

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



**Additional References:**  
[MS Division of Medicaid Website](#)  
[MS Envision Interactive Fee Schedule](#)  
[MS Envision Downloadable Fee Schedule](#)  
[Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

| Note Number | Column Title | Details                                                                                                                                                                                                                                                                  |
|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | Code         | • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code                                                                                                                                                                         |
| 2           | Description  | • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description                                                                                                                                 |
| 3           | Min Age      | • This column is the covered minimum age for the service.                                                                                                                                                                                                                |
| 4           | Max Age      | • This column is the covered maximum age for the service.                                                                                                                                                                                                                |
| 5           | Begin Date   | • This column represents the begin date of which the fee in columns I and J became effective.                                                                                                                                                                            |
| 6           | End Date     | • This column represents the end date of the fee segment in columns H and I.                                                                                                                                                                                             |
| 7           | Max Units    | • This column represents the maximum units the Division of Medicaid covers for the service.                                                                                                                                                                              |
| 8           | Fee          | • This column is the maximum amount that Division of Medicaid will pay for each unit.<br>• When there is no the maximum fee is listed as 0.00, the service is a packaged service/item, no separate payment made.                                                         |
| 9           | Fee Reduced  | • This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for each unit.<br>• 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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       |

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| 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    |

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|-------|--------------------------------|---------|---------|------------|------------|-----------|--------|-------------|
| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 EPIDRM 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 VACULAR  | 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 2.1CTO 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 DIAMTER 0.60 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  
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| 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) WEBSITE FEE SCHEDULE**  
 Print Date: **APRIL 6, 2021**



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| 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  
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Print Date: APRIL 6, 2021



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| 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      |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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      |

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| 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      |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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      |

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| 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      |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 | REPAIR LOWER LEG TENDONS                 | 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 RECESSON (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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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 METATARSPHALANGEAL 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  
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| 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  
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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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/BIOPSIES            | 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      |

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

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| 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/PCMKR      | 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   |

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| 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 FEMOROPOPLITEAL VEIN             | 0       | 999     | 10/1/2012  | 12/31/9999 | 1         | 0.00      | 0.00        |
| 35875 | REMOVAL OF CLOT IN GRAFT                 | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 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        |

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AMBULATORY SURGICAL CENTERS (ASC) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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-TUNNL CNTRL CVC; <5 YR INSRT   | 0       | 4       | 10/1/2020  | 12/31/9999 | 1         | 463.93   | 440.73      |
| 36556 | INSRT NON-TUNNL CNTRL CVC; 5/> INSRT     | 5       | 999     | 10/1/2020  | 12/31/9999 | 1         | 463.93   | 440.73      |
| 36557 | INSRT TUNNL CVC NO PORT/PUMP;<5 YR INSRT | 0       | 4       | 10/1/2020  | 12/31/9999 | 1         | 1,857.45 | 1,764.58    |
| 36558 | INSRT TUNNL CVC NO PORT/PUMP;5 YR/>INSRT | 5       | 999     | 10/1/2020  | 12/31/9999 | 1         | 1,072.98 | 1,019.33    |
| 36560 | INSRT TUNNL CNTRL CVAD PORT; <5 YR INSRT | 0       | 4       | 10/1/2020  | 12/31/9999 | 1         | 1,072.98 | 1,019.33    |
| 36561 | INSRT TUNNL CNTRL CVAD PORT; 5 YR/>INSRT | 5       | 999     | 10/1/2020  | 12/31/9999 | 1         | 1,072.98 | 1,019.33    |
| 36563 | INSRT TUNNL CNTRL CVAD W/SUBQ PUMP INSRT | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 1,857.45 | 1,764.58    |
| 36565 | INSRT TUNL CVAD 2 CATH-SITE;NO PORTINSRT | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 1,072.98 | 1,019.33    |
| 36566 | INSRT TUNNL 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/PUMPREPL  | 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 | REMV TUNNLD CVC W/O SUBQ PORT/PUMP REMOV | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 254.87   | 242.13      |

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| 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        |

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|-------|------------------------------------------|---------|---------|------------|------------|-----------|----------|-------------|
| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE**  
Print Date: **APRIL 6, 2021**



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| 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     | 4/1/2021   | 12/31/9999 | 1         | 490.65   | 466.12      |
| 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  
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| 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      |

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| 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 PAPILLA 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      |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 | COLONSC 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) WEBSITE FEE SCHEDULE  
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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
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| 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 | REREPAIR 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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    |

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| 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    |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 TANDEM/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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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        |

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| 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 DECOMPRESSION            | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 2,242.69  | 2,130.56    |
| 63005 | LAMINECTOMY FOR DECOMPRESSION            | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 2,242.69  | 2,130.56    |

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| 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 NRV TG 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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 RECNSTR;LMBL STEM CELL ALLGFTOCULR  | 0       | 999     | 10/1/2020  | 12/31/9999 | 1         | 1,468.67 | 1,395.24    |
| 65782 | OCULR RECNSTR;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      |

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| 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      |

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AMBULATORY SURGICAL CENTERS (ASC) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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| 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      |

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| 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    |

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| 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) WEBSITE FEE SCHEDULE  
Print Date: APRIL 6, 2021



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

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| 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      |

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AMBULATORY SURGICAL CENTERS (ASC) WEBSITE FEE SCHEDULE  
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| 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        |