEN TREATMENT OF DISTAL RADIO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25680	CLOSED TREATMENT OF TRANS-SCAP	0	999	10/1/2020	12/31/9999	1	87.17	82.81
25685	OPEN TREATMENT OF TRANS-SCAPHO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25690	CLOSED TREATMENT OF LUNATE DIS	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25695	OPEN TREATMENT OF LUNATE DIS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
25800	FUSION OF WRIST JOINT	0	999	10/1/2020	12/31/9999	1	3,261.30	3,098.24
25805	ARTHRODESIS, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	3,242.86	3,080.72
25810	ARTHRODESIS, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	6,362.57	6,044.44
25820	FUSION OF HAND BONES	0	999	10/1/2020	12/31/9999	1	3,048.53	2,896.10
25825	INTERCARPAL FUSION; WITH AUTOG	0	999	10/1/2020	12/31/9999	1	3,030.96	2,879.41
25830	FUSION RADIOULNAR JNT/ULNA	0	999	10/1/2020	12/31/9999	1	2,972.11	2,823.50
25907	AMPUTATION, FOREARM, THROUGH	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
25922	DISARTICULATION THROUGH WRIS	0	999	10/1/2020	12/31/9999	1	570.40	541.88
25929	TRANSMETACARPAL AMPUTATION;	0	999	10/1/2020	12/31/9999	1	655.96	623.16
25931	TRANSMETACARPAL AMPUTATION;	0	999	10/1/2020	12/31/9999	1	1,029.01	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	1,029.01	977.56
26025	DRAINAGE OF PALM BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26030	DRAINAGE OF PALM BURSA(S)	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26034	TREAT HAND BONE LESION	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26035	DECOMPRESSION FINGERS AND/OR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26037	DECOMPRESSIVE FASCIOTOMY HAND	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26040	RELEASE PALM CONTRACTURE	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26045	FASCIOTOMY, PALMAR, FOR DUPU	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26055	TENDON SHEATH INCISION FOR T	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	1,029.01	977.56
26080	ARTHROTOMY WITH EXPLORATION,	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	1,029.01	977.56
26105	BIOPSY FINGER JOINT LINING	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26110	ARTHROTOMY FOR SYNOVIAL BIOP	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	EXC HAND TUM RA < 3 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
26118	EXC HAND TUM RA > 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	1,029.01	977.56
26123	RELEASE PALM CONTRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26125	RELEASE PALM CONTRACTURE	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26130	SYNOVECTOMY, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26135	SYNOVECTOMY, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26140	SYNOVECTOMY, PROXIMAL INTERP	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	EXC TENDON PALM FLEX OR EXTEN SNGL EA TE	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26180	EXC TENDON FINGER FLEX OR EXTEN SNGL EA	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	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26205	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26210	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26215	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26230	PARTIAL REMOVAL OF HAND BONE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26235	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26236	PARTIAL EXCISION OF BONE (CR	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	1,029.01	977.56
26260	RESECT PROX FINGER TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01	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 FING	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	MANIP PALMAR FASCIAL CORD POST ENZ 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	1,029.01	977.56
26352	FLEXOR TENDON REPAIR OR ADVA	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26356	REP FLX TEND ZONE 2 DIGTL; W/O GFT REP/A	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26357	REP FLX TEND ZONE 2 DIGT;SEC NO GFTREP/A	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26358	FLEXOR TENDON REPAIR OR ADVA	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26370	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26372	REPAIR/GRAFT HAND TENDON	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26373	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26390	REVISE HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	2,975.85	2,827.06
26392	REPAIR/GRAFT HAND TENDON	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26410	REPAIR HAND TENDON	0	999	10/1/2020	12/31/9999	6	570.40	541.88
26412	EXTENSOR TENDON REPAIR, DORS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26415	EXCISION, HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26416	GRAFT HAND OR FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26418	REPAIR FINGER TENDON	0	999	10/1/2020	12/31/9999	4	570.40	541.88

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26420	EXTENSOR TENDON REPAIR, DORS	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26426	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26428	REPAIR/GRAFT FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	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	1,029.01	977.56
26434	EXTENSOR TENDON REPAIR, OPEN	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26437	REALIGNMENT OF TENDONS	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26440	RELEASE PALM/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	570.40	541.88
26442	TENOLYSIS, SIMPLE, FLEXOR TE	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26445	RELEASE HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26449	RELEASE FOREARM/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26450	INCISION OF PALM TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	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	1,029.01	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	1,029.01	977.56
26477	TENDON SHORTENING	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26478	LENGTHENING OF HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26479	SHORTENING OF HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26480	TRANSPLANT HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26483	TENDON TRANSFER OR TRANSPLAN	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26485	TRANSPLANT PALM TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26489	TENDON TRANSFER OR TRANSPLAN	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26490	REVISE THUMB TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26492	TENDON TRANSFER WITH GRAFT	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26494	OPPONENS PLASTY;	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26496	OPPONENS PLASTY;	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26497	FINGER TENDON TRANSFER	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26498	SUBLIMIS TRANSFER TO CORRECT	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26499	CORRECTION CLAW FINGER, OTHE	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26500	HAND TENDON RECONSTRUCTION	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26502	TENDON PULLEY RECONSTRUCTION	0	999	10/1/2020	12/31/9999	2	1,029.01	977.56
26508	RELEASE THUMB CONTRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26510	THUMB TENDON TRANSFER	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26516	FUSION OF KNUCKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26517	CAPSULODESIS FOR M-P JOINT S	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26518	CAPSULODESIS FOR M-P JOINT S	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26520	RELEASE KNUCKLE CONTRACTURE	0	999	10/1/2020	12/31/9999	4	1,029.01	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	2,242.69	2,130.56
26531	REVISE KNUCKLE WITH IMPLANT	0	999	10/1/2020	12/31/9999	5	3,216.94	3,056.09
26535	REVISE FINGER JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26536	REVISE/IMPLANT FINGER JOINT	0	999	10/1/2020	12/31/9999	1	2,976.73	2,827.89
26540	REPAIR HAND JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26541	REPAIR HAND JOINT WITH GRAFT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26542	PRIMARY REPAIR OF COLLATERAL L	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26545	RECONSTRUCTION, COLLATERAL L	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26546	REPAIR NON-UNION HAND	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26548	REPAIR AND RECONSTRUCTION, FIN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26550	POLLICIZATION OF A DIGIT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26555	POSITIONAL CHANGE OF FINGER	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26560	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26561	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	8	1,029.01	977.56
26562	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26565	CORRECT METACARPAL FLAW	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26567	CORRECT FINGER DEFORMITY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26568	LENGTHEN METACARPAL/FINGER	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
26580	REPAIR CLEFT HAND	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26587	RECONSTRUCT EXTRA FINGER	0	999	10/1/2020	12/31/9999	2	1,029.01	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	1,029.01	977.56
26593	RELEASE MUSCLES OF HAND	0	999	10/1/2020	12/31/9999	4	1,029.01	977.56
26596	EXCISION OF CONSTRICTING RING	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26600	CLOSED TREATMENT OF METACARPAL	0	999	10/1/2020	12/31/9999	5	87.17	82.81
26605	TREATMENT OF CLOSED METACARP	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	1,029.01	977.56
26608	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26615	OPEN TRTMNT METACARPAL FRAC EA BONE	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26641	CLOSED TREATMENT OF CARPOMETAC	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26645	CLOSED TREATMENT OF CARPOMETAC	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26650	PERCUT SKEL FIX CARPOMETACARPAL FRAC THU	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26665	OPEN TRTMNT CARPOMETACARPAL THUMB	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26670	TREAT HAND DISLOCATION	0	999	10/1/2020	12/31/9999	4	87.17	82.81
26675	TREATMENT OF CLOSED CARPOMET	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	1,029.01	977.56
26685	OPEN TRTMNT CARPOMETACARPAL NOT THUMB EA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26686	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26700	CLOSED TREATMENT OF METACARPOP	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26705	TREATMENT OF CLOSED METACARP	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26706	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26715	OPEN TRTMNT METACARPOPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26720	CLOSED TREATMENT OF PHALANGEAL	0	999	10/1/2020	12/31/9999	2	87.17	82.81
26725	CLOSED TREATMENT OF PHALANGEAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26727	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26735	OPEN TRTMNT PHALANGEAL SHAFT EA	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
26740	CLOSED TREATMENT OF ARTICULAR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26742	TREATMENT OF CLOSED ARTICULA	0	999	10/1/2020	12/31/9999	1	570.40	541.88
26746	OPEN TRTMNT FRAC METACAR OR INTERPHAL JT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26750	CLOSED TREATMENT OF DISTAL PHA	0	999	10/1/2020	12/31/9999	4	87.17	82.81
26755	TREATMENT OF CLOSED DISTAL P	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26756	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26765	OPEN TRTMNT DISTAL PHAL FRAC EA	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
26770	CLOSED TREATMENT OF INTERPHALA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
26775	TREATMENT OF CLOSED INTERPHA	0	999	10/1/2020	12/31/9999	1	92.90	88.26
26776	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26785	OPEN TRTMNT INTERPHAL JT SINGLE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26820	FUSION IN OPPOSITION, THUMB,	0	999	10/1/2020	12/31/9999	1	3,075.54	2,921.76
26841	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26842	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26843	FUSION OF HAND JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26844	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26850	ARTHRODESIS, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	2	2,242.69	2,130.56
26852	ARTHRODESIS, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
26860	ARTHRODESIS, INTERPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26861	FUSION OF FINGER JOINT,ADDED	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26862	ARTHRODESIS, INTERPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26863	FUSE/GRAFT ADDED JOINT	0	999	10/1/2014	12/31/9999	1	0.00	0.00
26910	AMPUTATION, METACARPAL, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26951	AMPUTATION, FINGER OR THUMB,	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
26952	AMPUTATION, FINGER OR THUMB,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26990	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
26991	INCISION AND DRAINAGE;	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	1,029.01	977.56
27003	TENOTOMY, ADDUCTOR, SUBCUTANEO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27033	EXPLORATION OF HIP JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27035	DENERVATION OF HIP JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27040	BIOPSY, 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	ARTHROTOMY, FOR BIOPSY;	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27052	ARTHROTOMY, FOR BIOPSY;	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	EXCISION;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27062	EXCISION;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27065	EXCISION OF BONE CYST OR BEN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27066	REMOVE HIP BONE LES DEEP	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27067	EXCISION OF BONE CYST OR BEN	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27080	COCCYGECTOMY, PRIMARY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27086	*REMOVAL OF 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	1,029.01	977.56
27093	INJECTION PROCEDURE FOR HIP	0	999	10/1/2012	12/31/9999	1	0.00	0.00
27095	INJECTION PROCEDURE FOR HIP	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	1,029.01	977.56
27098	TRANSFER TENDON TO PELVIS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27100	TRANSFER EXTERNAL OBLIQUE MU	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27105	TRANSFER PARASPINAL MUSCLE T	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27110	TRANSFER OF ILIOPSOAS MUSCLE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27111	TRANSFER ILIOPSOAS;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27197	CLSD TREAT POST PELV RING FRAC W/O MAN	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27198	CLSD TREAT POST PELV RNG FRAC W/MAN	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27200	CLOSED TREATMENT OF COCCYGEAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27202	OPEN TREATMENT OF COCCYGEAL FR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27220	CLOSED TREATMENT OF ACETABULUM	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27230	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27238	CLOSED TREATMENT OF INTERTROCH	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27246	CLOSED TREATMENT OF GREATER TR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27250	CLOSED TREATMENT OF HIP DISLOC	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27252	TREATMENT OF CLOSED HIP DISL	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27256	TREATMENT OF SPONTANEOUS HIP D	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27257	*TREATMENT OF CONGENITAL HIP	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27265	CLOSED TREATMENT OF POST HIP A	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27266	CLOSED TREATMENT OF POST HIP A	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	1,029.01	977.56
27275	*MANIPULATION, HIP JOINT, REQ	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	FASCIOTOMY, ILIOTIBIAL (TENOS)	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27306	INCISION OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27307	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27310	EXPLORATION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27323	BIOPSY, 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 MUSCLE	0	999	10/1/2020	12/31/9999	1	637.43	605.56
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	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	ARTHROTOMY, KNEE;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27331	EXPLORE/TREAT KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27332	REMOVAL OF KNEE CARTILAGE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27333	ARTHROTOMY, KNEE, FOR EXCISI	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27334	REMOVE KNEE JOINT LINING	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27335	ARTHROTOMY, KNEE, FOR SYNOVE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
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 DEEP >5CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27340	EXCISION, PREPATELLAR BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27345	REMOVAL OF KNEE CYST	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27347	REMOVE KNEE CYST	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27350	PATELLECTOMY OR HEMIPATELLEC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27355	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27356	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
27357	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
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	1,029.01	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 FOREIGN BODY, DEEP	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27380	SUTURE OF INFRAPATELLAR TEND	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27381	SUTURE OF INFRAPATELLAR TEND	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27385	SUTURE OF QUADRICEPS OR HAMS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27386	SUTURE OF QUADRICEPS OR HAMS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27390	INCISION OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27391	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27392	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27393	LENGTHENING OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27394	LENGTHENING OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27395	LENGTHENING OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27396	TRANSPLANT OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27397	TRANSPLANTS OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27400	REVISE THIGH MUSCLES/TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27403	REPAIR OF KNEE CARTILAGE	0	999	10/1/2020	12/31/9999	1	2,962.90	2,814.76
27405	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27407	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27409	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	0	999	10/1/2020	12/31/9999	1	7,528.43	7,152.01
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27418	REPAIR DEGENERATED KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27420	REVISION OF UNSTABLE KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27422	REVISION OF UNSTABLE KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27424	RECONSTRUCTION FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27425	LAT RETINACULAR RELEASE OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27427	LIGAMENTOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	2,904.70	2,759.47
27428	LIGAMENTOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	6,173.71	5,865.02
27429	LIGAMENTOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	8,090.95	7,686.40
27430	REVISION OF THIGH MUSCLES	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27435	INCISION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27437	ARTHROPLASTY, PATELLA; WITHO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27438	ARTHROPLASTY, PATELLA;	0	999	10/1/2020	12/31/9999	1	6,293.04	5,978.39
27440	ARTHROPLASTY, KNEE, TIBIAL P	0	999	10/1/2020	12/31/9999	1	6,767.18	6,428.82
27441	ARTHROPLASTY, KNEE, TIBIAL P	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
27442	REVISION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	6,780.19	6,441.18
27443	ARTHROPLASTY, KNEE, FEMORAL	0	999	10/1/2020	12/31/9999	1	6,613.33	6,282.66
27446	ARTHROPLASTY, KNEE, CONDYLE	0	999	10/1/2020	12/31/9999	1	6,728.61	6,392.18
27475	SURGERY TO STOP LEG GROWTH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27479	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27496	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27497	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27498	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27499	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27500	CLOSED TREATMENT OF FEMORAL SH	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27501	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27502	CLOSED TREATMENT OF FEMORAL SH	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27503	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27508	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27509	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27510	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27516	CLOSED TREATMENT OF DISTAL FEM	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27517	CLOSED TREATMENT OF DISTAL FEM	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27520	CLOSED TREATMENT OF PATELLAR F	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27524	OPEN TREATMENT OF PATELLAR FRA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27530	CLOSED TREATMENT OF TIBIAL FRA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27532	CLOSED TREATMENT OF TIBIAL FRA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27538	CLOSED TREATMENT OF INTERCONDY	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27550	CLOSED TREATMENT OF KNEE DISLO	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27552	TREATMENT OF CLOSED KNEE DIS	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27560	CLOSED TREATMENT OF PATELLAR D	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27562	TREATMENT OF CLOSED PATELLAR	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27566	OPEN TREATMENT OF PATELLAR DIS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27570	*MANIPULATION OF KNEE JOINT U	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27594	AMPUTATION, THIGH, THROUGH F	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27600	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27601	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27602	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27603	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27604	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27605	INCISION OF ACHILLES TENDON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27606	TENOTOMY, ACHILLES TENDON, S	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27607	TREAT LOWER LEG BONE LESION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27610	EXPLORE/TREAT ANKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27612	EXPLORATION OF ANKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27613	BIOPSY, SOFT TISSUES;	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	ARTHROTOMY, ANKLE, FOR BIOPS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27625	ARTHROTOMY, ANKLE, FOR SYNOV	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27626	ARTHROTOMY, ANKLE, FOR SYNOV	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27630	EXCISION OF LESION OF TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	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 DEEP >5 CM	0	999	10/1/2020	12/31/9999	1	795.47	755.70
27635	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27637	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27638	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27640	PARTIAL REMOVAL OF TIBIA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27641	PARTIAL REMOVAL OF FIBULA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27647	RESECT TALUS/CALCANEUS TUM	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27648	INJECTION PROCEDURE FOR ANKL	0	999	10/1/2012	12/31/9999	1	0.00	0.00
27650	SUTURE, PRIMARY, RUPTURED AC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27652	SUTURE, PRIMARY, RUPTURED AC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27654	REPAIR OF ACHILLES TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27656	REPAIR, FASCIAL DEFECT OF LE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27658	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	3	1,029.01	977.56
27659	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27664	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	3	2,242.69	2,130.56
27665	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27675	Resect tibia tumor	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27676	REPAIR FOR DISLOCATING PERON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27680	RELEASE OF LOWER LEG TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27681	RELEASE OF LOWER LEG TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27685	REVISION OF LOWER LEG TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27686	REVISE LOWER LEG TENDONS	0	999	10/1/2020	12/31/9999	6	1,029.01	977.56
27687	GASTROCNEMIUS RECESSION (EG,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27690	TRANSFER OR TRANSPLANT OF SI	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27691	TRANSFER OR TRANSPLANT OF SI	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
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	2,242.69	2,130.56
27696	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27698	REPAIR OF ANKLE LIGAMENT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27700	ARTHROPLASTY, ANKLE;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27704	REMOVAL OF ANKLE IMPLANT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27705	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	3,230.12	3,068.61
27707	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27709	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
27720	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,078.17	2,924.26
27726	REPAIR FIBULA NONUNION	0	999	10/1/2020	12/31/9999	1	3,135.70	2,978.92
27730	REPAIR OF TIBIA EPIPHYSIS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27732	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27734	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27740	REPAIR OF LEG EPIPHYSES	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27742	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27745	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	3,124.28	2,968.07
27750	CLOSED TREATMENT OF TIBIAL SHA	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27752	CLOSED TREATMENT OF TIBIAL SHA	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27756	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	3,276.66	3,112.83
27758	OPEN TREATMENT OF TIBIAL SHAFT	0	999	10/1/2020	12/31/9999	1	6,474.26	6,150.55
27759	TREATMENT OF TIBIA FRACTURE	0	999	10/1/2020	12/31/9999	1	6,392.18	6,072.57
27760	CLOSED TREATMENT OF MEDIAL MAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27762	CLOSED TREATMENT OF MEDIAL MAL	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27766	OPEN TRTMNT MED MALLEOLUS FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27767	CLTX POST ANKLE FX	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27768	CLTX POST ANDLE FX W/MNPJ	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27769	OPTX POST ANDLE FX	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27780	CLOSED TREATMENT OF PROXIMAL F	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27781	TREATMENT OF CLOSED PROXIMAL	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27784	OPEN TRTMNT PROX FIB/SHAFT FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27786	CLOSED TREATMENT OF DISTAL FIB	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27788	TREATMENT OF CLOSED DISTAL F	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27792	OPEN TRTMNT DISTAL FIB FRAC	0	999	10/1/2020	12/31/9999	1	2,963.99	2,815.79
27808	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/O	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27810	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/M	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27814	OPEN TRTMNT BIMALLEOLAR ANKLE FRAC	0	999	10/1/2020	12/31/9999	1	3,010.98	2,860.43
27816	CLOSED TREATMENT OF TRIMALLEOL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27818	TREATMENT OF CLOSED TRIMALLE	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27822	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/O	0	999	10/1/2020	12/31/9999	1	2,998.24	2,848.33
27823	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/FI	0	999	10/1/2020	12/31/9999	1	2,988.37	2,838.95
27824	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27825	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27826	OPEN TRTMNT DISTAL TIBIA/FIBULA ONLY	0	999	10/1/2020	12/31/9999	1	3,132.62	2,975.99
27827	OPEN TRTMNT DISTAL TIBIA/TIBIA ONLY	0	999	10/1/2020	12/31/9999	1	6,413.70	6,093.02
27828	OPEN TRTMNT DISTAL TIBIA/TIBIA & FIBULA	0	999	10/1/2020	12/31/9999	1	6,525.85	6,199.56
27829	OPEN TRTMNT DISTAL TIBIOFIB JT (SYNDESMO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
27830	CLOSED TREATMENT OF PROXIMAL T	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27831	TREATMENT OF PROXIMAL TIBIOF	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27832	OPEN TRTMNT PROX TIBIOFIB JT DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27840	CLOSED TREATMENT OF ANKLE DISL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
27842	CLOSED TREATMENT OF ANKLE DISL	0	999	10/1/2020	12/31/9999	1	570.40	541.88
27846	OPEN TREATMENT OF ANKLE DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27848	OPEN TREATMENT OF ANKLE DISLOC	0	999	10/1/2020	12/31/9999	1	3,303.90	3,138.71
27860	*MANIPULATION OF ANKLE UNDER	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27870	FUSION OF ANKLE JOINT, OPEN	0	999	10/1/2020	12/31/9999	1	6,758.66	6,420.73
27871	ARTHRODESIS, TIBIOFIBULAR JO	0	999	10/1/2020	12/31/9999	1	6,513.74	6,188.05
27884	AMPUTATION LEG, THROUGH TIBI	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27889	ANKLE DISARTICULATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27892	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
27893	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
27894	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01	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	DEEP INFECTION, BELOW FASCIA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28005	TREAT FOOT BONE LESION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28008	FASCIOTOMY, FOOT AND/OR TOE	0	999	10/1/2020	12/31/9999	4	1,029.01	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 A FOOT JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28022	ARTHROTOMY, WITH EXPLORATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28024	ARTHROTOMY, WITH EXPLORATION	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 DEEP >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	1,029.01	977.56
28052	ARTHROTOMY FOR SYNOVIAL BIOP	0	999	10/1/2020	12/31/9999	4	1,029.01	977.56
28054	ARTHROTOMY FOR SYNOVIAL BIOP	0	999	10/1/2020	12/31/9999	4	1,029.01	977.56
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FEET	0	999	10/1/2020	12/31/9999	1	637.43	605.56
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28062	FASCIECTOMY, EXCISION OF PLA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28070	SYNOVECTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28072	SYNOVECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28080	REMOVAL OF FOOT LESION	0	999	10/1/2020	12/31/9999	4	570.40	541.88
28086	SYNOVECTOMY, TENDON SHEATH;	0	999	10/1/2020	12/31/9999	4	1,029.01	977.56
28088	SYNOVECTOMY, TENDON SHEATH;	0	999	10/1/2020	12/31/9999	4	1,029.01	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	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28102	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28103	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28104	REMOVAL OF FOOT LESION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28106	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28107	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28108	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28110	OSTECTOMY, PARTIAL EXCISION,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28111	OSTECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28112	OSTECTOMY;	0	999	10/1/2020	12/31/9999	8	1,029.01	977.56
28113	OSTECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28114	REMOVAL OF METATARSAL HEADS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28116	OSTECTOMY, EXCISION OF TARSA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28118	OSTECTOMY, CALCANEUS;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28119	OSTECTOMY, CALCANEUS;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28120	PART REMOVAL OF ANKLE/HEEL	0	999	10/1/2020	12/31/9999	4	1,029.01	977.56
28122	PARTIAL REMOVAL OF FOOT BONE	0	999	10/1/2020	12/31/9999	8	1,029.01	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	1,029.01	977.56
28130	TALECTOMY (ASTRAGALECTOMY)	0	999	10/1/2020	12/31/9999	1	3,346.93	3,179.58
28140	METATARSECTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28150	REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28153	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28160	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28171	RESECT TARSAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28173	RESECT METATARSAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28175	RESECT PHALANX OF TOE TUMOR	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28190	*REMOVE FOREIGN BODY;	0	999	10/1/2020	12/31/9999	6	145.80	138.51
28192	REMOVE FOREIGN BODY;	0	999	10/1/2020	12/31/9999	4	461.11	438.05
28193	REMOVE 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	1,029.01	977.56
28202	REPAIR OR SUTURE OF TENDON,	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28208	REPAIR OF FOOT TENDON	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
28210	REPAIR OR SUTURE OF TENDON,	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
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	1,029.01	977.56
28225	RELEASE OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28226	RELEASE OF FOOT TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01	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	2,242.69	2,130.56
28240	TENOTOMY OR RELEASE, ABDUCTO	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28250	REVISION OF FOOT FASCIA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28260	CAPSULOTOMY, MIDFOOT;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28261	CAPSULOTOMY, MIDFOOT;	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	3,547.18	3,369.82
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	1,029.01	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	1,029.01	977.56
28285	REPAIR OF HAMMERTOE	0	999	10/1/2020	12/31/9999	8	1,029.01	977.56
28286	REPAIR OF HAMMERTOE	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28288	PARTIAL REMOVAL OF FOOT BONE	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
28289	HALLUX RIGID CORR W/O IMPLANT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28291	HALLUX RIGID COR W/IMPLANT	0	999	10/1/2020	12/31/9999	1	3,440.47	3,268.45
28292	CORR HALLUX VALGUS RESEC ANY METHOD	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28295	HALLUX VALGUS OSTEOTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28296	CORR HALLUX VALGUS DISTAL META OSTEO	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28297	CORR HALLUX VALGUS CUNEIFORM JT ARTHRO	0	999	10/1/2020	12/31/9999	1	3,216.72	3,055.88
28298	CORR HALLUX VALGUS PROX PHALX OSTEO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28299	CORR HALLUX VALGUS DBL OSTEOTOMY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28300	INCISION OF HEEL BONE	0	999	10/1/2020	12/31/9999	1	2,999.56	2,849.58
28302	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28304	INCISION OF MIDFOOT BONES	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28305	INCISE/GRAFT MIDFOOT BONES	0	999	10/1/2020	12/31/9999	1	3,229.68	3,068.20
28306	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28307	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28308	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	8	1,029.01	977.56
28309	INCISION OF METATARSALS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28310	REVISION OF BIG TOE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28312	OSTEOTOMY FOR SHORTENING, AN	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28313	REPAIR DEFORMITY OF TOE	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
28315	SESAMOIDECTOMY, FIRST TOE (S	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28320	REPAIR OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,102.27	6,747.16
28322	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,059.06	2,906.11
28340	RECONSTRUCTION TOE MACRODACTYL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28341	RECONSTRUCTION TOE MACRODACTYL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28344	RECONSTRUCTION TOE(S) POLYDACT	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28345	RECONSTRUCTION TOE(S) SYNDACTY	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28400	CLOSED TREATMENT OF CALCANEAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28405	CLOSED TREATMENT OF CALCANEAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28406	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28415	OPEN TRTMNT CALCNEAL FRAC	0	999	10/1/2020	12/31/9999	1	3,099.91	2,944.91
28420	OPEN TRTMNT CALCNEAL FRAC W/ILIAC GRAFT	0	999	10/1/2020	12/31/9999	1	6,600.32	6,270.30
28430	CLOSED TREATMENT OF TALUS FRAC	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28435	TREATMENT OF CLOSED TALUS FR	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28436	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28445	OPEN TRTMNT TALUS FRAC	0	999	10/1/2020	12/31/9999	1	2,910.19	2,764.68
28446	OSTEOCHONDRAL TALUS AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28450	TREATMENT OF TARSAL BONE FRACT	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28455	TREATMENT OF CLOSED TARSAL B	0	999	10/1/2020	12/31/9999	1	134.26	127.55
28456	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28465	OPEN TRTMNT TARSAL BONE FRAC	0	999	10/1/2020	12/31/9999	1	3,064.99	2,911.74
28470	CLOSED TREATMENT OF METATARSAL	0	999	10/1/2020	12/31/9999	5	87.17	82.81
28475	TREATMENT OF CLOSED METATARS	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28476	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
28485	OPEN TRTMNT METATARSAL FRAC EA	0	999	10/1/2020	12/31/9999	5	2,985.51	2,836.23
28490	CLOSED TREATMENT OF FRACTURE G	0	999	10/1/2020	12/31/9999	1	79.11	75.15
28495	TREATMENT OF CLOSED FRACTURE	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28496	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28505	OPEN TRTMNT FRAC GREAT TOES PHYLANX(S)	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28510	CLOSED TREATMENT OF FRACTURE,	0	999	10/1/2020	12/31/9999	5	62.65	59.52
28515	TREATMENT OF CLOSED FRACTURE	0	999	10/1/2020	12/31/9999	5	84.59	80.36
28525	OPEN TRT FRAC PHYLANX(S) OTH THAN GRT TO	0	999	10/1/2020	12/31/9999	5	1,029.01	977.56
28530	CLOSED TREATMENT OF SESAMOID F	0	999	10/1/2020	12/31/9999	1	60.06	57.06
28531	OPEN TREATMENT OF SESAMOID FRA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28540	CLOSED TREATMENT OF TARSAL BON	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28545	TREATMENT OF CLOSED TARSAL B	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28546	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28555	OPEN TRTMNT TARSAL BONE DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28570	CLOSED TREATMENT OF TALOTARSAL	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28575	TREATMENT OF CLOSED TALOTARS	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28576	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28585	OPEN TRTMNT TALOTARSAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	3,307.62	3,142.24
28600	CLOSED TREATMENT OF TARSOMETAT	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28605	TREATMENT OF CLOSED TARSOMET	0	999	10/1/2020	12/31/9999	1	87.17	82.81
28606	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28615	OPEN TRTMNT TARSOMETATARSAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	2,924.46	2,778.24
28630	CLOSED TREATMENT OF METATARSOP	0	999	10/1/2020	12/31/9999	1	71.31	67.74
28635	*TREATMENT OF CLOSED METATARS	0	999	10/1/2020	12/31/9999	1	570.40	541.88
28636	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28645	OPEN TRTMNT METATARSOPHALANGEAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28660	CLOSED TREATMENT OF INTERPHALA	0	999	10/1/2020	12/31/9999	1	55.14	52.38
28665	*TREATMENT OF CLOSED INTERPHA	0	999	10/1/2020	12/31/9999	1	92.90	88.26
28666	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	10	1,029.01	977.56
28675	OPEN TRTMNT INTERPHALANGEAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28705	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	9,263.06	8,799.91
28715	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,070.87	6,717.33

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
28725	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	6,494.90	6,170.16
28730	ARTHRODESIS, MIDTARSAL OR TA	0	999	10/1/2020	12/31/9999	1	6,987.89	6,638.50
28735	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,057.86	6,704.97
28737	REVISION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	6,709.32	6,373.85
28740	ARTHRODESIS, MIDTARSAL OR TA	0	999	10/1/2020	12/31/9999	1	3,315.75	3,149.96
28750	ARTHRODESIS, GREAT TOE;	0	999	10/1/2020	12/31/9999	1	3,254.93	3,092.18
28755	ARTHRODESIS, GREAT TOE;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28760	FUSION OF BIG TOE JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
28810	AMPUTATION, METATARSAL, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28820	AMPUTATION, TOE;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28825	AMPUTATION, TOE;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
28890	HIGH ENERGY ESWT, PLANTAR F	0	999	10/1/2020	12/31/9999	1	156.78	148.94
29000	APPLICATION OF HALO TYPE BOD	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29010	APPLICATION OF RISSER JACKET	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29015	APPLICATION OF RISSER JACKET	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29035	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29040	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29044	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29046	APPLICATION OF BODY CAST, SH	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;	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29058	APPLICATION;	0	999	10/1/2020	12/31/9999	1	55.72	52.93
29065	APPLICATION;	0	999	10/1/2020	12/31/9999	1	48.22	45.81
29075	APPLICATION;	0	999	10/1/2020	12/31/9999	1	44.18	41.97
29085	APPLICATION;	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	APPLICATION OF LONG ARM SPLI	0	999	10/1/2020	12/31/9999	1	39.84	37.85
29125	APPLICATION OF SHORT ARM SPL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29126	APPLICATION OF SHORT ARM SPL	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;	0	999	10/1/2020	12/31/9999	1	15.02	14.27
29240	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29260	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29280	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29305	APPLICATION OF HIP SPICA CAST;	0	999	10/1/2020	12/31/9999	1	92.90	88.26
29325	APPLICATION OF HIP SPICA CAST;	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	APPLICATION OF LONG LEG CAST	0	999	10/1/2020	12/31/9999	1	80.84	76.80
29365	APPLICATION OF CYLINDER CAST	0	999	10/1/2020	12/31/9999	1	59.47	56.50
29405	APPLICATION OF SHORT LEG CAS	0	999	10/1/2020	12/31/9999	1	38.69	36.76
29425	APPLICATION OF SHORT LEG CAS	0	999	10/1/2020	12/31/9999	1	36.38	34.56
29435	APPLICATION OF PATELLAR TEND	0	999	10/1/2020	12/31/9999	1	53.70	51.02
29440	ADDING WALKER TO PREVIOUSLY	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 CLUBFOOT CAST W	0	999	10/1/2020	12/31/9999	1	52.26	49.65
29505	APPLICATION OF LONG LEG SPLI	0	999	10/1/2020	12/31/9999	1	46.48	44.16
29515	APPLICATION OF SHORT LEG SPL	0	999	10/1/2020	12/31/9999	1	33.78	32.09
29520	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29530	STRAPPING;	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;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
29580	STRAPPING;	0	999	10/1/2020	12/31/9999	1	33.78	32.09
29581	APP MULTILAYER COMPR SYS	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29584	APP MULTI-LAYER COMPR SYS ARM	0	999	10/1/2020	12/31/9999	1	54.06	51.36
29700	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	32.34	30.72
29705	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	27.43	26.06

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
29710	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	53.99	51.29
29720	REPAIR OF SPICA, BODY CAST O	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 (EXCEPT CLUB	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	ARTHROSCOPY, TEMPOMANDIBULAR J	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29804	ARTROSCOPY, TEMPOMANDIBULAR JO	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29805	SHOULDER ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29806	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29807	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29819	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29820	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29821	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29822	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29823	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29824	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29825	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29826	ARTHROSCOPY SHOULDER SURGICAL	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	2,242.69	2,130.56
29828	ARTHROSCOPY BICEPS TENODESIS	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29834	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29835	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29836	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29837	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29838	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29843	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29844	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29845	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29846	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29847	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29848	WRIST ENDOSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29850	ARTHROSCOPICALLY AIDED TREATME	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29851	ARTHROSCOPICALLY AIDED TREATME	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29855	ARTHRO TRTMNT TIBIAL FRAC UNICONDYLAR	0	999	10/1/2020	12/31/9999	1	3,442.22	3,270.11
29856	ARTHRO TRTMNT TIBIAL FRAC BICONDYLAR	0	999	10/1/2020	12/31/9999	1	6,274.65	5,960.92
29860	HIP ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29861	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29862	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29863	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29866	ARTHRO KNEE SURG OSTEOCHOND AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29871	ARTHROSCOPY, KNEE, SURGICAL; F	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29873	KNEE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29874	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29875	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29876	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29877	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29879	KNEE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29880	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29881	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29882	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29883	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29884	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29885	ARTHROSCOPY, KNEE, SURGICAL; D	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29886	ARTHROSCOPY, KNEE, SURGICAL; D	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29887	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
29888	ARTHROSCOPICALLY AIDED ANTERIO	0	999	10/1/2020	12/31/9999	1	3,098.59	2,943.66
29889	ARTHROSCOPICALLY AIDED POSTERI	0	999	10/1/2020	12/31/9999	1	6,129.30	5,822.84
29891	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29892	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29893	SCOPE, PLANTAR FASCIOTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29895	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29897	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29898	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29899	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,907.78	2,762.39
29900	MCP JOINT ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29901	MCP JOINT ARTHROSCOPY, SURG	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29902	MCP JOINT ARTHROSCOPY, SURG	0	999	10/1/2020	12/31/9999	1	570.40	541.88
29904	SUBTALAR ARTHRO Q/FB RMVL	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29905	SUBTALAR ARTHRO W/EXC	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29906	SUBTALAR ARTHRO W/DEB	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
29907	SUBTALAR ARTHRO W/FUSION	0	999	10/1/2020	12/31/9999	1	6,289.45	5,974.98
29914	HIP ARTHRO W/FEMOROPLASTY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29915	HIP ARTHRO ACETABULOPLASTY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
29916	HIP ARTHRO W/LABRAL REPAIR	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
30000	*DRAINAGE ABSCESS OR HEMATOMA	0	999	10/1/2020	12/31/9999	1	82.31	78.19
30020	*DRAINAGE ABSCESS OR HEMATOMA	0	999	10/1/2020	12/31/9999	1	160.24	152.23
30100	BIOPSY, INTRANASAL	0	999	10/1/2020	12/31/9999	1	85.75	81.46
30110	EXCISION, NASAL POLYP(S), SIMP	0	999	10/1/2020	12/31/9999	1	141.47	134.40
30115	EXCISION, NASAL POLYP(S), EXTE	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	EXCISION, INTRANASAL LESION;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30120	EXCISION OR SURGICAL PLANING	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30124	EXCISION DERMOID CYST, NOSE;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30125	EXCISION DERMOID CYST, NOSE;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
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	RHINECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30160	RHINECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30200	*INJECTION INTO TURBINATE(S),	0	999	10/1/2020	12/31/9999	1	66.12	62.81
30210	*DISPLACEMENT THERAPY (PROETZ	0	999	10/1/2020	12/31/9999	1	85.46	81.19
30220	INSERTION,NASAL SEPTAL PROST	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30300	*REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2015	12/31/9999	1	0.00	0.00
30310	REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30320	REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2020	12/31/9999	1	429.28	407.82
30400	RHINOPLASTY, PRIMARY; LATERAL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30410	RHINOPLASTY, PRIMARY; COMPLETE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30420	RHINOPLASTY, PRIMARY; INCLUDIN	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30430	RHINOPLASTY, SECONDARY; MINOR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30435	RHINOPLASTY, SECONDARY; INTERM	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30450	RHINOPLASTY, SECONDARY; MAJOR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30460	RHINOPLASTY FOR NASAL DEFORMIT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30462	RHINOPLASTY FOR NASAL DEFORMIT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30465	REPAIR NASAL STENOSIS	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30468	RPR NSL VLV COLLAPSE W/IMPLT	0	999	1/1/2021	12/31/9999	1	2,787.82	2,648.43
30520	SEPTOPLASTY WITH OR WITHOUT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
30540	REPAIR CHOANAL ATRESIA;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30545	REPAIR CHOANAL ATRESIA;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30560	*LYSIS INTRANASAL SYNECHIA	0	999	10/1/2020	12/31/9999	1	178.55	169.62
30580	REPAIR FISTULA;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30600	REPAIR FISTULA;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30620	SEPTAL OR OTHER INTRANASAL DER	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
30630	REPAIR NASAL SEPTAL PERFORAT	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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 NASAL HEMORRHAGE, ANTE	0	999	10/1/2015	12/31/9999	1	0.00	0.00
30903	CONTROL NASAL HEMORRHAGE, ANTE	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	*CONTROL NASAL HEMORRHAGE, PO	0	999	10/1/2020	12/31/9999	1	82.31	78.19
30915	LIGATION ARTERIES;	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
30920	LIGATION ARTERIES;	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
30930	THER FX, NASAL INF TURBINATE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31000	LAVAGE BY CANNULATION; MAXILLA	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31002	*LAVAGE BY CANNULATION;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31020	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31030	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31032	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31040	SURGERY ON PTERYGOMAXILLARY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31050	SINUSOTOMY, SPHENOID	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31051	SINUSOTOMY, SPHENOID, WITH OR	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31070	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31075	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31080	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31081	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31084	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31085	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31086	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31087	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31090	EXPLORATION OF SINUSES	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31200	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31201	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31205	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31231	NASAL ENDOSCOPY, DIAGNOSTIC, U	0	999	10/1/2020	12/31/9999	1	63.28	60.12
31233	NASAL/SINUS ENDOSCOPY MAXILLARY	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31235	NASAL/SINUS ENDOSCOPY SPHENOID	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31237	NASAL/SINUS ENDOSCOPY, SURGICA	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, SURGICA	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31240	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31253	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31254	NASAL ENDOSCOPY, SURGICAL; WIT	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31255	NASAL ENDOSCOPY, SURGICAL; ANT AND POS	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31256	NASAL ENDOSCOPY, SURGICAL; WIT	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31257	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31259	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31267	MAXILLARY SINUS ENDOSCOPY, SUR	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31276	NASAL/SINUS SURGICAL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31287	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31288	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31295	NASAL/SINUS ENDOSCOPY, SURGICAL, MAXILLA	0	999	10/1/2020	12/31/9999	1	1,457.15	1,384.29
31296	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	0	999	10/1/2020	12/31/9999	1	1,464.95	1,391.70
31297	NASAL/SINUS ENDOSCOPY, SURGICAL, SPHENOI	0	999	10/1/2020	12/31/9999	1	1,453.40	1,380.73
31298	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31300	LARYNGOTOMY (THYROTOMY, LARY	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31400	ARYTENOIDECTOMY OR ARYTENOID	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31420	EPIGLOTTIDECTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31500	INTUBATION, ENDOTRACHEAL, EM	0	999	10/1/2020	12/31/9999	2	82.31	78.19
31502	TRACHEOTOMY TUBE CHANGE PRIOR	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31505	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	51.39	48.82
31510	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31511	LARYNGOSCOPY, INDIRECT (SEPA	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
31512	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31513	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31515	LARYNGOSCOPY DIRECT;	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31520	LARYNGOSCOPY DIRECT;	0	1	10/1/2020	12/31/9999	1	152.76	145.12
31525	LARYNGOSCOPY DIRECT;	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 DIRECT;	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, DIRECT, OPERAT	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, DIRECT, OPERAT	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, DIRECT, OPERAT	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	1,516.71	1,440.87
31551	LARYNGPLSTY W/GRAFT W/O STENT	0	11	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31552	LARYNGPLSTY W/O STENT REPL 12+ YRS	12	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31553	LARYNGPLSTY W/STENT REPL >12 YRS	0	11	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31554	LARYNGPLSTY W/STENT REPL 12+ YRS	12	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31560	LARYNGOSCOPY, DIRECT, OPERAT	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31561	LARYNSCOP, REMVE CART + SCOP	0	999	10/1/2020	12/31/9999	1	1,516.71	1,440.87
31570	LARYNGOSCOPY, DIRECT, WITH I	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	LARYNGSCP FLEX DESTR LESIONS UNILAT	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31573	LARYNGSCP FLEX W/INJ UNILAT	0	999	10/1/2020	12/31/9999	1	146.38	139.06
31574	LARYNGSCP FLEX W/INJ AUG UNILAT	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31575	LARYNGOSCOPY FLEX; DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	63.28	60.12
31576	LARYNGOSCOPY FLEX; W/BIOPIES	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31577	LARYNGOSCPY FLEX W/REMOVAL FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31578	LARYNGOSCPY FLE; W/REMOVAL LESION NON-LA	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31579	LARYNGOSCOPY FLEX/RIG TELE W/STROBOSCPY	0	999	10/1/2020	12/31/9999	1	95.86	91.07
31580	LARYNGOPLSTY LARYNGEAL WEB KEEL/STNT INS	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31590	LARYNGEAL REINNERVATION BY N	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31591	LARYNGPLSTY MEDIALIZATION UNILAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31592	CRICOTRACHEAL RESECTION	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31603	TRACHEOSTOMY, EMERGENCY PROC	0	999	10/1/2020	12/31/9999	1	429.28	407.82
31605	TRACHEOSTOMY, EMERGENCY PROC	0	999	10/1/2020	12/31/9999	1	82.31	78.19
31611	CONSTRUCTION OF TRACHEOESOPHAG	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31612	TRACHEAL PUNCTURE, PERCUTANE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31613	TRACHEOSTOMA REVISION; SIMPL	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31614	TRACHEOSTOMA REVISION;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31615	TRACHEOSCOPY THROUGH ESTABLI	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	BRONCHOSCPY W/WO FLOURO; W/BRUSHINGBRONC	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAGE BRNCH	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31625	BRONCHOSCPY;BRONCHIAL/ENDOBONCHIALBRONC	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	1,516.71	1,440.87
31627	NAVIGATIONAL BRONCHOSCOPY	0	999	10/1/2012	12/31/9999	1	0.00	0.00
31628	BRNCHSCPY; TRNSBRNCH LUNG BX 1 LOBEBRNCH	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31629	BRNCHSCPY;NABX TRACH STEM&/BRNCH BRNCH	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	1,516.71	1,440.87
31632	BRNCHSCPY; W/TBLB EA ADD LOBE BRNCH	0	999	10/1/2014	12/31/9999	4	0.00	0.00
31633	BRNCHSCPY; W/TBNA BX EA ADD LOBE BRNCH	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	1,516.71	1,440.87
31635	BRNCHSCPY W/WO FLOURO; W/REMV FB BRONC	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	2,219.39	2,108.42
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	1,516.71	1,440.87
31640	BRONCHOSCOPY; W/EXCISION OF TUMOR BRONC	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	BRONCHOSCOPY, CLEAR AIRWAYS	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31646	BRONCHOSCOPY, RECLEAR AIRWAY	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31647	BRNCHSCP INSRT BRONC VALVE INITIAL LOBE	0	999	10/1/2020	12/31/9999	1	1,977.05	1,878.20
31648	BRNCHSCP REMOV BRONC VALVE INITIAL LOBE	0	999	10/1/2020	12/31/9999	1	990.17	940.66
31649	BRNCHSCP REMOV BRONC VALVE EA ADDL LOBE	0	999	10/1/2020	12/31/9999	4	489.35	464.88
31651	BRNCHSCP W/BALLOON OCCL EA ADDL LOBE	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 PERIPHERAL	0	999	1/1/2016	12/31/9999	1	0.00	0.00
31717	CATHETERIZATION WITH BRONCHI	0	999	10/1/2020	12/31/9999	1	152.76	145.12
31720	CATHETER ASPIRATION (SEPARAT	0	999	10/1/2015	12/31/9999	1	0.00	0.00
31730	TRANSTRACHEAL (PERCUTANEOUS) I	0	999	10/1/2020	12/31/9999	1	489.35	464.88
31750	TRACHEOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31755	TRACHEOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
31820	SURGICAL CLOSURE TRACHEOSTOM	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31825	SURGICAL CLOSURE TRACHEOSTOM	0	999	10/1/2020	12/31/9999	1	844.05	801.85
31830	REVISION OF TRACHEOSTOMY SCA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
32400	*BIOPSY, PLEURA;	0	999	10/1/2020	12/31/9999	1	461.11	438.05
32408	CORE NDL BX LNG/MED PERQ	0	999	1/1/2021	12/31/9999	1	477.78	453.89
32550	INSERT INDWELL TUNNELED PLEURAL CATH W/C	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
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	THORACENTESIS W/O IMAGING GUID	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32555	THORACENTESIS W/IMAGING GUID	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32556	PLEURAL DRAIN, PERCU W/O IMAGING	0	999	10/1/2020	12/31/9999	1	530.45	503.93
32557	PLEURAL DRAIN, PERCU W/IMAGING	0	999	10/1/2020	12/31/9999	1	463.93	440.73
32960	*PNEUMOTHORAX, THERAPEUTIC, I	0	999	10/1/2020	12/31/9999	1	254.87	242.13
32998	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
33016	PERICARDIOCENTESIS W/IMAGING	0	999	1/1/2020	12/31/9999	1	463.93	440.73
33206	INSERTION OR REPLACEMENT OF PE	0	999	10/1/2020	12/31/9999	1	5,908.66	5,613.23
33207	INSERTION OF PERMANENT PACEMAK	0	999	10/1/2020	12/31/9999	1	6,107.17	5,801.81
33208	INSERTION OR REPLACEMENT OF PE	0	999	10/1/2020	12/31/9999	1	6,253.74	5,941.05
33210	INSERTION OR REPLACEMENT OF TE	0	999	10/1/2020	12/31/9999	1	3,041.98	2,889.88
33211	INSERTION OR REPLACEMENT OF TE	0	999	10/1/2020	12/31/9999	1	4,693.45	4,458.78
33212	INSERTION OR REPLACEMENT OF PA	0	999	10/1/2020	12/31/9999	1	4,961.20	4,713.14
33213	INSERTION OR REPLACEMENT OF PA	0	999	10/1/2020	12/31/9999	1	6,168.77	5,860.33
33214	UPGRADE OF IMPLANTED PACEMAKER	0	999	10/1/2020	12/31/9999	1	6,052.99	5,750.34
33215	REPOSITION ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
33216	INSERT ELECTRODE PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	4,375.66	4,156.88
33217	INSERT 2 ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	5,338.85	5,071.91
33218	REPAIR SINGLE ELECTRODE PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,206.22	1,145.91
33220	REPAIR 2 ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,701.53	1,616.45
33221	INSERT PACEMKR PULSE GEN ONLY	0	999	10/1/2020	12/31/9999	1	9,382.47	8,913.35
33222	REVISION OR RELOCATION OF SKIN	0	999	10/1/2020	12/31/9999	1	655.96	623.16
33223	RELOCATE SKIN POCKET FOR DEFIB	0	999	10/1/2020	12/31/9999	1	655.96	623.16
33224	INSERT PACING ELECTRODE	0	999	10/1/2020	12/31/9999	1	6,270.43	5,956.91
33225	INSERT PACING ELECTRODE DEFIB/PCMCR	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	1,072.98	1,019.33
33227	REMOV PERM PACEMKR PULSE GEN SNGL LEAD	0	999	10/1/2020	12/31/9999	1	4,849.51	4,607.03
33228	REMOV PERM PACEMKR PULSE GEN DUAL LEAD	0	999	10/1/2020	12/31/9999	1	6,107.91	5,802.51
33229	REMOV PERM PACEMKR PULSE GEN MULTI LEAD	0	999	10/1/2020	12/31/9999	1	9,446.56	8,974.23
33230	INSERT DEFIB ONLY EXISTING MULTI LEADS	0	999	10/1/2020	12/31/9999	1	15,960.86	15,162.82

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
33231	INSERT DEFIB ONLY EXISTING DUAL LEADS	0	999	10/1/2020	12/31/9999	1	21,313.90	20,248.21
33233	REMOVAL OF PERMANENT PACEMAKER	0	999	10/1/2020	12/31/9999	1	4,282.44	4,068.32
33234	REMOVAL OF PACEMAKER SYSTEM	0	999	10/1/2020	12/31/9999	1	1,206.22	1,145.91
33235	REMOVAL PACEMAKER ELECTRODE	0	999	10/1/2020	12/31/9999	1	1,561.23	1,483.17
33240	INSERT DEFIB ONLY EXISTING SINGLE LEAD	0	999	10/1/2020	12/31/9999	1	15,794.07	15,004.37
33241	REMOVE DEFIB ONLY	0	999	10/1/2020	12/31/9999	1	1,206.22	1,145.91
33249	INSERT/REPL DEFIB SYS SNGL/DUAL	0	999	10/1/2020	12/31/9999	1	21,361.39	20,293.32
33262	REM DEFIB W/REPLAC SNGL LEAD SYS	0	999	10/1/2020	12/31/9999	1	15,603.21	14,823.05
33263	REM DEFIB W/REPLAC DUAL LEAD SYS	0	999	10/1/2020	12/31/9999	1	15,823.50	15,032.33
33264	REM DEFIB W/REPLAC MULTI LEAD SYS	0	999	10/1/2020	12/31/9999	1	21,392.26	20,322.65
33270	INS/REPL SUBQ DEFIB SYS	0	999	10/1/2020	12/31/9999	1	21,170.24	20,111.73
33271	INSERT SUBQ DEFIB ELECTRODE	0	999	10/1/2020	12/31/9999	1	5,007.96	4,757.56
33273	REPOSITION SUBQ DEFIB ELECTRODE	0	999	10/1/2020	12/31/9999	1	1,206.22	1,145.91
33285	INSJ SUBQ CAR RHYTHM MNTR	0	999	10/1/2020	12/31/9999	1	5,324.86	5,058.62
33286	RMVL SUBQ CAR RHYTHM MNTR	0	999	10/1/2020	12/31/9999	1	246.58	234.25
33419	MITRAL VALVE REPAIR W/ADDL PROSTH	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	THROMBECTOMY, DIRECT OR WITH	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
34713	PERCUTANEOUS DELV OF ENDOGRAFT	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34714	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34715	OPEN EXPOSURE FOR DELV OF ENDOVASC PROS,	0	999	1/1/2018	12/31/9999	2	0.00	0.00
34716	OPEN EXPOSURE W/CREATION CONDUIT ENDOVAS	0	999	1/1/2018	12/31/9999	2	0.00	0.00
35188	REPAIR, ACQUIRED OR TRAUMATIC	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
35207	REPAIR BLOOD VESSEL, DIRECT; HA	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
35572	HARVEST FEMOROPLOPLITEAL 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	1,857.45	1,764.58
35876	THROMBECTOMY OF ARTERIAL OR VE	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36000	INTRODUCTION OF NEEDLE OR INTR	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	INTRODUCTION OF CATHETER, SUPE	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36011	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36012	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36013	INTRODUCTION OF CATHETER, RIGH	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36014	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36015	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36100	INTRODUCTION OF NEEDLE OR INTR	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36140	INTRODUCT NEEDLE OR INTRACATHETER	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36160	INTRODUCTION OF NEEDLE OR IN	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36200	INTRODUCTION OF CATHETER, AORT	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36215	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36216	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36217	SELECTIVE CATHETER PLACEMENT,	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	NON-SEL CATH, THORACIC AORTA	0	999	10/1/2013	12/31/9999	2	0.00	0.00
36222	SELECT CATH, COMMON CAROTID	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36223	SELECT CATH, COMMON CAROTID	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36224	SELECT CATH, INTERNAL CAROTID	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36225	SELECT CATH, SUBCLAVIAN OR INNOMATE	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36226	SELECT CATH, VETEBRAL ARTERY	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36227	SELECT CATH, EXTERNAL CAROTID	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36228	SELECT CATH, INTERN CAROTID/VERTEBRAL AR	0	999	10/1/2013	12/31/9999	1	0.00	0.00
36245	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36246	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36247	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36248	PLACE CATHETER IN ARTERY	0	999	10/1/2012	12/31/9999	4	0.00	0.00
36251	1ST RENAL ANGIOGRAPHY UNILAT	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36252	1ST RENAL ANGIOGRAPHY 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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
36253	2ND RENAL ANGIOGRAPHY UNILAT	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36254	2ND RENAL ANGIOGRAPHY BILAT	0	999	10/1/2012	12/31/9999	10	0.00	0.00
36260	INSERTION OF IMPLANTABLE INTRA	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36261	REVISION OF IMPLANTED INTRAVEN	0	999	10/1/2020	12/31/9999	1	2,102.59	1,997.46
36262	REMOVAL OF IMPLANTED INTRAVENO	0	999	10/1/2020	12/31/9999	1	1,206.22	1,145.91
36400	VENIPUNCT UND AGE 3 YR; FEM/JUGULARVENIP	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36405	VENIPUNCT UNDER AGE 3 YR; SCLP VEINVENIP	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36406	VENIPUNCT UNDER AGE 3 YR; OTH VEIN VENIP	0	2	10/1/2012	12/31/9999	1	0.00	0.00
36410	VENIPUNCT AGE 3 MD SKILL SEP PROC VENIP	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	VENIPUNCTURE, CUTDOWN;	0	1	10/1/2015	12/31/9999	1	0.00	0.00
36425	VENIPUNCTURE, CUTDOWN;	1	999	10/1/2015	12/31/9999	1	0.00	0.00
36430	TRANSFUSION, BLOOD OR BLOOD	0	999	10/1/2020	12/31/9999	1	28.01	26.61
36440	*PUSH TRANSFUSION, BLOOD, 2 Y	0	999	10/1/2020	12/31/9999	1	156.86	149.02
36450	EXCHANGE TRANSFUSION, BLOOD;	0	1	10/1/2020	12/31/9999	1	156.86	149.02
36455	EXCHANGE TRANSFUSION, BLOOD;	1	999	10/1/2020	12/31/9999	1	156.86	149.02
36473	ENDO ABLATION THERAPY INCOMP VEIN, FIRST	0	999	10/1/2020	12/31/9999	1	1,046.60	994.27
36474	ENDO ABLATION THERAPY INCOMP VEIN, SUBSE	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	1,072.98	1,019.33
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	1,072.98	1,019.33
36479	ENDOVENOUS LASER VEIN ADD-ON	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	ENDOVENOUS ABLATION THERAPY, 1ST VEIN	0	999	10/1/2020	12/31/9999	1	1,439.54	1,367.56
36483	ENDOVENOUS ABLATION THERAPY, SUBSE VEIN	0	999	1/1/2018	12/31/9999	2	0.00	0.00
36500	VENOUS CATHETERIZATION FOR S	0	999	10/1/2012	12/31/9999	2	0.00	0.00
36510	*CATHETERIZATION OF UMBILICAL	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, SELECTIVE	0	999	10/1/2020	12/31/9999	1	1,543.50	1,466.33
36522	PHOTOPHERESIS, EXTRACORPOREAL	0	999	10/1/2020	12/31/9999	1	1,543.50	1,466.33
36555	INSRT NON-TUNNLD CNTRL CVC; <5 YR INSRT	0	4	10/1/2020	12/31/9999	1	463.93	440.73
36556	INSRT NON-TUNNLD CNTRL CVC; 5/> INSRT	5	999	10/1/2020	12/31/9999	1	463.93	440.73
36557	INSRT TUNNLD CVC NO PORT/PUMP;<5 YR INSRT	0	4	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36558	INSRT TUNNLD CVC NO PORT/PUMP;5 YR/>INSRT	5	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36560	INSRT TUNNLD CNTRL CVAD PORT; <5 YR INSRT	0	4	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36561	INSRT TUNNLD CNTRL CVAD PORT; 5 YR/>INSRT	5	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36563	INSRT TUNNLD CNTRL CVAD W/SUBQ PUMP INSRT	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36565	INSRT TUNNLD CVAD 2 CATH-SITE;NO PORTINSRT	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36566	INSRT TUNNLD CVAD 2 CATH-2 SITE;PORTINSRT	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36568	INSERT PICC W/O PORT/PUMP; < 5 YR INSER	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36569	INSERT PICC W/O PORT/PUMP; 5 YR/> INSER	5	999	10/1/2020	12/31/9999	1	463.93	440.73
36570	INSRT PERIPH INSRT CVAD W/PORT;<5YRINSER	0	4	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36571	INSRT PERIPH INSRT CVAD PORT; 5YR/>INSER	5	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
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	REP CV ACSS CATH W/O PORT/PUMP REP C	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36576	REP CVAD W/PORT/PUMP CNTRL/PERIPH REP C	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36578	REPL CATH ONLY CVAD SUBQ PORT/PUMP REPL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36580	REPL NON-TUNNLD CVC W/O PORT/PUMP REPL	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36581	REPL TUNNLD CNTRL CVC W/O PORT/PUMP REPL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36582	REPL TUNNLD CNTRL CVAD W/SUBQ PORT REPL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP REPL	0	999	10/1/2020	12/31/9999	1	3,349.58	3,182.10
36584	REPL PICC W/O PORT/PUMP SAME ACSS REPL	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36585	REPL PERIPH INSRT CVAD W/SUBQ PORT REPL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36589	REPL TUNNLD CVC W/O SUBQ PORT/PUMP REMOV	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUMP REMV	0	999	10/1/2020	12/31/9999	1	254.87	242.13
36593	DECLOT THROMB AGENT IMPLN VAD OR CATH	0	999	10/1/2020	12/31/9999	1	25.12	23.86
36595	MECH REMV PERICATH MATL SEP ACSS MECH	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36596	MECH REMV INTRALUMNL OBST MATL-LUMNMECH	0	999	10/1/2020	12/31/9999	1	463.93	440.73
36597	REPSTN PREV PLCD CVC FLUORO GUID REPST	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	*ARTERIAL PUNCTURE, WITHDRAWA	0	999	10/1/2012	12/31/9999	5	0.00	0.00
36620	ARTERIAL CATHETERIZATION OR	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36625	ARTERIAL CATHETERIZATION OR	0	999	10/1/2012	12/31/9999	1	0.00	0.00
36640	ARTERIAL CATHETERIZATION FOR	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36680	PLACEMENT OF NEEDLE FOR INTRAO	0	999	10/1/2015	12/31/9999	1	0.00	0.00
36800	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36810	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36815	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36818	AV FUSE, UPPR ARM, CEPHALIC	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36819	AV FUSION/UPPR ARM VEIN	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36820	AV FUSION/FOREARM VEIN	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36821	AV FUSION DIRECT ANY SITE	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
36825	ARTERIOVENOUS FISTULA;	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36830	ARTERY-VEIN NONAUTOGRAFT	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36831	AV FISTULA EXCISION, OPEN	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36832	AV FISTULA REVISION, OPEN	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36833	AV FISTULA REVISION	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
36835	THOMAS SHUNT	0	999	10/1/2020	12/31/9999	1	1,599.72	1,519.73
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	1,857.45	1,764.58
36901	INTRO CATH W/DIAG ANGIO	0	999	10/1/2020	12/31/9999	1	458.77	435.83
36902	INTRO CATH W/TRAN BALLON ANGIO	0	999	10/1/2020	12/31/9999	1	1,713.39	1,627.72
36903	INTRO CATH W/DIAG ANGIO W/TRNSCATH PLACE	0	999	10/1/2020	12/31/9999	1	5,055.28	4,802.52
36904	PERCUTANEOUS TRANSLUMINAL INFUSIONS	0	999	10/1/2020	12/31/9999	1	2,300.19	2,185.18
36905	PERCUT TRANS INFUS W/TRANS BALLON ANGIO	0	999	10/1/2020	12/31/9999	1	3,346.35	3,179.03
36906	PERCUTAN TRANS INFUS W/TRANSCATHETER PLA	0	999	10/1/2020	12/31/9999	1	8,145.79	7,738.50
36907	TRANS BALLON ANGIO DIALYSIS	0	999	1/1/2017	12/31/9999	1	0.00	0.00
36908	TRANSCATHETER PLACE STENT	0	999	1/1/2017	12/31/9999	1	0.00	0.00
36909	DIALYSIS CIRCUIT PER VAS EMBO	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	5,143.74	4,886.55
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	2,482.38	2,358.26
37188	VENOUS M-THROMBECTOMY ADD-ON	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37197	REMOV INTRANS FOREIGN BODY	0	999	10/1/2020	12/31/9999	2	1,072.98	1,019.33
37200	TRANSCATHETER BIOPSY	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
37211	THROMBOLYTIC ART THERAPY	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
37212	THROMBOLYTIC VENOUS THERAPY	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37220	ILIAC REVASC	0	999	10/1/2020	12/31/9999	1	1,713.39	1,627.72
37221	ILIAC REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	4,943.89	4,696.70
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	2,495.96	2,371.16
37225	FEM/POPL REVAS W/ATHER	0	999	10/1/2020	12/31/9999	1	5,340.32	5,073.30
37226	FEM/POPL REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	5,155.86	4,898.07
37227	FEM/POPL REVASC STNT & ATHER	0	999	10/1/2020	12/31/9999	1	8,753.35	8,315.68
37228	TIB/PER REVASC W/TLA	0	999	10/1/2020	12/31/9999	1	4,536.31	4,309.49
37229	TIB/PER REVASC W/ATHER	0	999	10/1/2020	12/31/9999	1	8,229.39	7,817.92
37230	TIB/PER REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	8,081.36	7,677.29
37231	TIB/PER REVASC STENT & ATHER	0	999	10/1/2020	12/31/9999	1	8,519.59	8,093.61
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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	STENT PLACEMT CERVICAL CAROTID INITIAL	0	999	10/1/2020	12/31/9999	1	4,756.15	4,518.34
37237	STENT PLACEMT CERVICAL CAROTID EA ADDL	0	999	10/1/2015	12/31/9999	1	0.00	0.00
37238	TRANSVSC STENT OPEN/PERQ INITIAL VEIN	0	999	10/1/2020	12/31/9999	1	4,955.35	4,707.58
37239	TRANSVSC STENT OPEN/PERQ EA ADDL VEIN	0	999	10/1/2015	12/31/9999	2	0.00	0.00
37241	VASC EMBOLIZ OR OCCLUSN VENOUS	0	999	10/1/2020	12/31/9999	1	3,346.35	3,179.03
37242	VASC EMBOLIZ OR OCCLUSN ARTERY	0	999	10/1/2020	12/31/9999	1	4,877.38	4,633.51
37243	VASC EMBOLIZ OR OCCLUSN TUMORS	0	999	10/1/2020	12/31/9999	1	3,346.35	3,179.03
37246	TRANS BALLON ANGIOPLASTY; INITIAL ARTERY	0	999	10/1/2020	12/31/9999	1	1,713.39	1,627.72
37247	TRANS BALLON ANGIOPLASTY; EACH ADD ARTER	0	999	1/1/2017	12/31/9999	1	0.00	0.00
37248	TRANS BALLON ANGIO WITNIN SAME VEIN, INI	0	999	10/1/2020	12/31/9999	1	1,713.39	1,627.72
37249	TRANS BALLON ANGIO WITNIN SAME VEIN, EAC	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	1,857.45	1,764.58
37607	LIGATION OR BANDING OF ANGIOAC	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37609	LIGATION OR BIOPSY, TEMPORAL	0	999	10/1/2020	12/31/9999	1	461.11	438.05
37650	INTERRUPTION, PARTIAL OR COMPL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37700	LIGATION AND DIVISION OF LONG	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37718	LIGATE/STRIP SHORT LEG VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37722	LIGATE/STRIP LONG LEG VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37735	LIGATION AND DIVISION AND COMP	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37760	LIGATE LEG VEINS RADICAL	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37761	LIGATE LEG VEINS OPEN	0	999	10/1/2020	12/31/9999	1	463.93	440.73
37765	STAB PHLEBECT VV 1 EXT; 10-20 INCI STAB	0	999	10/1/2020	12/31/9999	1	198.35	188.43
37766	STAB PHLEBECT VV 1 EXT; >20 INCI STAB	0	999	10/1/2020	12/31/9999	1	218.56	207.63
37780	LIGATION AND DIVISION OF SHORT	0	999	10/1/2020	12/31/9999	1	463.93	440.73
37785	LIG &/ EXC VARICOSE VN CLUSTR 1 LEGLIGAT	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
37790	PENILE VENOUS OCCLUSIVE PROCED	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
38200	INJECTION PROCEDURE FOR SPLE	0	999	10/1/2012	12/31/9999	1	0.00	0.00
38220	DX BONE MARROW ASPIRATION(S)	0	999	10/1/2020	12/31/9999	1	97.87	92.98
38221	BONE MARROW BIOPSY(IES)	0	999	10/1/2020	12/31/9999	1	89.50	85.03
38222	DIAG BONE MARROW	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38241	BONE MARROW TRANSPLANTATION; A	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38242	LYMPHOCYTE INFUSE TRANSPLANT	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38243	TRANSPLT HEMATOPOIETIC BOOST	0	999	10/1/2020	12/31/9999	1	535.05	508.30
38300	*DRAINAGE OF LYMPH NODE ABSCE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38305	DRAINAGE OF LYMPH NODE ABSCE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
38308	LYMPHANGIOTOMY OR OTHER OPER	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	BIOPSY OR EXCISION OF LYMPH NO	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	DISSECTION;	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
38550	EXCISION OF CYSTIC HYGROMA,	0	999	10/1/2020	12/31/9999	1	894.75	850.01
38555	EXCISION OF CYSTIC HYGROMA,	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
38570	LAPAROSCOPY, LYMPH NODE BIOP	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
38571	LAPAROSCOPY, LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
38572	LAPAROSCOPY, LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
38573	LAPAROSCOPY, SURGICAL; BILATERAL	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
38700	SUPRAHYOID LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
38740	AXILLARY LYMPHADENECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
38745	AXILLARY LYMPHADENECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
38760	INGUINOFEMORAL LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	1,754.62	1,666.89
38790	INJECTION FOR LYMPHATIC XRAY	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
38792	IDENTIFY SENTINEL NODE	0	999	10/1/2012	12/31/9999	1	0.00	0.00
38794	CANNULATION, THORACIC 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 LIP	0	999	10/1/2020	12/31/9999	1	64.10	60.90
40500	VERMILIONECTOMY (LIP SHAVE),	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40510	EXCISION LIP;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40520	EXCISION LIP;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40525	EXCISION OF LIP; TRANSVERSE WE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40527	EXCISION OF LIP; TRANSVERSE WE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40530	RESECTION LIP, MORE THAN ONE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40650	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40652	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40654	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
40700	PLASTIC REPAIR OF CLEFT LIP/NA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40701	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40702	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40720	PLASTIC REPAIR OF CLEFT LIP/NA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40761	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40800	DRAINAGE OF ABSCESS, CYST, H	0	999	10/1/2020	12/31/9999	1	133.10	126.45
40801	DRAINAGE OF ABSCESS, CYST, H	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40804	*REMOVAL OF EMBEDDED FOREIGN	0	999	10/1/2015	12/31/9999	1	0.00	0.00
40805	REMOVAL OF EMBEDDED FOREIGN	0	999	10/1/2020	12/31/9999	1	157.35	149.48
40806	INCISION OF LABIAL FRENUM (F	0	999	10/1/2020	12/31/9999	1	71.60	68.02
40808	BIOPSY, VESTIBULE OF MOUTH	0	999	10/1/2020	12/31/9999	1	97.58	92.70
40810	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	129.63	123.15
40812	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	160.53	152.50
40814	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40816	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
40818	EXCISION OF MUCOSA AS DONOR	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40819	EXCISION OF FRENUM, LABIAL O	0	999	10/1/2020	12/31/9999	1	429.28	407.82
40820	DESTRUCTION OF LESION OR SCA	0	999	10/1/2020	12/31/9999	1	171.78	163.19
40830	CLOSURE OF LACERATION;	0	999	10/1/2020	12/31/9999	1	82.31	78.19
40831	CLOSURE OF LACERATION;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
40840	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40842	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40843	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40844	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
40845	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
41000	*INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	87.77	83.38
41005	*INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41006	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41007	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41008	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41009	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	178.55	169.62
41010	INCISION OF LINGUAL FRENUM (	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41015	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	178.55	169.62
41016	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
41017	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41018	INCISION AND DRAINAGE OF EXT	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	1,797.24	1,707.38
41100	BIOPSY TONGUE;	0	999	10/1/2020	12/31/9999	1	98.16	93.25
41105	BIOPSY TONGUE;	0	999	10/1/2020	12/31/9999	1	98.16	93.25
41108	BIOPSY, FLOOR OF MOUTH	0	999	10/1/2020	12/31/9999	1	92.39	87.77
41110	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	130.50	123.98
41112	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41113	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41114	EXCISION OF LESION OF TONGUE W	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41115	EXCISION OF LINGUAL FRENUM (	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
41116	EXCISION LESION OF FLOOR OF	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41120	GLOSSECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
41250	*REPAIR LACERATION UP TO 2 CM	0	999	10/1/2016	12/31/9999	1	0.00	0.00
41251	*REPAIR LACERATION UP TO 2 CM	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41252	*REPAIR LACERATION OF TONGUE,	0	999	10/1/2020	12/31/9999	1	82.31	78.19
41510	SUTURE TONGUE TO LIP FOR MIC	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41520	FRENOPLASTY (SURGICAL REVISI	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41800	*DRAINAGE ABSCESS, CYST, HEMA	0	999	10/1/2016	12/31/9999	1	0.00	0.00
41805	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	201.82	191.73
41806	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	242.23	230.12
41820	GINGIVECTOMY, EXCISION GINGIVA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
41821	OPERCULECTOMY, EXCISION PERICO	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41822	EXCISION OF FIBROUS TUBEROSITI	0	999	10/1/2020	12/31/9999	1	203.26	193.10
41823	EXCISION OF OSSEOUS TUBEROSITI	0	999	10/1/2020	12/31/9999	1	292.47	277.85
41825	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	134.26	127.55
41826	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	181.89	172.80
41827	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
41828	EXCISION OF HYPERPLASTIC ALVEO	0	999	10/1/2020	12/31/9999	1	181.02	171.97
41830	ALVEOLECTOMY, INCLUDING CURETT	0	999	10/1/2020	12/31/9999	4	260.42	247.40
41850	DESTRUCTION OF LESION (EXCEPT	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41870	PERIODONTAL MUCOSAL GRAFTING	0	999	10/1/2020	12/31/9999	1	429.28	407.82
41872	GINGIVOPLASTY	0	999	10/1/2020	12/31/9999	1	267.93	254.53
41874	ALVEOPLASTY	0	999	10/1/2020	12/31/9999	4	222.02	210.92
41899	UNLISTED PROCEDURE, DENTOALV	0	999	4/1/2018	12/31/9999	1	251.70	239.12
42000	*DRAINAGE OF ABSCESS OF PALAT	0	999	10/1/2020	12/31/9999	1	82.31	78.19
42100	BIOPSY OF PALATE, UVULA	0	999	10/1/2020	12/31/9999	1	77.95	74.05
42104	EXCISION LESION OF PALATE, U	0	999	10/1/2020	12/31/9999	1	123.86	117.67
42106	EXCISION LESION OF PALATE, U	0	999	10/1/2020	12/31/9999	1	151.29	143.73
42107	EXCISION, LESION OF PALATE, UV	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42120	RESECTION PALATE OR EXTENSIV	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42140	UVULECTOMY, EXCISION OF UVUL	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	1,797.24	1,707.38
42160	DESTRUCTION OF LESION, PALAT	0	999	10/1/2020	12/31/9999	1	133.38	126.71
42180	REPAIR LACERATION OF PALATE;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42182	REPAIR LACERATION OF PALATE;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42200	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42205	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42210	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42215	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42220	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42225	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42226	LENGTHENING OF PALATE, AND PHA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42227	LENGTHENING OF PALATE, WITH IS	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42235	REPAIR ANTERIOR PALATE, INCL	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42260	REPAIR NASOLABIAL FISTULA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42280	MAXILLARY IMPRESSION FOR PALAT	0	999	10/1/2020	12/31/9999	1	97.01	92.16
42281	INSERTION OF PIN-RETAINED PALA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42300	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42305	DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42310	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42320	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42330	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	117.50	111.63
42335	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	221.74	210.65
42340	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42400	*BIOPSY SALIVARY GLAND;	0	999	10/1/2020	12/31/9999	1	60.06	57.06
42405	BIOPSY SALIVARY GLAND;	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42408	EXCISION SUBLINGUAL SALIVARY	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42409	MARSUPIALIZATION SUBLINGUAL	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
42410	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42415	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42420	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42425	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42440	EXCISION SUBMANDIBULAR (SUBM	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42450	EXCISION SUBLINGUAL GLAND	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42500	PLASTIC REPAIR SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42505	PLASTIC REPAIR SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42507	PAROTID DUCT DIVERSION, BILA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42509	PAROTID DUCT DIVERSION, BILA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42510	PAROTID DUCT DIVERSION, BILATE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42550	INJECTION PROCEDURE FOR SIAL	0	999	10/1/2012	12/31/9999	1	0.00	0.00
42600	CLOSURE SALIVARY FISTULA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42650	*DILATION SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	39.55	37.57
42660	*DILATION AND CATHETERIZATION	0	999	10/1/2020	12/31/9999	1	60.34	57.32
42665	LIGATION SALIVARY DUCT, INTR	0	999	10/1/2020	12/31/9999	6	844.05	801.85
42700	*INCISION AND DRAINAGE ABSCE	0	999	10/1/2020	12/31/9999	1	82.31	78.19
42720	INCISION AND DRAINAGE ABSCE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42725	INCISION AND DRAINAGE ABSCE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42800	BIOPSY;	0	999	10/1/2020	12/31/9999	1	82.58	78.45
42804	BIOPSY;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42806	BIOPSY;	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42808	EXCISION OR DESTRUCTION OF LES	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42809	REMOVAL OF FOREIGN BODY FROM	0	999	10/1/2015	12/31/9999	1	0.00	0.00
42810	EXCISION BRANCHIAL CLEFT CYS	0	999	10/1/2020	12/31/9999	1	844.05	801.85
42815	EXCISION BRANCHIAL CLEFT CYS	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42820	TONSILLECTOMY AND ADENOIDECT	0	11	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42821	TONSILLECTOMY AND ADENOIDECT	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42825	TONSILLECTOMY, PRIMARY OR SE	0	11	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42826	TONSILLECTOMY, PRIMARY OR SE	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42830	ADENOIDECTOMY, PRIMARY;	0	11	10/1/2020	12/31/9999	1	844.05	801.85
42831	ADENOIDECTOMY, PRIMARY;	12	999	10/1/2020	12/31/9999	1	844.05	801.85
42835	ADENOIDECTOMY, SECONDARY;	0	11	10/1/2020	12/31/9999	1	844.05	801.85
42836	ADENOIDECTOMY, SECONDARY;	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 OR DESTRUCTION LINGUA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42890	LIMITED PHARYNGECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42892	RESECTION OF LATERAL PHARYNGEA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42900	SUTURE PHARYNX FOR WOUND OR	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42950	PHARYNGOPLASTY (PLASTIC OR R	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
42955	PHARYNGOSTOMY (FISTULIZATION	0	999	10/1/2020	12/31/9999	1	429.28	407.82
42960	CONTROL OROPHARYNGEAL HEMORR	0	999	10/1/2020	12/31/9999	1	178.55	169.62
42962	CONTROL OROPHARYNGEAL HEMORR	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 OF NASOPHARYNGEAL HE	0	999	10/1/2020	12/31/9999	1	844.05	801.85
43030	CRICOPHARYNGEAL MYOTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
43130	DIVERTICULECTOMY HYPOPHARYNX	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
43180	ESOPHAGOSCOPY RIGID TRNSO	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
43191	ESOPHSCOP RIGID TRANSORAL DIAG	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43192	ESOPHSCOP RIGID TRANSORAL SUBMUSOCAL INJ	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43193	ESOPHSCOP RIGID TRANSORAL W/BIOPSY 1+	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	ESOPHSCOP RIGID TRANSORAL BALLOON DIL	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43196	ESOPHSCOP RIGID TRANSORAL INSERT WIRE	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43197	ESOPHAGOSCOPY FLEX DIAG	0	999	10/1/2020	12/31/9999	1	108.27	102.86
43198	ESOPHSCOP FLEX TRANSNASAL W/BIOPSY 1+	0	999	10/1/2020	12/31/9999	1	115.49	109.72
43200	ESOPHAGOSCOPY, RIGID OR FLEXIB	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
43202	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43204	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43205	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43206	ESOPHAGUS ENDOSCOPY/LESION	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43211	ESOPHSCOP FLEX TRANSORAL W/MUCOSAL RES	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43212	ESOPHSCOP FLEX TRANSORAL PLACE STENT	0	999	10/1/2020	12/31/9999	1	2,499.66	2,374.68
43213	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43214	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	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 FLEX REM TUMOR	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43217	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43220	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43226	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43227	ESOPH ENDOSCOPY, REPAIR	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43229	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43231	ESOPH ENDOSCOPY W/US EXAM	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43232	ESOPH ENDOSCOPY W/US FN BX	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43233	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43235	UPPER GASTROINTESTINAL ENDOSCO	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	UP GI ENDO; ENDO US EXAM LTD ESOPH UPER	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43238	UP GI ENDO;TRNSNDO US FNA/BX ESOPHUP GI	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43239	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43240	ESOPH ENDOSCOPE W/DRAIN CYST	0	999	10/1/2020	12/31/9999	1	1,574.03	1,495.33
43241	UPPER GI ENDOSCOPY WITH TUBE	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43242	UGI ENDO; W/US GUID ASPIR/BX UGI E	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43243	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43244	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43245	OPERATIVE UPPER GI ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43246	UPPER GASTROINTESTINAL ENDOSCO	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	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43249	ESOPHAGUS ENDOSCOPY,DILATION	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43250	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43251	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43252	UPPER GI OPTICL ENDOMICRSOCOPY	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43253	ESOPHSCOP FLEX TRANSORAL ULTRASND DIAG	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43254	ESOPHSCOP FLEX TRANSORAL MUCOSAL RESEC	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43255	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM UGI E	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43260	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43261	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43262	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43263	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43264	ENDO CHOLANGIOPANCREATOGRAPH	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43265	ENDO CHOLANGIOPANCREATOGRAPH	0	999	10/1/2020	12/31/9999	1	1,568.46	1,490.04
43266	ESOPHSCOP FLEX TRANSORAL STENT	0	999	10/1/2020	12/31/9999	1	2,532.22	2,405.61
43270	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	530.45	503.93
43273	ENDO CANN PAPANILLA VIS BILE DUCTS	0	999	10/1/2014	12/31/9999	1	0.00	0.00
43274	ECRP STENT	0	999	10/1/2020	12/31/9999	1	1,568.46	1,490.04
43275	ECRP RMV FOREIGN BODY OR STENT	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43276	ECRP RMV OR EXCHG STENT	0	999	10/1/2020	12/31/9999	1	1,568.46	1,490.04
43277	ECRP DIL AMPULLA EA DUCT	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43278	ECRP ABL TUMOR W/GUIDE WIRE	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
43284	LAPARO, SUGICAL, ESOP SPHIN	0	999	10/1/2020	12/31/9999	1	4,097.49	3,892.62
43285	REM ESPH SPHIN AGUM DEVICE	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
43450	DILATION OF ESOPHAGUS, BY UNGU	0	999	10/1/2020	12/31/9999	1	317.70	301.82
43453	DILATION OF ESOPHAGUS, OVER GU	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	1,755.26	1,667.50
43752	NASO/ORO-GAS TUBE PLC MD SKLL&FLORONASO/	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	CLOSURE OF GASTROSTOMY, SURG	0	999	10/1/2020	12/31/9999	1	1,044.91	992.66
44100	BIOPSY OF INTESTINE BY CAPSU	0	999	10/1/2020	12/31/9999	1	317.70	301.82
44312	REVISION OF ILEOSTOMY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
44340	REVISION OF COLOSTOMY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,203.50	1,143.33
44360	SMALL INTESTINE ENDOSCOPY INTEROSCOPY	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44361	SMALL INTESTINAL ENDOSCOPY, EN	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 INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44365	SMALL INTESTINAL ENDOSCOPY, EN	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 INTESTINAL ENDOSCOPY, EN	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	2,534.83	2,408.09
44372	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44373	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44376	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45	503.93
44377	SMALL INTESTINAL ENDOSCOPY, EN	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	1,568.46	1,490.04
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	ILEOSCOPY, THROUGH STOMA; WITH	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	1,044.91	992.66
44385	ENDOSCOPIC EVAL SMALL INTEST 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 THROUGH STOMA; WIT	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 THROUGH STOMA; WIT	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	2,354.86	2,237.12
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	INTRODUCTION OF LONG GASTROINT	0	999	10/1/2020	12/31/9999	1	317.70	301.82
45000	TRANSRECTAL DRAINAGE OF PELV	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45005	INCISION AND DRAINAGE OF SUB	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45020	INCISION AND DRAINAGE OF DEE	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45100	BIOPSY OF ANORECTAL WALL, AN	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45108	ANORECTAL MYOMECTOMY	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45150	DIVISION OF STRICTURE OF REC	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45160	EXCISION OF RECTAL TUMOR BY	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, RIGID; DI	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45307	PROCTOSIGMOIDOSCOPY; WITH REMO	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45308	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45309	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45315	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45317	PROTOSIGMOIDOSCOPY BLEED	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45320	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45321	PROCTOSIGMOIDOSCOPY; WITH DECO	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	2,029.92	1,928.42
45330	SIGMOIDOSCOPY, FLEXIBLE INCL SPECIMEN	0	999	10/1/2020	12/31/9999	1	116.35	110.53
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH	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 FLEX REMOV TUMOR, POLYP, L	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45334	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45335	SIGMOIDOSCOPE W/SUBMUC INJ	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45337	SIGMOIDOSCOPY FLEXIBLE COMPRESS	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45340	SIGMOIDOSCOPY FLEXIBLE BALLOON DIL	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	2,597.79	2,467.90
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	IEEBSPD DIAG BRUSH/WASH	0	999	10/1/2020	12/31/9999	1	308.78	293.34
45379	SIEEBSPD DIAG W/ILEUM	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45380	COLONOSC DIAG COLL SPEC	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45381	COLONOSC DIAG COLL SPEC	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45382	COLONOSC CONTROL BLEEDING	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45384	COLONCS REM TUMOR POLYP LESION	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45385	COLONCS REM TUMOR SNARE TECH	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45386	COLONSC W/TRANENDOCOPIC BALN DIL	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	2,506.12	2,380.81
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	PROCTOPLASTY;	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45505	PROCTOPLASTY;	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45520	PERIRECTAL INJECTION OF SCLERO	0	999	10/1/2016	12/31/9999	1	0.00	0.00
45541	PROCTOPEXY FOR PROLAPSE;	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45560	REPAIR OF RECTOCELE (SEPARAT	0	999	10/1/2020	12/31/9999	1	880.16	836.15
45900	*REDUCTION OF PROCIDENTIA (SE	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 STRICTURE	0	999	10/1/2020	12/31/9999	1	405.94	385.64
45915	*REMOVAL OF FECAL IMPACTION O	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 SETON, OTHER MARK	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46040	INCISION AND DRAINAGE OF ISC	0	999	10/1/2020	12/31/9999	1	405.94	385.64
46045	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46050	*INCISION AND DRAINAGE, PERIA	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46060	INCISION AND DRAINAGE OF ISCHI	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46070	INCISION, ANAL SEPTUM (INFAN	0	1	10/1/2020	12/31/9999	1	880.16	836.15
46080	*SPHINCTEROTOMY, ANAL, DIVISI	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
46083	INCISION OF THROMBOSED HEMORRH	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	HEMORRHOIDECTOMY INTERNAL AN	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	HEMORRHOIDECTOMY, INTERNAL A	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	SURGICAL TREATMENT OF ANAL FIS	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	FISTULECTOMY;	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 OF SCLEROSING SOLU	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	ANOSCOPY; DIAGNOSTIC, WITH OR	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; WITH BIOPSY, SINGLE	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; WITH REMOVAL OF FORE	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46610	ANOSCOPY; WITH REMOVAL OF SING	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46611	ANOSCOPY; WITH REMOVAL OF SING	0	999	10/1/2020	12/31/9999	1	308.78	293.34
46612	ANOSCOPY; WITH REMOVAL OF MULT	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; WITH ABLATION OF TUM	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46700	ANOPLASTY, PLASTIC OPERATION	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	SPHINCTEROPLASTY, ANAL, FOR	14	999	10/1/2020	12/31/9999	1	880.16	836.15
46753	GRAFT (THIERSCH OPERATION) F	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46754	REMOVAL OF THIERSCH WIRE OR	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46760	SPHINCTEROPLASTY, ANAL, FOR	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46761	SPHINCTEROPLASTY, ANAL, FOR IN	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46900	*CHEMOSURGERY OF CONDYLOMATA,	0	999	10/1/2020	12/31/9999	5	129.16	122.70
46910	*ELECTRODESICCATION OF CONDYL	0	999	10/1/2020	12/31/9999	1	149.55	142.07
46916	DESTRUCTION OF LESION(S), ANUS	0	999	10/1/2020	12/31/9999	1	70.63	67.10
46917	DESTRUCTION OF LESION(S), ANUS	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46922	DESTRUCTION OF LESION(S), ANUS	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	DESTR INTERN HEMROIDS THERM ENERGY	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	CURETTAGE OR CAUTERIZATION O	0	999	10/1/2020	12/31/9999	1	126.17	119.86
46945	HEMORRHOIDECTOMY, SINGLE COLUMN/GROUP	0	999	10/1/2020	12/31/9999	1	880.16	836.15
46946	HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROU	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	*BIOPSY OF LIVER, PERCUTANEOU	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	1,755.26	1,667.50
47383	PERQ ABLTJ LVR CRYOABLATION	0	999	10/1/2020	12/31/9999	1	2,482.02	2,357.92
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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	1,101.77	1,046.68
47534	PLMT BILIARY DRAINAGE CATH	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47535	CONVERSION EXT BIL DRG CATH	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47536	EXCHANGE BILIARY DRG CATH	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47537	REMOVAL BILIARY DRG CATH	0	999	10/1/2020	12/31/9999	1	317.70	301.82
47538	PERQ OLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	2,663.50	2,530.33
47539	PERQ PLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
47540	PERQ PLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	2,495.43	2,370.66
47541	PLMT ACCESS BIL TREE SM BWL	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
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 ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47553	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47554	BILIARY ENDOSCOPY THRU SKIN	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
47555	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
47556	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	2,601.63	2,471.55
47562	LAPAROSCOPIC CHOLECYSTECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
47563	LAPARO CHOLECYSTECTOMY/GRAPH	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
47564	LAPARO CHOLECYSTECTOMY/EXPLR	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
48102	*BIOPSY OF PANCREAS, PERCUTAN	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49082	ABDOMINAL PARACENTESIS WO IMAG	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49083	ABDOMINAL PARACENTESIS W IMAG	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49084	PERITONEAL LAVAGE INCL IMAG GUIDE	0	999	10/1/2020	12/31/9999	1	317.70	301.82
49180	*BIOPSY, ABDOMINAL OR RETROPE	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49250	UMBILECTOMY, OMPHALECTOMY, E	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49320	DIAG LAPARO SEPARATE PROC	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49321	LAPAROSCOPY, BIOPSY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49322	LAPAROSCOPY, ASPIRATION	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49324	LAP INSERT TUNNEL IP CATH	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49325	LAP SURG W/REV PREV INTRAPERITONEAL CATH	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49326	LAP SURG W/OMENTOPEXY	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	INJECTION OF AIR OR CONTRAST I	0	999	10/1/2012	12/31/9999	1	0.00	0.00
49402	REM PERITONEAL FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49406	IMAGE FLUID COLL/PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	461.11	438.05
49407	FLUID COLL/VAGINAL/TRANSRECTAL	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	1,101.77	1,046.68
49419	INSERT TUN IP CATH W/PORT	0	999	10/1/2020	12/31/9999	1	1,857.45	1,764.58
49421	INS TUN IP CATH FOR DIAL OPN	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49422	REMOVE TUNNELED IP CATH	0	999	10/1/2020	12/31/9999	1	1,072.98	1,019.33
49423	EXCHANGE DRAINAGE CATH	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	REVISION OF PERITONEAL-VENOUS	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49427	INJECTION PROCEDURE (EG, CONTR	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	1,072.98	1,019.33
49435	INS SUBCU EXT INTRAPERITONEAL CATH W/REM	0	999	10/1/2015	12/31/9999	1	0.00	0.00
49436	DELAYED CREAT EXIT SITE INTRAPERITONEAL	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	1,101.77	1,046.68
49496	REPAIR INITIAL INGUINAL HERNIA	0	1	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49500	REPAIR INITIAL INGUINAL HERNIA	0	4	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49501	REP INITIAL INGUINAL HERNIA, A	0	4	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49505	REPAIR INITIAL INGUINAL HERNIA	5	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49507	REPAIR INITIAL INGUINAL HERNIA	5	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49520	REPAIR RECURRENT INGUINAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49521	REPAIR RECURRENT INGUINAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49525	REPAIR INGUINAL HERNIA, SLIDIN	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49540	REPAIR LUMBAR HERNIA	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49550	REPAIR INITIAL FEMORAL HERNIA,	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49553	REPAIR INITIAL FEMORAL HERNIA	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49555	REPAIR RECURRENT FEMORAL HERNI	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49557	REPAIR RECURRENT FEMORAL HERNI	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49560	REPAIR ABDOMINAL HERNIA	0	999	10/1/2020	12/31/9999	2	1,101.77	1,046.68
49561	REPAIR INITIAL INCISIONAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49565	REPAIR ABDOMINAL HERNIA	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49566	REPAIR RECURRENT INCISIONAL HE	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49568	IMPLANT MESH/OTH PROSTH HERNIA REPAIR	0	999	10/1/2014	12/31/9999	1	0.00	0.00
49570	REPAIR EPIGASTRIC HERNIA (EG,	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49572	REPAIR EPIGASTRIC HERNIA (EG,	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49580	REPAIR UMBILICAL HERNIA, UNDER	0	4	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49582	REPAIR UMBILICAL HERNIA, UNDER	0	4	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49585	REPAIR UMBILICAL HERNIA, AGE 5	5	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49587	REPAIR UMBILICAL HERNIA, AGE 5	5	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49590	REPAIR SPIGELIAN HERNIA	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49600	REPAIR OF SMALL OMPHALOCELE, W	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
49650	LAPARO HERNIA REPAIR INITIAL	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49651	LAPARO HERNIA REPAIR RECUR	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49652	LAP VNTRL UMBIL, SPIG, EPIG HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49653	LAP VNTRL UMBIL, SPIG, EPIG HRNIA STRG	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
49654	LAP INC HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
49655	LAP INC HRNIA STRANG	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
49656	LAP RECURR INC HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
49657	LAP RECURR INC HRNIA STRANG	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
50080	PERCUTANEOUS NEPHROSTOLITHOTOM	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69
50081	PERCUTANEOUS NEPHROSTOLITHOTOM	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69
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	*ASPIRATION AND/OR INJECTION	0	999	10/1/2020	12/31/9999	1	246.58	234.25
50391	PREP RENAL GRAFT/URETERAL	0	999	10/1/2020	12/31/9999	1	39.26	37.30
50396	MANOMETRIC STUDIES THROUGH N	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	1,101.58	1,046.50
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	1,101.58	1,046.50
50551	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50553	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50555	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
50557	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69
50561	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50562	RENAL SCOPE W/TUMOR RESECT	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69
50570	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50572	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	224.97	213.72
50574	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	631.77	600.18
50575	RENAL ENDOSCOPY THROUGH NEPHRO	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50576	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50580	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50590	LITHOTRIPSY, EXTRACORPOREAL SH	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50592	PERC RF ABLATE RENAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
50593	PERC CRYO ABLATE RENAL TUM	0	999	10/1/2020	12/31/9999	1	3,933.34	3,736.67
50606	ENDOLUMINAL BX URTR RNL PLVS	0	999	1/1/2016	12/31/9999	1	0.00	0.00
50684	INJECTION PROCEDURE FOR URETER	0	999	10/1/2012	12/31/9999	1	0.00	0.00
50686	MANOMETRIC STUDIES THROUGH U	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 PROCEDURE FOR VISUAL	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	1,101.58	1,046.50
50694	PLMT URETERAL STENT PRQ	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50695	PLMT URETERAL STENT PRQ	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
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	REVISION OF URINARY-CUTANEOUS	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50947	LAPARO NEW URETER/BLADDER	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
50948	LAPARO NEW URETER/BLADDER	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
50951	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50953	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50955	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50957	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50961	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50970	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50972	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
50974	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50976	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
50980	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
51020	CYSTOTOMY OR CYSTOSTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51030	CYSTOTOMY OR CYSTOSTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51040	CYSTOSTOMY, CYSTOTOMY WITH D	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51045	CYSTOTOMY, WITH INSERTION OF	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51050	CYSTOLITHOTOMY, CYSTOTOMY WI	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
51065	REMOVE URETER CALCULUS	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51080	DRAINAGE OF PERIVESICAL OR P	0	999	10/1/2020	12/31/9999	1	795.47	755.70
51100	ASP BLADDER/NEEDLE	0	999	10/1/2020	12/31/9999	1	31.18	29.62
51101	ASP BLADDER/TROCAR OR INTRACATH	0	999	10/1/2020	12/31/9999	1	84.30	80.09
51102	ASP BLADDER/SUPRAPUBIC CATH	0	999	10/1/2020	12/31/9999	1	631.77	600.18
51500	EXCISION OF URACHAL CYST OR	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
51520	CYSTOTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51535	CYSTOTOMY FOR EXCISION, INCISI	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51600	*INJECTION PROCEDURE FOR CYST	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51605	INJECTION PROCEDURE AND PLAC	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51610	INJECTION PROCEDURE FOR RETR	0	999	10/1/2012	12/31/9999	1	0.00	0.00
51700	*BLADDER IRRIGATION, SIMPLE,	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 CYSTOSTOMY TUBE;	0	999	10/1/2020	12/31/9999	1	49.08	46.63
51710	*CHANGE OF CYSTOSTOMY TUBE;	0	999	10/1/2020	12/31/9999	1	224.97	213.72
51715	ENDOSCOPIC INJECTION OF IMPLAN	0	999	10/1/2020	12/31/9999	1	1,460.94	1,387.89

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
51720	BLADDER INST ANTICARCINOGENIC	0	999	10/1/2020	12/31/9999	1	41.00	38.95
51725	SIMPLE CYSTOMETROGRAM (EG, S	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	SIMPLE UROFLOWMETRY (EG, STO	0	999	10/1/2015	12/31/9999	1	0.00	0.00
51741	ELECTRONIC UROFLOWMETRY (EG,	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	NEEDLE ELECTROMYOGRAPHY STUDIE	0	999	10/1/2020	12/31/9999	1	94.95	90.20
51792	STIMULUS EVOKED RESPONSE (EG	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	CLOSURE OF CYSTOSTOMY (SEPAR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
51992	LAPARO SLING OPERATION	0	999	10/1/2020	12/31/9999	1	2,339.22	2,222.26
52000	CYSTOURETHROSCOPY (SEPARATE	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	1,101.58	1,046.50
52005	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52007	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52010	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	224.97	213.72
52204	CYSTOURETHROSCOPY WITH BIOPSY	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52214	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52224	CYSTOURETHROSCOPY, WITH FULG	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	1,101.58	1,046.50
52235	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52240	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52260	CYSTOURETHROSCOPY, WITH DILA	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52265	CYSTOURETHROSCOPY, WITH DILA	0	999	10/1/2020	12/31/9999	1	217.40	206.53
52270	CYSTOURETHROSCOPY, WITH INTE	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52275	CYSTOURETHROSCOPY, WITH INTE	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52276	CYSTOURETHROSCOPY WITH DIREC	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52277	CYSTOURETHROSCOPY, WITH RESE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
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	1,101.58	1,046.50
52283	CYSTOURETHROSCOPY, WITH STER	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52285	CYSTOURETHROSCOPY FOR TREATM	0	999	10/1/2020	12/31/9999	1	224.97	213.72
52287	CYSYOSCOPY CHEMODENERVATION	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52290	CYSTOURETHROSCOPY;	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	1,101.58	1,046.50
52301	CYSTOSCOPY AND TREATMENT	0	20	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52305	CYSTOURETHROSCOPY;	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52310	CYSTOURETHROSCOPY, WITH REMO	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	LITHOLAPAXY; CRUSHING OR FRAGM	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52318	LITHOLAPAXY; CRUSHING OR FRAGM	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52320	CYSTOURETHROSCOPY (INCLUDING U	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52325	CYSTOURETHROSCOPY (INCLUDING U	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52327	CYSTOSCOPY, INJECT MATERIAL	0	999	10/1/2020	12/31/9999	1	2,150.34	2,042.82
52330	CYSTOURETHROSCOPY;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52332	CYSTOURETHROSCOPY, WITH INSE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52334	CYSTOURETHROSCOPY WITH INSERTI	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52341	CYSTO W/URETER STRICTURE TX	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52342	CYSTO W/UP STRICTURE TX	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52343	CYSTO W/RENAL STRICTURE TX	0	999	10/1/2020	12/31/9999	1	631.77	600.18
52344	CYSTO/URETERO, STONE REMOVE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52345	CYSTO/URETERO W/UP STRICTURE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52346	CYSTOURETERO W/RENAL STRICT	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52351	CYSTOURETRO & OR PYELOSCOPE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
52352	CYSTOURETRO W/STONE REMOVE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52353	CYSTOURETERO W/LITHOTRIPSY	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52354	CYSTOURETERO W/BIOPSY	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52355	CYSTOURETERO W/EXCISE TUMOR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52356	CYSOUR W/LITHOTRIPSY	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52400	CYSTOURETERO W/CONGEN REPR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52402	CYSTOURETHRO CUT EJACUL DUCT	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52450	TRANSURETHRAL INCISION OF PROS	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52500	TRANSURETHRAL RESECTION OF B	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52601	TRANSURETHRAL RESECTION OF P	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52630	TRANSURETHRAL RESECTION;	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52640	TRANSURETHRAL RESECTION;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
52647	LASER SURGERY OF PROSTATE	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52648	LASER SURGERY OF PROSTATE	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52649	PROSTATE LASER ENUCLEATION	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
52700	TRANSURETHRAL DRAINAGE OF PR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53000	URETHROTOMY OR URETHROSTOMY,	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53010	URETHROTOMY OR URETHROSTOMY,	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53020	MEATOTOMY, CUTTING OF MEATUS	1	999	10/1/2020	12/31/9999	1	631.77	600.18
53025	MEATOTOMY, CUTTING OF MEATUS	0	1	10/1/2020	12/31/9999	1	631.77	600.18
53040	DRAINAGE OF DEEP PERIURETHRA	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53060	DRAINAGE OF SKENE'S GLAND AB	0	999	10/1/2020	12/31/9999	1	65.54	62.26
53080	DRAINAGE OF PERINEAL URINARY	0	999	10/1/2020	12/31/9999	1	224.97	213.72
53085	DRAINAGE OF PERINEAL URINARY	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	URETHRECTOMY, TOTAL, INCLUDI	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53215	URETHRECTOMY, TOTAL, INCLUDI	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53220	EXCISION OR FULGURATION OF C	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53230	EXCISION OF URETHRAL DIVERTI	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53235	EXCISION OF URETHRAL DIVERTI	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53240	MARSUPIALIZATION OF URETHRAL	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53250	EXCISION OF BULBOURETHRAL GL	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53260	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53265	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53270	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53275	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53400	URETHROPLASTY;	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53405	URETHROPLASTY;	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53410	URETHROPLASTY, ONE-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53420	URETHROPLASTY, TWO-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53425	URETHROPLASTY, TWO-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53430	URETHROPLASTY, RECONSTRUCTIO	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53431	RECONSTRUCT URETHRA/BLADDER	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53440	MALE SLING PROCEDURE	0	999	10/1/2020	12/31/9999	1	5,237.35	4,975.48
53442	REMOVE/REVISE MALE SLING	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53444	INSERT TANDEM CUFF	0	999	10/1/2020	12/31/9999	1	10,960.90	10,412.86
53445	INSERT URO/VES NCK SPHINCTER	0	999	10/1/2020	12/31/9999	1	11,949.86	11,352.37
53446	REMOVE URO SPHINCTER	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53447	REMOVE/REPLACE UR SPHINCTER	0	999	10/1/2020	12/31/9999	1	11,586.74	11,007.40
53449	REPAIR URO SPHINCTER	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53450	URETHRAL MEATOPLASTY, WITH M	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53460	URETHRAL MEATOPLASTY, WITH P	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53502	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
53505	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53510	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53515	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53520	CLOSURE OF URETHROSTOMY OR U	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
53600	DILATION OF URETHRAL STRICTU	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
53601	*DILATION OF URETHRAL STRICTU	0	999	10/1/2016	12/31/9999	1	0.00	0.00
53605	DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	631.77	600.18
53620	*DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	69.87	66.38
53621	*DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	71.60	68.02
53660	*DILATION OF FEMALE URETHRA I	0	999	10/1/2020	12/31/9999	1	35.22	33.46
53661	*DILATION OF FEMALE URETHRA I	0	999	10/1/2016	12/31/9999	1	0.00	0.00
53665	DILATION OF FEMALE URETHRA I	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	1,101.58	1,046.50
53852	PROSTATIC RF THERMOTX	0	999	10/1/2020	12/31/9999	1	1,051.22	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, DORSAL	1	999	10/1/2020	12/31/9999	1	631.77	600.18
54015	INCISION AND DRAINAGE OF PEN	0	999	10/1/2020	12/31/9999	1	461.11	438.05
54050	*DESTRUCTION OF CONDYLOMATA,	0	999	10/1/2016	12/31/9999	1	0.00	0.00
54055	*DESTRUCTION OF CONDYLOMATA,	0	999	10/1/2020	12/31/9999	1	63.81	60.62
54056	DESTRUCTION OF LESION(S), PENI	0	999	10/1/2015	12/31/9999	1	0.00	0.00
54057	DESTRUCTION OF LESION(S), PENI	0	999	10/1/2020	12/31/9999	1	655.96	623.16
54060	*DESTRUCTION OF CONDYLOMATA,	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	EXCISION OF PENILE PLAQUE (P	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54112	EXCISION OF PENILE PLAQUE (PEY	0	999	10/1/2020	12/31/9999	1	3,196.52	3,036.69
54115	REMOVAL FOREIGN BODY FROM DE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
54120	AMPUTATION OF PENIS;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54161	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54162	LYSIS PENIL CIRCUMCIS 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	*INJECTION PROCEDURE FOR PEYR	0	999	10/1/2020	12/31/9999	1	56.01	53.21
54205	INJECTION PROCEDURE FOR PEYR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54220	IRRIGATION OF CORPORA CAVERN	0	999	10/1/2020	12/31/9999	1	94.95	90.20
54230	INJECTION PROCEDURE FOR CORP	0	999	10/1/2012	12/31/9999	1	0.00	0.00
54231	DYNAMIC CAVERNOSOMETRY, INCLUD	0	999	10/1/2020	12/31/9999	1	51.68	49.10
54240	PENILE PLETHYSMOGRAPHY	0	999	10/1/2020	12/31/9999	1	30.31	28.79
54300	PLASTIC OPERATION OF PENIS F	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54304	PLASTIC OPERATION ON PENIS FOR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54308	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54312	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54316	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54318	URETHROPLASTY FOR THIRD STAGE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54322	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54324	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54326	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54328	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54340	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54344	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54348	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54352	REPAIR OF HYPOSPADIAS CRIPPLE	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
54360	PLASTIC OPERATION ON PENIS T	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54380	PLASTIC OPERATION ON PENIS F	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54385	PLASTIC OPERATION ON PENIS F	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54420	CORPORA CAVERNOSA-SAPHENOUS	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54435	CORPORA CAVERNOSA-GLANS PENI	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54437	REPAIR CORPOREAL TEAR	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54440	PLASTIC OPERATION OF PENIS F	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54450	FORESKIN MANIPULATION INCLUD	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
54500	BIOPSY OF TESTIS, NEEDLE (SE	0	999	10/1/2020	12/31/9999	1	795.47	755.70
54505	BIOPSY OF TESTIS, INCISIONAL (	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54512	EXCISE LESION TESTIS	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54520	ORCHIECTOMY, SIMPLE (INCLUDING	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54522	ORCHIECTOMY, PARTIAL	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54530	ORCHIECTOMY, RADICAL, FOR TU	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
54550	EXPLORATION FOR UNDESCENDED TE	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
54560	EXPLORATION FOR UNDESCENDED TE	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54600	REDUCTION OF TORSION OF TEST	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54620	FIXATION OF CONTRALATERAL TE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54640	ORCHIOPEXY, INGUINAL, SCROTAL APPROACH	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
54670	SUTURE OR REPAIR OF TESTICUL	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54680	TRANSPLANTATION OF TESTIS(ES	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54690	LAPAROSCOPY, ORCHIECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
54692	LAPAROSCOPY, ORCHIOPEXY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
54700	INCISION AND DRAINAGE OF EPI	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	0	999	10/1/2020	12/31/9999	1	461.11	438.05
54830	EXCISION OF LOCAL LESION OF	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54840	EXCISION OF SPERMATOCELE, WI	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54860	EPIDIDYMECTOMY;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54861	EPIDIDYMECTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54865	EXPLOR EPIDIDYMIS W OR W/O BIOPSY	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
54900	EPIDIDYMOVASOSTOMY, ANASTOMO	0	999	10/1/2020	12/31/9999	1	631.77	600.18
54901	EPIDIDYMOVASOSTOMY, ANASTOMO	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55000	*PUNCTURE ASPIRATION OF HYDRO	0	999	10/1/2020	12/31/9999	1	51.39	48.82
55040	EXCISION OF HYDROCELE;	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
55041	EXCISION OF HYDROCELE;	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
55060	REPAIR OF HYDROCELE (BOTTLE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55100	*DRAINAGE OF SCROTAL WALL ABS	0	999	10/1/2020	12/31/9999	1	461.11	438.05
55110	SCROTAL EXPLORATION	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55120	REMOVAL OF FOREIGN BODY IN S	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55150	RESECTION OF SCROTUM	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55175	SCROTOPLASTY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55180	SCROTOPLASTY; COMPLICATED	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
55200	VASOTOMY, CANNULIZATION WITH	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55250	VASE, UNILAT /BILT, INCLUDE POST-OP SEM	21	999	10/1/2020	12/31/9999	1	631.77	600.18
55400	VASOVASOSTOMY, VASOVASORRHAPHY	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55500	EXCISION OF HYDROCELE OF SPE	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55520	EXCISION OF LESION OF SPERMA	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55530	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55535	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
55540	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.77	1,046.68
55550	LAPARO LIGATE SPERMATIC VEIN	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
55600	VESICULOTOMY;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55680	EXCISION OF MULLERIAN DUCT C	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55700	BIOPSY, PROSTATE;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55705	BIOPSY, PROSTATE;	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55706	BIOP PROSTATE NEEDLE TRANSPER	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55720	PROSTATOTOMY, EXTERNAL DRAIN	0	999	10/1/2020	12/31/9999	1	631.77	600.18
55725	PROSTATOTOMY, EXTERNAL DRAIN	0	999	10/1/2020	12/31/9999	1	1,101.58	1,046.50
55860	EXPOSURE OF PROSTATE, ANY APPR	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
55873	CRYOABLATE PROSTATE	0	999	10/1/2020	12/31/9999	1	4,955.69	4,707.91
55874	TRANSPERINEAL PLAC OF BIO MATERIAL	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
55875	TRANSP PLC CATH PROSTATE FOR RADIOELE AP	0	999	10/1/2020	12/31/9999	1	1,581.02	1,501.97
55876	PLACE RT DEVICE/MARKER PROS	0	999	10/1/2020	12/31/9999	1	64.96	61.71
55920	PLACE NEEDLES PERVIC FOR RT	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
56405	INCISION AND DRAINAGE OF VULVA	0	999	10/1/2020	12/31/9999	1	56.01	53.21
56420	INCISION AND DRAINAGE OF BARTH	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
56440	MARSUPIALIZATION OF BARTHOLI	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56441	LYSIS OF LABIAL ASHESIONS	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56442	HYMENOTOMY SIMPLE INCISION	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56501	DESTROY, VULVA LESIONS, SIMP	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 OR PERINEUM (S	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	BIOPSY OF VULVA OR PERINEUM (S	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56625	BIOPSY OF VULVA OR PERINEUM (S	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56700	PARTIAL HYMENECTOMY OR REVISIO	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56740	EXCISION OF BARTHOLIN'S GLAN	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56800	PLASTIC REPAIR OF INTROITUS	0	999	10/1/2020	12/31/9999	1	988.25	938.84
56810	PERINEOPLASTY, REPAIR OF PERIN	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	COLPOTOMY;	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57010	COLPOTOMY;	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57020	*COLPOCENTESIS (SEPARATE PROC	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57022	I & D VAGINAL HEMATOMA, PP	9	60	10/1/2020	12/31/9999	1	795.47	755.70
57023	I & D VAG HEMATOMA, TRAUMA	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 VAGINAL MUCOSA;	0	999	10/1/2020	12/31/9999	1	39.84	37.85
57105	BIOPSY OF VAGINAL MUCOSA;	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57120	COLPOCLEISIS (LE FORT TYPE)	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57130	EXCISION OF VAGINAL SEPTUM	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57135	EXCISION OF VAGINAL CYST OR	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57150	IRRIGATION OF VAGINA AND/OR AP	0	999	10/1/2016	12/31/9999	1	0.00	0.00
57155	INSERT UTERI TANDEMS/OVOIDS	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57156	INS VAG BRACHYTX DEVICE	0	999	10/1/2020	12/31/9999	1	109.43	103.96
57160	INSERTION OF PESSARY/DEVICE	0	999	10/1/2020	12/31/9999	1	27.14	25.78
57170	DIAPHRAGM OR CERVICAL CAP FITT	0	999	10/1/2020	12/31/9999	1	28.30	26.89
57180	INTRODUCTION OF ANY HEMOSTATIC	0	999	10/1/2020	12/31/9999	1	67.12	63.76
57200	COLPORRHAPHY, SUTURE OF INJU	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57210	COLPOPERINEORRHAPHY, SUTURE	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57220	PLASTIC OPERATION ON URETHRAL	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57230	PLASTIC REPAIR OF URETHROCELE	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57240	ANTERIOR COLPORRHAPHY, REPAIR	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57250	POSTERIOR COLPORRHAPHY, REPAIR	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57260	COMBINED ANTEROPOSTERIOR COL	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57265	COMBINED ANTEROPOSTERIOR COL	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57267	INSERT MESH/PELVIC FLR ADDON	0	999	10/1/2014	12/31/9999	2	0.00	0.00
57268	REPAIR OF ENTEROCELE, VAGINA	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57287	REVISE/REMOVE SLING REPAIR	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57288	SLING OPERATION FOR STRESS I	0	999	10/1/2020	12/31/9999	1	1,961.42	1,863.35
57289	PEREYRA PROCEDURE, INCLUDING	0	999	10/1/2020	12/31/9999	1	2,184.26	2,075.05
57291	CONSTRUCTION OF ARTIFICIAL V	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57295	CHANGE VAGINAL GRAFT	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57300	CLOSURE OF RECTOVAGINAL FIST	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57310	CLOSURE OF URETHROVAGINAL FI	0	999	10/1/2020	12/31/9999	1	2,184.26	2,075.05
57320	CLOSURE OF VESICOVAGINAL FIS	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57400	*DILATION OF VAGINA UNDER ANE	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57410	*PELVIC EXAMINATION UNDER ANE	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57415	REMOVAL OF IMPACTED VAGINAL FO	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	2,184.26	2,075.05
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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	BIOP CERVIX SINGL/MULTI OR EXC LESION	0	999	10/1/2020	12/31/9999	1	78.53	74.60
57505	ENDOCERVICAL CURETTAGE (NOT DO	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	*CAUTERIZATION OF CERVIX;	0	999	10/1/2020	12/31/9999	1	79.11	75.15
57513	CAUTERIZATION OF CERVIX; LASER	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57520	CONIZATION OF CERVIX, WITH OR	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	TRACHELECTOMY (CERVICECTOMY)	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57550	EXCISION OF CERVICAL STUMP,	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57556	EXCISION OF CERVICAL STUMP,	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
57558	DIL & CUR OF CERVIC STUMP	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57700	CERCLAGE OF UTERINE CERVIX, NO	0	999	10/1/2020	12/31/9999	1	988.25	938.84
57720	TRACHELORRHAPHY, PLASTIC REP	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	ENDOMETRIAL AND/OR ENDOCERVICA	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, DIAG	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58145	MYOMECTOMY, EXCISION OF FIBR	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58260	VAG HYST, UTER 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58262	VAG HYST, UTER 250 G OR LESS; REML TUB/	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58301	REMOVAL OF INTRAUTERINE DEVICE	0	999	10/1/2020	12/31/9999	1	41.86	39.77
58340	CATH&INTRO SALINE/CONTRAST SIS/HSG CATH	0	999	10/1/2012	12/31/9999	1	0.00	0.00
58345	TRANSCERVICAL INTRODUCTION OF	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	1,453.09	1,380.44
58350	*HYDROTUBATION OF OVIDUCT, IN	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58353	ENDOMETR ABLATE, THERMAL	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58356	ENDOMETRIAL CRYOABLATION	0	999	10/1/2020	12/31/9999	1	1,288.26	1,223.85
58541	LAP SURG SUPCER HYST, UTER <250	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58542	LAP SURG SUPCER HYS UTE <250 W REM TUB/O	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58543	LAP SURG, SUPCER HYST, UTER > 250G	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58544	LAP SURG, SUPCER HYST, UTER > 250G; REM	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58545	LAPAROSCOPIC MYOMECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58546	LAPARO-MYOMECTOMY, COMPLEX	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58550	LAP SURG W VAG HYS UTER =<250G	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58552	LAP SURG W VAG HYS UTER =<250G REM TUB/O	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58553	LAP SURG W VAG HYS UTER > 250G	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58554	LAP SURG W VAG HYS UTER > 250G; REM TUB/	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
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	1,453.09	1,380.44
58560	HYSTEROSCOPY, RESECT SEPTUM	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58561	HYSTEROSCOPY, REMOVE MYOMA	0	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
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	1,453.09	1,380.44
58565	HYS-SCOPE BIL TUB CANN INDU OCC PERM IMP	21	999	10/1/2020	12/31/9999	1	1,453.09	1,380.44
58570	TLH, UTERUS 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58571	TLH W/T/O 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58572	TLH, UTERUS OVER 250 G	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58573	TLH W/T/O UTERUS OVER 250 G	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
58600	LIG/TRAN TUB ABDM/VAG UNIL/BILA	21	999	10/1/2020	12/31/9999	1	988.25	938.84
58615	OCC TUB DEVC VAG/ SUPRPUB	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	1,755.26	1,667.50
58661	LAPSCP SURG REM ADNEXAL STRUC	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	1,755.26	1,667.50
58670	LAPSCP SURG FULG OVIDCTS	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58671	LAPSCP SURG OCCL OVIDT DEVICE	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58672	LAPAROSCOPY, FIMBRIOPLASTY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58673	LAPAROSCOPY, SALPINGOSTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
58674	LAPARO, SUGICAL, UTERINE FIBROIDS	0	999	10/1/2020	12/31/9999	1	2,870.86	2,727.32
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	OPEN DRAIN OVARY ABSCESS	0	999	10/1/2020	12/31/9999	1	988.25	938.84
58900	BIOPSY OF OVARY, UNILATERAL	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	CORDOCENTESIS (INTRAUTERINE),	9	60	10/1/2020	12/31/9999	1	109.43	103.96
59015	CHORIONIC VILLUS SAMPLING, ANY	9	60	10/1/2020	12/31/9999	1	49.37	46.90
59020	FETAL CONTRACTION 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	TRANSABD AMNIOINFUS INCL US GUID TRANS	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59072	FETAL UMB CORD OCCL INCL US GUID FETAL	0	999	10/1/2020	12/31/9999	1	152.98	145.33
59074	FETAL FL DRAIN INCL ULTRASOUND GUIDFETAL	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59076	FETAL SHNT PLCMT INCL US GUID FETAL	0	999	10/1/2020	12/31/9999	1	109.43	103.96
59100	HYSTEROTOMY ABDOMINAL	9	60	10/1/2020	12/31/9999	1	1,453.09	1,380.44
59150	LAPAROSCOPIC TREATMENT OF ECTO	9	60	10/1/2020	12/31/9999	1	1,755.26	1,667.50
59151	LAP TRTMT ECT PREG; SALP/OOPHR	9	60	10/1/2020	12/31/9999	1	1,755.26	1,667.50
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	CERCLAGE OF CERVIX, DURING PRE	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59412	EXTERNAL CEPHALIC VERSION, WIT	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59414	DELIVERY OF PLACENTA (SEPARATE	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59812	TREATMENT OF INCOMPLETE ABORTI	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59820	TREATMENT OF MISSED ABORTION,	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59821	TREATMENT OF MISSED ABORTION,	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59840	INDU ABORT, DIL/CURET	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59841	INDU ABORT, DIL/EVACU	9	60	10/1/2020	12/31/9999	1	988.25	938.84
59870	UTERINE EVACUATION AND CURETTA	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 THYROID, PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	43.02	40.87
60200	EXCISION OF CYST OR ADENOMA	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60210	PARTIAL EXCISION THYROID	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60212	PARTIAL THYROID EXCISION	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60220	TOTAL THYROID LOBECTOMY, UNI	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60225	TOTAL THYROID LOBECTOMY, UNI	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60240	THYROIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60280	EXCISION OF THYROGLOSSAL DUC	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60281	EXCISION OF THYROGLOSSAL DUCT	0	999	10/1/2020	12/31/9999	1	1,755.26	1,667.50
60300	ASP &/OR INJ THYROID CYST	0	999	10/1/2020	12/31/9999	1	62.94	59.79
60500	PARATHYROIDECTOMY OR EXPLORA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
61000	*SUBDURAL TAP THROUGH FONTANE	0	1	10/1/2020	12/31/9999	1	252.66	240.03
61001	*SUBDURAL TAP THROUGH FONTANE	0	1	10/1/2020	12/31/9999	1	252.66	240.03
61020	VENTRICULAR PUNCTURE THROUGH	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	CISTERNAL OR LATERAL CERVICAL	0	999	10/1/2020	12/31/9999	1	105.82	100.53
61055	CISTERNL/LAT CERV PUNCTURE	0	999	10/1/2020	12/31/9999	1	105.82	100.53
61070	*PUNCTURE OF SHUNT TUBING OR	0	999	10/1/2020	12/31/9999	1	252.66	240.03
61215	INSERTION OF SUBCUTANEOUS RESE	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
61330	DECOMPRESSION OF ORBIT ONLY, T	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	1,736.19	1,649.38
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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

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	STEREOTACTIC LESION OF GASSE	0	999	10/1/2020	12/31/9999	1	637.43	605.56
61791	CREATION OF LESION BY STEREOTA	0	999	10/1/2020	12/31/9999	1	637.43	605.56
61880	REVISION OR REMOVAL OF INTRACR	0	999	10/1/2020	12/31/9999	1	1,476.76	1,402.92
61885	INSRT/REDO NEUROSTIM 1 ARRAY	0	999	10/1/2020	12/31/9999	1	13,846.14	13,153.83
61886	IMPLANT NEUROSTIM ARRAYS	0	999	10/1/2020	12/31/9999	1	18,849.65	17,907.17
61888	REVISION OR REMOVAL OF CRANIAL	0	999	10/1/2020	12/31/9999	1	3,582.98	3,403.83
62160	NEUROENDOSCOPY ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00	0.00
62194	REPLACEMENT OR IRRIGATION, S	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62225	REPLACEMENT OR IRRIGATION, V	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
62230	REPLACE/REVISE BRAIN SHUNT	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
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	PERCUT ASP INTERV DISC/DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	246.58	234.25
62268	PERCUTANEOUS ASPIRATION, SPINA	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62269	BIOPSY OF SPINAL CORD, PERCUTA	0	999	10/1/2020	12/31/9999	1	461.11	438.05
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC.	0	999	10/1/2020	12/31/9999	2	252.66	240.03
62272	SPINAL PUNCTURE, THERAPEUTIC, DRAINAGE	0	999	10/1/2020	12/31/9999	2	252.66	240.03
62273	TREAT EPIDURAL SPINE LESION	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	INJECTION OF NEUROLYTIC SUBSTA	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	DECOMPRESSION PROC OF DISC	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62290	INJECTION PROCEDURE FOR DISKOG	0	999	10/1/2012	12/31/9999	6	0.00	0.00
62291	INJECT FOR SPINE DISK X-RAY	0	999	10/1/2012	12/31/9999	12	0.00	0.00
62292	INJECTION PROCEDURE FOR CHEM	0	999	10/1/2020	12/31/9999	1	637.43	605.56
62294	INJECTION PROCEDURE, ARTERIA	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62302	MYELOGRAPHY LUMBAR INJ CERVICAL	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62303	MYELOGRAPHY LUMBAR INJ THORACIC	0	999	1/1/2015	12/31/9999	1	0.00	0.00
62304	MYELOGRAPHY LUMBAR INJ LUMBOSACRAL	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	INJ DIAG/THER W/O GUIDE CERVICAL/THORACI	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62321	INJ DIAG/THER W GUIDE CERVICAL/THORACIC	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62322	INJ DIAG/THER W/O GUIDE LUMBAR/SACRAL	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62323	INJ DIAG/THER W GUIDE LUMBAR/SACRAL	0	999	10/1/2020	12/31/9999	1	252.66	240.03
62324	INJ CERV/THOR W/O IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62325	INJ CERV/THOR W/ IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62326	INJ CERV/THOR W/CATH W/O IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26	311.85
62327	INJ CERV/THOR W/CATH W/IMAG GUID	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	2,318.39	2,202.47
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	11,059.97	10,506.97
62361	IMPLANT SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	11,393.59	10,823.91
62362	IMPLANT SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	10,934.18	10,387.47
62365	REMOVE SPINE INFUSION DEVICE	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
62367	ANALYZE SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	10.97	10.42
62368	ANALYZE SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	15.30	14.54
62369	PROGRAM IMPL INTRATH PUMP W REFILL	0	999	10/1/2020	12/31/9999	1	56.88	54.04
62370	PROG IMPL INTRATH PUMP W REFILL PHY	0	999	10/1/2020	12/31/9999	1	53.12	50.46
62380	ENOD DECOMPRESS SPINAL CORD 1 SPACE LUMB	0	999	10/1/2020	12/31/9999	5	2,242.69	2,130.56
63001	LAMINECTOMY WITH EXPLORATION A	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63003	LAMINECTOMY FOR DECOMPRESSIO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63005	LAMINECTOMY FOR DECOMPRESSIO	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
63020	LAMINOTOMY (HEMILAMINECTOMY),	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63030	LOW BACK DISK SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63042	LAMINOTOMY (HEMILAMINECTOMY)	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63044	LAMINOTOMY, ADDL LUMBAR	0	999	10/1/2015	12/31/9999	1	0.00	0.00
63045	LAMINECTOMY, FACETECTOMY AND F	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63046	LAMINECTOMY, INCLUDING UNILATE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63047	LAMINECTOMY, INCLUDING UNILATE	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63055	TRANSPEDICULAR APPROACH WITH D	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63056	DECOMPRESS SPINAL CORD	0	999	10/1/2020	12/31/9999	1	2,242.69	2,130.56
63600	STEREOTACTIC LESION OF SPINA	0	999	10/1/2020	12/31/9999	1	637.43	605.56
63610	STEREOTACTIC STIMULATION OF	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	3,611.89	3,431.30
63655	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	12,754.90	12,117.16
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	1,476.76	1,402.92
63663	REVISE SPINE ELTRD PERQ ARAY	0	999	10/1/2020	12/31/9999	1	3,530.79	3,354.25
63664	REVISE SPINE ELTRD PLATE	0	999	10/1/2020	12/31/9999	1	11,618.82	11,037.88
63685	INSRT/REDO SPINE N GENERATOR	0	999	10/1/2020	12/31/9999	1	18,774.59	17,835.86
63688	REVISION OR REMOVAL OF IMPLANT	0	999	10/1/2020	12/31/9999	1	1,476.76	1,402.92
63744	REPLACEMENT, IRRIGATION OR R	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
63746	REMOVAL OF ENTIRE LUMBOSUBAR	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	61.21	58.15
64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	26.56	25.23
64408	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	32.62	30.99
64415	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64416	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64417	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64418	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	34.65	32.92
64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	252.66	240.03
64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64425	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	60.06	57.06
64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64435	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	35.51	33.73
64445	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	71.60	68.02
64446	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64447	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	38.69	36.76
64448	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64449	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	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	INJ ANES/STEROID PLAN COM DIG NERVE	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	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	57.17	54.31
64510	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64517	INJ ANES AGT; SUP HYPOGASTR PLEXUS INJEC	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64520	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64530	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64553	PERCUTANEOUS IMPLANTATION OF	0	999	10/1/2020	12/31/9999	1	4,130.40	3,923.88
64555	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,748.92	3,561.47
64561	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,747.03	3,559.68
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	19,157.89	18,200.00
64569	REVISE/REPL VAGUS N ELTRD	0	999	10/1/2020	12/31/9999	1	4,372.26	4,153.65
64570	REMOVE VAGUS N ELTRD	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64575	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	12,537.98	11,911.08
64580	INCISION FOR IMPLANTATION OF	0	999	10/1/2020	12/31/9999	1	13,631.42	12,949.85
64581	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,875.37	3,681.60
64585	REVISION OR REMOVAL OF PERIP	0	999	10/1/2020	12/31/9999	1	1,476.76	1,402.92
64590	INS/REPLC PERIPH/GASTRIC NEUROSTIM PULSE	0	999	10/1/2020	12/31/9999	1	13,834.38	13,142.66
64595	REV/REM PERIPH/GASTRIC NEUROSTIM PULSE G	0	999	10/1/2020	12/31/9999	1	1,476.76	1,402.92
64600	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64605	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64610	DESTRUCTION BY NEUROLYTIC AG	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 MUSCL MIGRAINE	0	999	10/1/2020	12/31/9999	1	54.57	51.84
64616	CHEMODENERV MUSCLES NECK	0	999	10/1/2020	12/31/9999	1	52.26	49.65
64617	CHEMODENERV MUSCLES LARYNX	0	999	10/1/2020	12/31/9999	1	71.02	67.47
64620	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64624	DSTRJ NULYT AGT GNCLR NR	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	DESTR PLANTAR COMM DIG NERVE	0	999	10/1/2020	12/31/9999	1	34.07	32.37
64633	DESTR PARAVERTEBRAL CERV SNGL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64634	DESTR PARAVERTEBRAL CERV EA ADD	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64635	DESTR PARAVERTEBRAL LUMB SNGL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64636	DESTR PARAVERTEBRAL LUMB EA ADD	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64640	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	5	141.18	134.12
64642	CHEMODENERV ONE EXTR 1-4 MUSCLES	0	999	10/1/2020	12/31/9999	1	63.23	60.07
64643	CHEMODENERV EA ADDL EXTR 1-4 MUSCLES	0	999	1/1/2014	12/31/9999	3	0.00	0.00
64644	CHEMODENERV ONE EXTR 5+	0	999	10/1/2020	12/31/9999	1	77.95	74.05
64645	CHEMODENERV EA ADDL EXTR 5+ MUSCLES	0	999	1/1/2014	12/31/9999	3	0.00	0.00
64646	CHEMODENERV TRUNK 1-5 MUSCLES	0	999	10/1/2020	12/31/9999	1	63.52	60.34
64647	CHEMODENERV TRUNK 6+ MUSCLES	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	DESTRCT W/WO RAD MON; CELIAC PLEXUSDESTR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64681	DESTRUC NEURLYT;SUP HYPOGASTRC PLEXDESTR	0	999	10/1/2020	12/31/9999	1	328.26	311.85
64702	NEUROLYSIS;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64704	NEUROLYSIS;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64708	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64712	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64713	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64714	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64716	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64718	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64719	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64721	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64722	DECOMPRESSION;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64726	DECOMPRESSION;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64727	INTERNAL NEUROLYSIS BY DISSE	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64732	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64734	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64736	TRANSECTION OR AVULSION OF;	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64738	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64740	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64742	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64744	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64746	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64763	TRANSECTION OR AVULSION OF OBT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64766	TRANSECTION OR AVULSION OF OBT	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64771	TRANSECTION OR AVULSION OF O	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64772	TRANSECTION OR AVULSION OF O	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64774	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64776	EXCISION OF NEUROMA;	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	EXCISION OF NEUROMA;	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	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	2	637.43	605.56
64786	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64787	INSERTION OF PLASTIC CAP ON	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64788	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	2	637.43	605.56
64790	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64792	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
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	REMOVE SYMPATHETIC NERVES	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	1,029.01	977.56
64822	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
64823	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	1,029.01	977.56
64831	SUTURE OF DIGITAL NERVE, HAN	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	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64835	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64836	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64837	REPAIR NERVE ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64840	SUTURE OF POSTERIOR TIBIAL N	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64856	SUTURE OF MAJOR PERIPHERAL N	0	999	10/1/2020	12/31/9999	5	1,736.19	1,649.38
64857	SUTURE OF MAJOR PERIPHERAL N	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64858	SUTURE OF 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	SUTURE OF;	0	999	10/1/2020	12/31/9999	1	637.43	605.56
64862	SUTURE OF;	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64864	SUTURE OF FACIAL NERVE;	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64865	SUTURE OF FACIAL NERVE;	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64872	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64874	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64876	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00	0.00
64885	NERVE GRAFT (INCLUDES OBTAININ	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64886	NERVE GRAFT (INCLUDES OBTAININ	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64890	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64891	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	2,263.14	2,149.98
64892	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64893	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64895	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64896	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64897	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
64898	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38
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	1,736.19	1,649.38
64907	NERVE PEDICLE TRANSFER;	0	999	10/1/2020	12/31/9999	1	1,736.19	1,649.38

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
64910	NERVE REP W/SYN OR VEIN EA NERVE	0	999	10/1/2020	12/31/9999	10	2,506.22	2,380.91
64912	NERVE REPAIR, EACH NERVE, 1ST STRAND	0	999	10/1/2020	12/31/9999	3	2,737.58	2,600.70
64913	NERVE REPAIR, EACH NERVE, ADDITIONAL STR	0	999	1/1/2018	12/31/9999	2	0.00	0.00
65091	EVISCERATION OCULAR CONTENTS	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65093	EVISCERATION OCULAR CONTENTS	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65101	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65103	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65105	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65110	EXENTERATION ORBIT(DOES NOT	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65112	EXENTERATION ORBIT(DOES NOT	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65114	EXENTERATION OF ORBIT (DOES NO	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65125	MODIFICATION OF OCULAR IMPLANT	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65130	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65135	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65140	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65150	REINSERTION OCULAR IMPLANT;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65155	REINSERTION OCULAR IMPLANT;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65175	REMOVAL OCULAR IMPLANT	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65205	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65210	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65220	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65222	*REMOVAL FOREIGN BODY, EXTERN	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	REMOVAL FOREIGN BODY INTRAOC	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65265	REMOVAL FOREIGN BODY INTRAOC	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65270	*REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65272	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65275	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65280	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65285	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65286	REPAIR OF LACERATION CONJUNCTI	0	999	10/1/2020	12/31/9999	1	370.14	351.63
65290	REPAIR WOUND EXTRAOCULAR MUS	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65400	EXCISION LESION CORNEA (KERA	0	999	10/1/2020	12/31/9999	1	326.20	309.89
65410	*BIOPSY CORNEA	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65420	EXCISION OR TRANSPOSITION PT	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65426	EXCISION OR TRANSPOSITION PT	0	999	10/1/2020	12/31/9999	1	669.55	636.07
65430	*SCRAPING CORNEA, DIAGNOSTIC,	0	999	10/1/2015	12/31/9999	1	0.00	0.00
65435	*REMOVAL CORNEAL EPITHELIUM;	0	999	10/1/2020	12/31/9999	1	38.40	36.48
65436	REMOVAL CORNEAL EPITHELIUM;	0	999	10/1/2020	12/31/9999	1	167.17	158.81
65450	DESTRUCTION OF LESION OF CORNE	0	999	10/1/2020	12/31/9999	1	109.34	103.87
65600	MULTIPLE PUNCTURES OF ANTERIOR	0	999	10/1/2020	12/31/9999	1	208.17	197.76
65710	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65730	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65750	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65755	KERTOPLASTY PENETRATING (IN PS	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65756	KERATOPLASTY ENDOTHELIAL	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65757	BACKBENCH CORNEAL ENDOTHELIAL	0	999	10/1/2012	12/31/9999	1	0.00	0.00
65770	KERATOPROSTHESIS	0	999	10/1/2020	12/31/9999	1	7,108.21	6,752.80
65772	CORNEAL RELAXING INCISION FOR	0	999	10/1/2020	12/31/9999	1	326.20	309.89
65775	CORNEAL WEDGE RESECTION FOR CO	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 STENT	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	1,084.50	1,030.28
65781	OCULR RECNRSTR;LMBL STEM CELL ALLGFTOCULR	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65782	OCULR RECNRSTR;LIMBL CONJUNCT AUTOGFTOCULR	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
65800	PARACENTESIS ANTERIOR CHAMBE	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65810	PARACENTESIS ANTERIOR CHAMBE	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65815	PARACENTESIS ANTERIOR CHAMBE	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
65820	GONIOTOMY	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
65850	TRABECULOTOMY AB EXTERNO	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	SEVERING ADHESIONS OF ANTERIOR	0	999	10/1/2020	12/31/9999	1	141.76	134.67
65865	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65870	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65875	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
65880	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
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, ANTERIOR CHAMBER	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66130	EXCISION LESION SCLERA	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66150	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66155	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66160	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66170	FISTULIZATION OF SCLERA FOR GL	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66172	FISTULIZATION OF SCLERA FOR GL	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	1,468.67	1,395.24
66175	TRNSLUM DIL EYE CANAL W/STNT	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66179	AQUEOUS SHUNT EYE W/O GRAFT	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66180	AQUEOUS SHUNT EYE W/GRAFT	0	999	10/1/2020	12/31/9999	1	1,969.79	1,871.30
66183	INSERT ANET AQUEOUS DRAIN DEV	0	999	10/1/2020	12/31/9999	1	2,073.61	1,969.93
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 SCLERAL STAPHYLOMA;	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66250	REVISION OR REPAIR OPERATIVE	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66500	IRIDOTOMY BY STAB INCISION (	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66505	IRIDOTOMY BY STAB INCISION (	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66600	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66605	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66625	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66630	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66635	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66680	REPAIR OF IRIS, CILIARY BODY	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66682	SUTURE OF IRIS, CILIARY BODY	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66700	CYCLODIATHERMY;	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	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66720	CYCLOCRYOTHERAPY;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
66740	CYCLODIALYSIS;	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	IRIDOPLASTY BY PHOTOCOAGULATIO	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66770	DESTRUCTION OF CYST OR LESIO	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66820	DISCISSION OF SECONDARY MEMBRA	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66821	DISCISSION OF SECONDARY MEMBRA	0	999	10/1/2020	12/31/9999	1	204.91	194.66
66825	REPOSITIONING OF INTRAOCULAR L	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66830	REMOVAL OF SECONDARY MEMBRANOU	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; PARS	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66920	REMOVAL OF LENS MATERIAL; INTR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66930	EXTRACTION LENS WITH OR WITH	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
66940	REMOVAL OF LENS MATERIAL; EXTR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66983	INTRACAP CATARACT EXTRACTION W	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
66985	INSERTION OF INTRAOCULAR LENS	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66986	EXCHANGE OF INTRAOCULAR LENS	0	999	10/1/2020	12/31/9999	1	810.18	769.67
66987	CATARACT SURGERY, COMPLEX	0	999	10/1/2020	12/31/9999	1	1,914.43	1,818.71
66988	CATARACT SURGERY	0	999	10/1/2020	12/31/9999	1	1,914.43	1,818.71
66990	OPHTHALMIC ENDOSCOPE ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00	0.00
67005	REMOVAL OF VITREOUS, ANTERIO	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67010	REMOVAL OF VITREOUS, ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67015	ASPIRATION OR RELEASE OF VIT	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67025	INJECTION OF VITREOUS SUBSTITU	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	1,303.41	1,238.24
67028	INTRAVITREAL INJECTION OF A PH	0	999	10/1/2020	12/31/9999	1	37.82	35.93
67030	DISCISSION OF VITREOUS STRAN	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67031	SEVERING OF VITREOUS STRANDS,	0	999	10/1/2020	12/31/9999	1	204.91	194.66
67036	VITRECTOMY, MECHANICAL, PARS P	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67039	VITRECTOMY, MECHANICAL, WITH F	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67040	VITRECTOMY, MECHANICAL, PARS P	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67041	VIT FOR MACULAR PUCKER	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67042	VIT FOR MACULAR HOLE	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67043	VIT FOR MEMBRANE DISSECT	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67101	REPAIR RETINAL DETACH CRYOTHERAPY	0	999	10/1/2020	12/31/9999	1	162.26	154.15
67105	REP RETINAL DETACH PHOTOCOAGULATION	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	1,468.67	1,395.24
67108	REPAIR DETACHED RETINA	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67110	REPAIR OF RETINAL DETACHMENT,	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	1,468.67	1,395.24
67115	RELEASE OF ENCIRCLING MATERIAL	0	999	10/1/2020	12/31/9999	1	1,468.67	1,395.24
67120	REMOVAL IMPLANTED MATERIAL,	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67121	REMOVAL OF IMPLANTED MATERIAL,	0	999	10/1/2020	12/31/9999	1	810.18	769.67
67141	PROPHYLAXIS OF RETINAL DETACHM	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67145	PROPHYLAXIS OF RETINAL DETACHM	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	DESTRUCTION OF LOCALIZED LES	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
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	SCLERAL REINFORCEMENT (SEPAR	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67255	SCLERAL REINFORCEMENT (SEPAR	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	STRABISMUS SURGERY, RECESSION	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67314	STRABISMUS SURGERY, RECESSION	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67316	STRABISMUS SURGERY, RECESSION	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 OF EXTENSIVE SCAR TISS	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67345	CHEMODENERVATION OF EXTRAOCULA	0	999	10/1/2020	12/31/9999	1	101.05	96.00
67346	BIOP EXTRAOCULAR MUS	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67400	ORBITOTOMY WITHOUT BONE FLAP (	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67405	ORBITOTOMY WITHOUT BONE FLAP	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67412	ORBITOTOMY WITHOUT BONE FLAP	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
67413	ORBITOTOMY WITHOUT BONE FLAP	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67414	ORBITOTOMY WITHOUT BONE FLAP (	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67415	FINE NEEDLE ASPIRATION OF ORBI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67420	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67430	ORBITOTOMY WITH BONE FLAP, L	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67440	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67445	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67450	ORBITOTOMY WITH BONE FLAP, L	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67500	*RETROBULBAR INJECTION;	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67505	RETROBULBAR INJECTION;	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	ORBITAL IMPLANT (IMPLANT OUT	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67560	ORBITAL IMPLANT (IMPLANT OUT	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67570	OPTIC NERVE DECOMPRESSION (EG,	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67700	*BLEPHAROTOMY, DRAINAGE ABSCE	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67710	*SEVERING TARSORRHAPHY	0	999	10/1/2020	12/31/9999	1	159.37	151.40
67715	*CANTHOTOMY (SEPARATE PROCEDU	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67800	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	61.21	58.15
67801	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	74.20	70.49
67805	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	94.98	90.23
67808	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67810	*BIOPSY EYELID	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67820	*CORRECTION TRICHIASIS;	0	999	10/1/2015	12/31/9999	1	0.00	0.00
67825	*CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	64.38	61.16
67830	CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	326.20	309.89
67835	CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67840	*EXCISION OF LESION OF EYELID	0	999	10/1/2020	12/31/9999	1	163.42	155.25
67850	*DESTRUCTION OF LESION OF LID	0	999	10/1/2020	12/31/9999	1	122.70	116.57
67875	TEMPORARY CLOSURE OF EYELIDS B	0	999	10/1/2020	12/31/9999	1	326.20	309.89
67880	CONSTRUCTION INTERMARGINAL A	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67882	CONSTRUCTION INTERMARGINAL A	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67900	REPAIR OF BROW PTOSIS (SUPRACI	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	1,084.50	1,030.28
67903	REPAIR OF BLEPHAROPTOSIS; (TAR	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67904	REPAIR OF BLEPHAROPTOSIS; (TAR	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67906	REPAIR OF BLEPHAROPTOSIS; SUPE	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
67908	REPAIR OF BLEPHAROPTOSIS; CONJ	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67909	REDUCTION OF OVERCORRECTION OF	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67911	CORRECTION OF LID RETRACTION	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67912	CORR LAGOPHTHALMOS IMPL UP EYELD CORR	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67914	REPAIR ECTROPION;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67915	REPAIR ECTROPION;	0	999	10/1/2020	12/31/9999	1	187.09	177.74
67916	REPAIR ECTROPION; EXC TARSAL WEDGE REPAI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67917	REPAIR OF ECTROPION; EXTENSIVE REPAI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67921	REPAIR ENTROPION;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67922	REPAIR ENTROPION;	0	999	10/1/2020	12/31/9999	1	180.74	171.70
67923	REPAIR ENTROPION; EXC TARSAL WEDGE REPAI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67924	REPAIR OF ENTROPION; EXTENSIVE REPAI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67930	SUTURE RECENT WOUND, EYELID,	0	999	10/1/2020	12/31/9999	1	188.24	178.83
67935	SUTURE RECENT WOUND, EYELID,	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67938	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	109.34	103.87
67950	CANTHOPLASTY (RECONSTRUCTION	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67961	EXCISION AND REPAIR EYELID,	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67966	EXCISION AND REPAIR EYELID,	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67971	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67973	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55	636.07
67974	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
67975	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68020	INCISION CONJUNCTIVA, DRAINAGE	0	999	10/1/2020	12/31/9999	1	54.86	52.12
68040	EXPRESSION CONJUNCTIVAL FOLL	0	999	10/1/2020	12/31/9999	1	25.41	24.14
68100	BIOPSY CONJUNCTIVA	0	999	10/1/2020	12/31/9999	1	103.94	98.74
68110	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	135.12	128.36
68115	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68130	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68135	*DESTRUCTION LESION CONJUNCTI	0	999	10/1/2020	12/31/9999	1	70.45	66.93
68200	*SUBCONJUNCTIVAL INJECTION	0	999	10/1/2015	12/31/9999	1	0.00	0.00
68320	CONJUNCTIVOPLASTY;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68325	CONJUNCTIVOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68326	CONJUNCTIVOPLASTY, RECONSTRU	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68328	CONJUNCTIVOPLASTY, RECONSTRU	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68330	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	810.18	769.67
68335	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68340	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68360	CONJUNCTIVAL FLAP;	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68362	CONJUNCTIVAL FLAP;	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68400	INCISION, DRAINAGE LACRIMAL	0	999	10/1/2020	12/31/9999	1	185.65	176.37
68420	INCISION, DRAINAGE LACRIMAL	0	999	10/1/2020	12/31/9999	1	196.62	186.79
68440	*SNIP INCISION LACRIMAL PUNCT	0	999	10/1/2020	12/31/9999	1	53.12	50.46
68500	EXCISION OF LACRIMAL GLAND (	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68505	EXCISION OF LACRIMAL GLAND (	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68510	BIOPSY LACRIMAL GLAND	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68520	EXCISION OF LACRIMAL SAC (DA	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68525	BIOPSY OF LACRIMAL SAC	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68530	REMOVAL OF FOREIGN BODY OR D	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68540	EXCISION OF LACRIMAL GLAND T	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68550	EXCISION OF LACRIMAL GLAND T	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68700	PLASTIC REPAIR CANALICULI	0	999	10/1/2020	12/31/9999	1	669.55	636.07
68705	CORRECTION EVERTED PUNCTUM,	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68720	DACRYOCYSTORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68745	CONJUNCTIVORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68750	CONJUNCTIVORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50	1,030.28
68760	CLOSURE OF THE LACRIMAL PUNCTU	0	999	10/1/2020	12/31/9999	1	109.34	103.87
68761	CLOSURE OF THE LACRIMAL PUNCTU	0	999	10/1/2020	12/31/9999	4	77.95	74.05
68770	CLOSURE LACRIMAL FISTULA (SE	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	*PROBING LACRIMAL CANALICULI,	0	999	10/1/2020	12/31/9999	1	66.70	63.37
68850	*INJECTION CONTRAST MEDIUM FO	0	999	10/1/2012	12/31/9999	1	0.00	0.00
69000	*DRAINAGE EXTERNAL EAR, ABSCE	0	999	10/1/2020	12/31/9999	1	104.22	99.01
69005	DRAINAGE EXTERNAL EAR, ABSCE	0	999	10/1/2020	12/31/9999	1	107.11	101.75
69020	*DRAINAGE EXTERNAL AUDITORY C	0	999	10/1/2020	12/31/9999	1	138.58	131.65
69100	BIOPSY EXTERNAL EAR	0	999	10/1/2020	12/31/9999	1	54.57	51.84
69105	BIOPSY EXTERNAL AUDITORY CAN	0	999	10/1/2020	12/31/9999	1	87.77	83.38
69110	EXCISION EXTERNAL EAR;	0	999	10/1/2020	12/31/9999	1	795.47	755.70
69120	EXCISION EXTERNAL EAR;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69140	EXCISION EXOSTOSIS(ES), EXTE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69145	EXCISION SOFT TISSUE LESION,	0	999	10/1/2020	12/31/9999	1	795.47	755.70
69150	RADICAL EXCISION EXTERNAL AU	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69200	REMOVAL FOREIGN BODY FROM EX	0	999	10/1/2015	12/31/9999	1	0.00	0.00
69205	REMOVAL FOREIGN BODY FROM EX	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	REMOVAL IMPACTED CERUMEN (SE	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: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
69220	DEBRIDEMENT, MASTOIDECTOMY CAV	0	999	10/1/2015	12/31/9999	1	0.00	0.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAV	0	999	10/1/2020	12/31/9999	1	125.88	119.59
69300	OTOPLASTY PROTRUDING EAR, WI	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	1,797.24	1,707.38
69320	RECONSTRUCTION EXTERNAL AUDI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69420	*MYRINGOTOMY INCLUDING ASPIRA	0	999	10/1/2020	12/31/9999	1	82.31	78.19
69421	MYRINGOTOMY INCLUDING ASPIRATI	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	TYMPANOSTOMY (REQUIRING INSERT	0	999	10/1/2020	12/31/9999	1	110.58	105.05
69436	TYMPANOSTOMY (REQUIRING INSERT	0	999	10/1/2020	12/31/9999	1	429.28	407.82
69440	MIDDLE EAR EXPLORATION THROU	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69450	TYMPANOLYSIS, TRANSCANAL	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69501	TRANSMASTOID ANTROTOMY ("SI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69502	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69505	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69511	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69530	PETROUS APICECTOMY INCLUDING	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69540	EXCISION AURAL POLYP	0	999	10/1/2020	12/31/9999	1	127.03	120.68
69550	EXCISION AURAL GLOMUS TUMOR;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69552	EXCISION AURAL GLOMUS TUMOR;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69601	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69602	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69603	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69604	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69610	TYMPANIC MEMB REPR W/WO SITE PREP TYMPA	0	999	10/1/2020	12/31/9999	1	163.42	155.25
69620	MYRINGOPLASTY (SURGERY CONFI	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69631	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69632	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69633	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69635	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69636	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69637	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69641	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69642	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69643	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69644	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69645	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69646	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69650	STAPES MOBILIZATION	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69660	STAPEDECTOMY OR STAPEDOTOMY WI	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69661	STAPEDECTOMY WITH REESTABLIS	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69662	REVISION OF STAPEDECTOMY OR ST	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69666	REPAIR OVAL WINDOW FISTULA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69667	REPAIR ROUND WINDOW FISTULA	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69670	MASTOID OBLITERATION (SEPARA	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69676	TYMPANIC NEURECTOMY	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69700	CLOSURE POSTAURICULAR FISTUL	0	999	10/1/2020	12/31/9999	1	429.28	407.82
69705	NPS SURG DILAT EUST TUBE UNI	0	999	1/1/2021	12/31/9999	1	2,859.79	2,716.80
69706	NPS SURG DILAT EUST TUBE BI	0	999	1/1/2021	12/31/9999	1	2,859.79	2,716.80
69711	REMOVAL OR REPAIR OF ELECTROMA	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	7,566.11	7,187.80
69715	TEMPLE BNE IMPLNT W/STIMULAT	5	999	10/1/2020	12/31/9999	1	8,616.77	8,185.93
69717	TEMPLE BONE IMPLANT REVISION	5	999	10/1/2020	12/31/9999	1	3,500.19	3,325.18
69718	REVISE TEMPLE BONE IMPLANT	5	999	10/1/2020	12/31/9999	1	4,581.70	4,352.62
69720	DECOMPRESSION FACIAL NERVE,	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69740	SUTURE FACIAL NERVE, INTRATE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69745	SUTURE FACIAL NERVE, INTRATE	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69801	INCISE INNER EAR	0	999	10/1/2020	12/31/9999	1	107.11	101.75

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) FEE SCHEDULE

Print Date: February 2, 2021



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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
69805	ENDOLYMPHATIC SAC OPERATION;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69806	ENDOLYMPHATIC SAC OPERATION;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69905	LABYRINTHECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69910	LABYRINTHECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24	1,707.38
69915	VESTIBULAR NERVE SECTION, TR	0	999	10/1/2020	12/31/9999	1	844.05	801.85
69930	COCHLEAR DEVICE IMPLANTATION,	0	999	10/1/2020	12/31/9999	1	24,558.34	23,330.42
69990	MICROSURGERY ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00	0.00