

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



Additional References:

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

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	<ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Min Age	<ul style="list-style-type: none"> • This column is the covered minimum age for the service.
4	Max Age	<ul style="list-style-type: none"> • This column is the covered maximum age for the service.
5	Begin Date	<ul style="list-style-type: none"> • This column represents the begin date of which the fee in columns H became effective.
6	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns H.
7	Max Units	<ul style="list-style-type: none"> • This column represents the maximum units the Division of Medicaid covers for the service.
8	Fee	<ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for each unit. • When the is maximum fee is listed as 0.00, the service is a packaged service/item, no separate payment made.
9	Fee Reduced	<ul style="list-style-type: none"> • This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for each unit. • When the maximum fee is listed as 0.00, the service is a packaged service/item, no separate payment made.

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
MEDICAID

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
10004	FNA BX W/O IMG GDN EA ADDL	0	999	1/1/2019	12/31/9999	3	0.00
10005	FNA BX W/US GDN 1ST LES	0	999	10/1/2020	12/31/9999	1	60.06
10006	FNA BX W/US GDN EA ADDL	0	999	1/1/2019	12/31/9999	3	0.00
10007	FNA BX W/FLUOR GDN 1ST LES	0	999	10/1/2020	12/31/9999	1	185.94
10008	FNA BX W/FLUOR GDN EA ADDL	0	999	1/1/2019	12/31/9999	3	0.00
10009	FNA BX W/CT GDN 1ST LES	0	999	10/1/2020	12/31/9999	1	246.58
10010	FNA BX W/CT GDN EA ADDL	0	999	1/1/2019	12/31/9999	3	0.00
10021	FNA W/O IMAGE	0	999	10/1/2020	12/31/9999	1	47.35
10030	IMAGE FLUID COLL/CATHETER	0	999	10/1/2020	12/31/9999	1	246.58
10035	PERQ DEV SOFT TISS 1ST IMAG	0	999	1/1/2016	12/31/9999	1	0.00
10036	PERQ DEV SOFT TISS ADD IMAG	0	999	1/1/2016	12/31/9999	1	0.00
10060	INCISION/ DRAINAGE SIMPLE OR SINGLE	0	999	10/1/2020	12/31/9999	1	60.34
10061	INCISN/ DRAIN COMPLICTD OR MULT	0	999	10/1/2020	12/31/9999	1	92.39
10080	*INCISION AND DRAINAGE OF PIL	0	999	10/1/2020	12/31/9999	1	132.23
10081	INCISION AND DRAINAGE OF PIL	0	999	10/1/2020	12/31/9999	1	166.88
10120	INCISION AND REMOVAL OF FORE	0	999	10/1/2020	12/31/9999	1	85.46
10121	INCIS/ REMO FOR, SUBCUT TISS; COMPLICTD	0	999	10/1/2020	12/31/9999	1	461.11
10140	INCISION AND DRAINAGE OF HEMAT	0	999	10/1/2020	12/31/9999	1	88.06
10160	*PUNCTURE ASPIRATION OF ABSCE	0	999	10/1/2020	12/31/9999	1	66.70
10180	INC/DRAGE, COPLX, POSTOP WOUND INFEC	0	999	10/1/2020	12/31/9999	1	795.47
11000	DEBRI OF ECZE; UP 10% OF BODY SUR	0	999	10/1/2020	12/31/9999	1	27.43
11001	DEBRIDE INFECT SKIN ADD-ON	0	999	10/1/2014	12/31/9999	10	0.00
11010	DEBRIDE SKIN AT FX SITE	0	999	10/1/2020	12/31/9999	1	246.58
11011	DEBRIDE SKIN MUSC AT FX SITE	0	999	10/1/2020	12/31/9999	1	246.58
11012	DEB SKIN BONE AT FX SITE	0	999	10/1/2020	12/31/9999	1	795.47
11042	DEB SUBQ TISSUE 20 SQ CM/<	0	999	10/1/2020	12/31/9999	1	129.16
11043	DEB MUSC/FASCIA 20 SQ CM/<	0	999	10/1/2020	12/31/9999	1	200.91
11044	DEB BONE 20 SQ CM/<	0	999	10/1/2020	12/31/9999	1	461.11
11045	DBRDMT SUBQ TISSUE EA ADDL 20 SQ CM	0	999	10/1/2014	12/31/9999	19	0.00
11046	DBRDMT M&/F EA ADDL 20 SQ CM	0	999	10/1/2014	12/31/9999	19	0.00
11047	DEBRIDEMENT BONE EA ADDL 20 SQ CM/<	0	999	10/1/2014	12/31/9999	19	0.00
11055	PAR BEN HYPKE; SING LESION	0	999	10/1/2015	12/31/9999	1	0.00
11056	PAR BEN HYPKE; 2 TO 4 LESION	0	999	10/1/2016	12/31/9999	1	0.00
11057	PAR BEN HYPKE; MOR THAN 4 LESIONS	0	999	10/1/2020	12/31/9999	1	46.48
11102	TANGNTL BX SKIN SINGLE LES	0	999	10/1/2020	12/31/9999	1	60.63
11103	TANGNTL BX SKIN EA SEP/ADDL	0	999	1/1/2019	12/31/9999	6	0.00
11104	PUNCH BX SKIN SINGLE LESION	0	999	10/1/2020	12/31/9999	1	70.63
11105	PUNCH BX SKIN EA SEP/ADDL	0	999	1/1/2019	12/31/9999	3	0.00
11106	INCAL BX SKN SINGLE LES	0	999	10/1/2020	12/31/9999	1	92.97
11107	INCAL BX SKN EA SEP/ADDL	0	999	1/1/2019	12/31/9999	2	0.00
11200	REMO OF TAGS; UP TO INCLD 15 LESIONS	0	999	10/1/2015	12/31/9999	1	0.00
11201	REMOVE SKIN TAGS ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
11300	SHAV DRM TRK, AR, LEG; LES DIA 0.5CM /LE	0	999	10/1/2016	12/31/9999	15	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
11302	SHAV DRM TRK, AR, LEG; LES DIA 1.1/2.0CM	0	999	10/1/2016	12/31/9999	15	0.00
11303	SHAV DRM TRK, AR, LEG; LES DIA OVR 2.0CM	0	999	10/1/2016	12/31/9999	15	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
11306	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.6/1.0CM	0	999	10/1/2016	12/31/9999	15	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
11308	SHAV DRM SCA,NK,HD,FE, GEN;LES OVR 2.0 C	0	999	10/1/2016	12/31/9999	15	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
11311	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.6/1.0CM	0	999	10/1/2020	12/31/9999	15	70.63
11312	SHAV DRM FA, EA,EYL,NO,LI, MU; 1.1/2.0CM	0	999	10/1/2020	12/31/9999	15	88.93
11313	SHAV DRM FA, EA,EYL,NO,LI, MU; OVR 2.0CM	0	999	10/1/2020	12/31/9999	15	98.46
11400	EXC, LES, TRK,AR,LE; EXC 0.5CM OR LESS	0	999	10/1/2020	12/31/9999	15	73.91
11401	EXC, LES, TRK,AR,LE; EXC 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	10	84.30
11402	EXC, LES, TRK,AR,LE; EXC 1.1 TO 2.0 CM	0	999	10/1/2020	12/31/9999	5	92.10

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11403	EXC, LES ,TRK,AR,LE; EXC 2.1 TO 3.0 CM	0	999	10/1/2020	12/31/9999	3	99.90
11404	EXC, LES, TRK,AR,LE; EXC 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	2	461.11
11406	EXC, LES, TRK,AR,LE; EXC OVER 4.0 CM	0	999	10/1/2020	12/31/9999	4	461.11
11420	EXC, LES, SCA,NE,HD,FE, GEN; 0.5 CM/LESS	0	999	10/1/2020	12/31/9999	15	71.02
11421	EXC, LES, SCA,NE,HD,FE, GEN; 0.6 TO 1.0	0	999	10/1/2020	12/31/9999	10	83.44
11422	EXC, LES, SCA,NE,HD,FE, GEN; 1.1 TO 2.0	0	999	10/1/2020	12/31/9999	5	92.39
11423	EXC, LES, SCA,NE,HD,FE, GEN; 2.1 TO 3.0	0	999	10/1/2020	12/31/9999	3	100.18
11424	EXC, LES, SCA,NE,HD,FE, GEN; 3.1 TO 4.0	0	999	10/1/2020	12/31/9999	2	461.11
11426	EXC, LES, SCA,NE,HD,FE, GEN; OVER 4.0 CM	0	999	10/1/2020	12/31/9999	2	795.47
11440	EXC, OTH LES, FA,ER,NO,LI,MU; 0.5 CM /LE	0	999	10/1/2020	12/31/9999	10	81.13
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
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
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
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
11446	EXC, OTH LES, FA,ER,NO,LI,MU; OVER 4.0 C	0	999	10/1/2020	12/31/9999	1	795.47
11450	EXC SKN/TISS HID, AXI;W SIM INTERM REPA	0	999	10/1/2020	12/31/9999	1	795.47
11451	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47
11462	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47
11463	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47
11470	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47
11471	EXCISION OF SKIN AND SUBCUTANE	0	999	10/1/2020	12/31/9999	1	795.47
11600	EXC TR-EXT MLG+MARG 0.5 < CM	0	999	10/1/2020	12/31/9999	5	108.85
11601	EXC TR-EXT MLG+MARG 0.6-1 CM	0	999	10/1/2020	12/31/9999	5	121.26
11602	EXC TR-EXT MLG+MARG 1.1-2 CM	0	999	10/1/2020	12/31/9999	5	129.16
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	0	999	10/1/2020	12/31/9999	2	140.32
11604	EXC TR-EXT MLG+MARG 3.1-4 CM	0	999	10/1/2020	12/31/9999	2	246.58
11606	EXC TR-EXT MLG+MARG > 4 CM	0	999	10/1/2020	12/31/9999	1	461.11
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	0	999	10/1/2020	12/31/9999	5	109.14
11621	EXC H-F-NK-SP MLG+MARG 0.6-1	0	999	10/1/2020	12/31/9999	5	121.55
11622	EXC H-F-NK-SP MLG+MARG 1.1-2	0	999	10/1/2020	12/31/9999	5	131.94
11623	EXC H-F-NK-SP MLG+MARG 2.1-3	0	999	10/1/2020	12/31/9999	2	144.94
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	0	999	10/1/2020	12/31/9999	2	461.11
11626	EXC H-F-NK-SP MLG+MAR > 4 CM	0	999	10/1/2020	12/31/9999	1	795.47
11640	EXC FACE-MM MALIG+MARG 0.5 <	0	999	10/1/2020	12/31/9999	3	112.31
11641	EXC FACE-MM MALIG+MARG 0.6-1	0	999	10/1/2020	12/31/9999	2	125.30
11642	EXC FACE-MM MALIG+MARG 1.1-2	0	999	10/1/2020	12/31/9999	2	137.14
11643	EXC FACE-MM MALIG+MARG 2.1-3	0	999	10/1/2020	12/31/9999	1	150.14
11644	EXC FACE-MM MALIG+MARG 3.1-4	0	999	10/1/2020	12/31/9999	1	461.11
11646	EXC FACE-MM MLG+MARG > 4 CM	0	999	10/1/2020	12/31/9999	1	795.47
11719	TRIM NAIL(S)	0	999	10/1/2015	12/31/9999	1	0.00
11720	DEBRIDE NAIL, 1-5	0	999	10/1/2015	12/31/9999	1	0.00
11721	DEBRIDE NAIL, 6 OR MORE	0	999	10/1/2015	12/31/9999	1	0.00
11730	*AVULSION OF NAIL PLATE, PART	0	999	10/1/2016	12/31/9999	1	0.00
11732	REMOVE ADDITIONAL NAIL PLATE	0	999	10/1/2014	12/31/9999	9	0.00
11740	EVACUATION OF SUBUNGUAL HEMA	0	999	10/1/2015	12/31/9999	1	0.00
11750	EXCISION OF NAIL AND NAIL MA	0	999	10/1/2020	12/31/9999	2	79.40
11755	BIOPSY, NAIL UNIT	0	999	10/1/2020	12/31/9999	15	61.50
11760	REPAIR OF NAIL BED	0	999	10/1/2020	12/31/9999	2	200.91
11762	RECONSTRUCTION OF NAIL BED WIT	0	999	10/1/2020	12/31/9999	1	149.55
11765	WEDGE EXCISION OF SKIN OF NAIL	0	999	10/1/2016	12/31/9999	1	0.00
11770	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47
11771	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47
11772	EXCISION OF PILONIDAL CYST O	0	999	10/1/2020	12/31/9999	1	795.47
11900	*INJECTION, INTRALESIONAL;	0	999	10/1/2015	12/31/9999	3	0.00
11901	*INJECTION, INTRALESIONAL;	0	999	10/1/2015	12/31/9999	1	0.00
11920	TATTOOING, INTRADERMAL INTRODU	0	999	10/1/2020	12/31/9999	1	99.32
11921	TATTOOING, INTRADERMAL INTRO	0	999	10/1/2020	12/31/9999	1	110.00

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11960	INSERTION OF TISSUE EXPANDER(S	0	999	10/1/2020	12/31/9999	20	1,203.50
11970	REPLACEMENT OF TISSUE EXPANDER	0	999	10/1/2020	12/31/9999	1	2,242.69
11971	REMOVAL OF TISSUE EXPANDER(S)	0	999	10/1/2020	12/31/9999	1	795.47
11976	REMOVAL, IMPLANTABLE CONTRACEP	9	60	10/1/2020	12/31/9999	1	60.34
11980	IMPLANT HORMONE PELLET(S)	0	999	10/1/2015	12/31/9999	1	0.00
11981	INSERT DRUG IMPLANT DEVICE	0	999	10/1/2015	12/31/9999	1	0.00
11982	REMOVE DRUG IMPLANT DEVICE	0	999	10/1/2015	12/31/9999	1	0.00
11983	REMOVE/INSERT DRUG IMPLANT	0	999	10/1/2015	12/31/9999	1	0.00
12001	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12002	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12004	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12005	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16
12006	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16
12007	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63
12011	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12013	*SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12014	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2015	12/31/9999	1	0.00
12015	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63
12016	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16
12017	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	129.16
12018	SIMPLE REPAIR OF SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	70.63
12020	TREATMENT OF SUPERFICIAL WOUND	0	999	10/1/2020	12/31/9999	1	200.91
12021	TREATMENT OF SUPERFICIAL WOUND	0	999	10/1/2020	12/31/9999	1	129.16
12031	*LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16
12032	*LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16
12034	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16
12035	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	129.16
12036	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	200.91
12037	LAYER CLOSURE OF WOUNDS OF S	0	999	10/1/2020	12/31/9999	1	655.96
12041	*LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16
12042	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16
12044	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	200.91
12045	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	200.91
12046	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	129.16
12047	LAYER CLOSURE OF WOUNDS OF N	0	999	10/1/2020	12/31/9999	1	655.96
12051	*LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12052	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12053	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12054	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12055	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12056	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
12057	LAYER CLOSURE OF WOUNDS OF F	0	999	10/1/2020	12/31/9999	1	129.16
13100	REPAIR, COMPLEX, TRUNK;	0	999	10/1/2020	12/31/9999	1	200.91
13101	REPAIR, COMPLEX, TRUNK;	0	999	10/1/2020	12/31/9999	3	200.91
13102	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	3	0.00
13120	REPAIR, COMPLEX, SCALP, ARMS	0	999	10/1/2020	12/31/9999	1	200.91
13121	REPAIR, COMPLEX, SCALP, ARMS	0	999	10/1/2020	12/31/9999	1	200.91
13122	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	4	0.00
13131	REPAIR, COMPLEX, FOREHEAD, C	0	999	10/1/2020	12/31/9999	1	129.16
13132	REPAIR, COMPLEX, FOREHEAD, C	0	999	10/1/2020	12/31/9999	1	200.91
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	0	999	10/1/2014	12/31/9999	4	0.00
13151	REPAIR, COMPLEX, EYELIDS, NO	0	999	10/1/2020	12/31/9999	1	200.91
13152	REPAIR, COMPLEX, EYELIDS, NO	0	999	10/1/2020	12/31/9999	1	200.91
13153	REPAIR WOUND/LESION ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00
13160	SECONDARY CLOSURE OF SURGICAL	0	999	10/1/2020	12/31/9999	1	655.96
14000	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14001	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
14020	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14021	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14040	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14041	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14060	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14061	ADJACENT TISSUE TRANSFER OR	0	999	10/1/2020	12/31/9999	2	655.96
14301	SKIN TISSUE REARRANGEMENT	0	999	10/1/2020	12/31/9999	2	1,203.50
14302	SKIN TISSUE REARRANGE ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00
14350	FILLETED FINGER OR TOE FLAP,	0	999	10/1/2020	12/31/9999	2	655.96
15002	SURG PREP REC SITE TRUNK,ARMS,LEGS 1ST 1	0	999	10/1/2020	12/31/9999	1	655.96
15003	SURG PREP REC SITE TRUNK,ARMS,LEGS EA AD	0	999	4/1/2018	12/31/9999	60	0.00
15004	SURG PREP REC SITE FACE, HANDS, FEET 1ST	0	999	10/1/2020	12/31/9999	1	200.91
15005	SURG PREP REC SITE FACE, HANDS, FEET EA	0	999	4/1/2018	12/31/9999	19	0.00
15040	HARVEST CULTURED SKIN GRAFT	0	999	10/1/2020	12/31/9999	1	655.96
15050	*PINCH GRAFT, SINGLE OR MULTI	0	999	10/1/2020	12/31/9999	2	200.91
15100	SKIN SPLT GRFT, TRNK/ARM/LEG	0	999	10/1/2020	12/31/9999	1	655.96
15101	SKIN SPLIT GRAFT ADD-ON	0	999	4/1/2018	12/31/9999	40	0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	0	999	10/1/2020	12/31/9999	1	655.96
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	0	999	10/1/2020	12/31/9999	1	655.96
15116	EPIDRM A-GRFT F/N/HF/G ADDL	0	999	10/1/2014	12/31/9999	15	0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	0	999	10/1/2020	12/31/9999	1	1,203.50
15121	SKIN SPLIT GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15130	DERM AUTOGRAFT, TRNK/ARM/LEG	0	999	10/1/2020	12/31/9999	1	655.96
15131	DERM AUTOGRAFT T/A/L ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	0	999	10/1/2020	12/31/9999	1	1,203.50
15136	DERM AUTOGRAFT, F/N/HF/G ADD	0	999	10/1/2014	12/31/9999	15	0.00
15150	CULT EPIDERM GRFT T/ARM/LEG	0	999	10/1/2020	12/31/9999	1	655.96
15151	CULT EPIDERM GRFT T/A/L ADDL	0	999	10/1/2014	12/31/9999	15	0.00
15152	CULT EPIDERM GRAFT T/A/L +%	0	999	4/1/2016	12/31/9999	5	0.00
15155	CULT EPIDERM GRAFT, F/N/HF/G	0	999	10/1/2020	12/31/9999	1	1,203.50
15156	CULT EPIDRM GRFT F/N/HFG ADD	0	999	10/1/2014	12/31/9999	15	0.00
15157	CULT EPIDERM GRFT F/N/HFG +%	0	999	10/1/2014	12/31/9999	15	0.00
15200	FULL THICKNESS GRAFT, FREE,	0	999	10/1/2020	12/31/9999	1	655.96
15201	SKIN FULL GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15220	FULL THICKNESS GRAFT, FREE,	0	999	10/1/2020	12/31/9999	1	655.96
15221	SKIN FULL GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15240	FULL THICKNESS GRAFT, FREE,	0	999	10/1/2020	12/31/9999	1	655.96
15241	SKIN FULL GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15260	FULL THICKNESS GRAFT, FREE,	0	999	10/1/2020	12/31/9999	1	655.96
15261	SKIN FULL GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	15	0.00
15271	SKIN SUB <=100 SQ CM 1ST 25	0	999	10/1/2020	12/31/9999	1	655.96
15272	SKIN SUB <=100 SQ CM EA ADD 25	0	999	10/1/2014	12/31/9999	2	0.00
15273	SKIN SUB >100 SQ CM 1ST 100	0	999	10/1/2020	12/31/9999	1	1,203.50
15274	SKIN SUB >100 SQ CM EA ADD 100	0	999	1/1/2017	12/31/9999	60	0.00
15275	SKIN SUB <=100 SQ CM 1ST 25	0	999	10/1/2020	12/31/9999	1	655.96
15276	SKIN SUB <=100 SQ CM EA ADD 25	0	999	10/1/2014	12/31/9999	2	0.00
15277	SKIN SUB >100 SQ CM 1ST 100	0	999	10/1/2020	12/31/9999	1	655.96
15278	SKIN SUB >100 SQ CM EA ADD 100	0	999	10/1/2014	12/31/9999	2	0.00
15570	FORMATION OF DIRECT; TRUNK	0	999	10/1/2020	12/31/9999	1	655.96
15572	SCALP, ARMS, OR LEGS	0	999	10/1/2020	12/31/9999	1	1,203.50
15574	FOREHEAD, CHEEKS, CHIN, MOUTH	0	999	10/1/2020	12/31/9999	1	655.96
15576	EYELIDS, NOSE,EARS, LIPS,INTRA	0	999	10/1/2020	12/31/9999	1	655.96
15600	DELAY OF FLAP OR SECTIONING OF	0	999	10/1/2020	12/31/9999	5	1,203.50
15610	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96
15620	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96
15630	INTERMEDIATE "DELAY" OF AN	0	999	10/1/2020	12/31/9999	1	655.96

Mississippi Division of Medicaid
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15650	TRANSFER, INTERMEDIATE, OF A	0	999	10/1/2020	12/31/9999	1	655.96
15730	MIDFACE FLAP W/PRESERV VAS PED	0	999	10/1/2020	12/31/9999	1	1,203.50
15731	FOREHEAD FLAP W/PRESERVATION OF VASCULAR	0	999	10/1/2020	12/31/9999	1	1,203.50
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	0	999	10/1/2020	12/31/9999	3	1,203.50
15734	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	1,203.50
15736	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	655.96
15738	MUSCLE MYOCUTANEOUS OR FACIOCU	0	999	10/1/2020	12/31/9999	1	1,203.50
15740	FLAP; ISLAND PEDICLE	0	999	10/1/2020	12/31/9999	1	655.96
15750	FLAP; NEUROVASCULAR PEDICLE	0	999	10/1/2020	12/31/9999	1	1,203.50
15760	GRAFT; COMPOSITE (FULL THICKNE	0	999	10/1/2020	12/31/9999	1	655.96
15769	GRAFT AUTO SOFT TIS BY DIR EXCISION	0	999	1/1/2020	12/31/9999	1	1,203.50
15770	GRAFT;	0	999	10/1/2020	12/31/9999	1	1,203.50
15771	GRAFT AUTO FAT LIPO, 50 CC OR LESS	0	999	1/1/2020	12/31/9999	1	1,203.50
15773	GRAFT AUTO FAT LIPO, 25 CC	0	999	1/1/2020	12/31/9999	1	655.96
15777	BIOLOGIC IMPLANT	0	999	10/1/2014	12/31/9999	1	0.00
15819	CERVICOPLASTY	0	999	10/1/2020	12/31/9999	1	655.96
15820	BLEPHAROPLASTY, LOWER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96
15821	BLEPHAROPLASTY, LOWER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96
15822	BLEPHAROPLASTY, UPPER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96
15823	BLEPHAROPLASTY, UPPER EYELID;	0	999	10/1/2020	12/31/9999	1	655.96
15830	EXC EXCESS SKIN/SUBCUT TISSUE; AB, INFRA	0	999	10/1/2020	12/31/9999	1	1,754.62
15840	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50
15841	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50
15842	FLAP FOR FACE NERVE PALSY	0	999	10/1/2020	12/31/9999	1	655.96
15845	GRAFT FOR FACIAL NERVE PARAL	0	999	10/1/2020	12/31/9999	1	1,203.50
15847	EXC EXCESS SKIN/SUBCUT TISSUE; AB, UMBIL	0	999	10/1/2014	12/31/9999	1	0.00
15851	REMOVAL OF SUTURES IN HOSPIT	0	999	10/1/2020	12/31/9999	1	57.17
15852	DRESSING CHANGE (FOR OTHER THA	0	999	10/1/2015	12/31/9999	1	0.00
15860	TEST FOR BLOOD FLOW IN GRAFT	0	999	10/1/2015	12/31/9999	1	0.00
15920	EXCISION, COCCYGEAL PRESSURE U	0	999	10/1/2020	12/31/9999	1	795.47
15922	EXCISION, COCCYGEAL PRESSURE U	0	999	10/1/2020	12/31/9999	1	1,203.50
15931	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	795.47
15933	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	795.47
15934	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	1,203.50
15935	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	1,203.50
15936	REMOVE SACRUM PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96
15937	EXCISION, SACRAL PRESSURE ULCE	0	999	10/1/2020	12/31/9999	1	655.96
15940	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	795.47
15941	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	795.47
15944	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	1,203.50
15945	EXCISION, ISCHIAL PRESSURE ULC	0	999	10/1/2020	12/31/9999	1	655.96
15946	REMOVAL OF PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96
15950	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	461.11
15951	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	795.47
15952	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	655.96
15953	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	1,203.50
15956	REMOVE THIGH PRESSURE SORE	0	999	10/1/2020	12/31/9999	1	655.96
15958	EXCISION, TROCHANTERIC PRESSUR	0	999	10/1/2020	12/31/9999	1	1,203.50
16000	INITIAL TREATMENT, FIRST DEG	0	999	10/1/2015	12/31/9999	20	0.00
16020	DRESS/DEBRID P-THICK BURN, S	0	999	10/1/2016	12/31/9999	20	0.00
16025	DRESS/DEBRID P-THICK BURN, M	0	999	10/1/2020	12/31/9999	20	70.63
16030	DRESS/DEBRID P-THICK BURN, L	0	999	10/1/2020	12/31/9999	20	129.16
16035	INCISION OF BURN SCAB, INITI	0	999	10/1/2020	12/31/9999	2	129.16
17000	DESTRUCT PREMAL LESIONS; 1ST LESION	0	999	10/1/2016	12/31/9999	1	0.00
17003	DESTROY 2-14 LESIONS	0	999	10/1/2014	12/31/9999	13	0.00
17004	DESTRUCT PREMAL LESIONS; 15 OR MORE LESI	0	999	10/1/2020	12/31/9999	1	86.33
17106	DESTRUCTION OF CUTANEOUS VASCU	0	999	10/1/2020	12/31/9999	1	129.16

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17107	DESTRUCTION OF CUTANEOUS PROLI	0	999	10/1/2020	12/31/9999	1	200.91
17108	DESTRUCTION OF CUTANEOUS VASCU	0	999	10/1/2020	12/31/9999	1	282.66
17110	DESTRUCT BENIGN LESIONS OTH THAN SKIN TA	0	999	10/1/2015	12/31/9999	14	0.00
17111	DESTRUCT LESION, 15 OR MORE	0	999	10/1/2016	12/31/9999	1	0.00
17250	CHEMICAL CAUTERIZATION OF GRAN	0	999	10/1/2016	12/31/9999	1	0.00
17260	DESTRUCTION OF SKIN LESIONS	0	999	10/1/2016	12/31/9999	1	0.00
17261	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2016	12/31/9999	1	0.00
17262	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2016	12/31/9999	1	0.00
17263	LESION DIAMETER 2.1 TO 3.0 CM	0	999	10/1/2016	12/31/9999	1	0.00
17264	LESION DIAMETER 3.1 TO 4.0	0	999	10/1/2020	12/31/9999	1	105.67
17266	LESION DIAMETER OVER 4.0 CM	0	999	10/1/2020	12/31/9999	1	116.35
17270	DESTRUCTION OF SKIN LESIONS	0	999	10/1/2020	12/31/9999	1	70.63
17271	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	1	70.63
17272	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2016	12/31/9999	1	0.00
17273	LESION DIAMETER 2.1 TO 3.0	0	999	10/1/2020	12/31/9999	1	104.22
17274	LESION DIAMETER 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	1	117.50
17276	LESION DIAMETER OVER 4.0 CM	0	999	10/1/2020	12/31/9999	1	129.16
17280	DESTRUCTION OF SKIN LESIONS	0	999	10/1/2016	12/31/9999	1	0.00
17281	LESION DIAMETER 0.6 TO 1.0 CM	0	999	10/1/2020	12/31/9999	1	90.37
17282	LESION DIAMETER 1.1 TO 2.0 CM	0	999	10/1/2020	12/31/9999	1	101.63
17283	LESION DIAMETER 2.1 TO 3.0 CM	0	999	10/1/2020	12/31/9999	1	114.91
17284	LESION DIAMETER 3.1 TO 4.0 CM	0	999	10/1/2020	12/31/9999	1	126.74
17286	LESION DIAMETER OVER 4.0 CM	0	999	10/1/2020	12/31/9999	1	151.00
17311	MOHS, HEAD NECK HANDS FEET, ETC; FIRST S	0	999	10/1/2020	12/31/9999	4	200.91
17312	MOHS, HEAD NECK HANDS FEET, ETC; EA ADDL	0	999	10/1/2014	12/31/9999	2	0.00
17313	MOHS, TRUNK, ARMS, LEGS; FIRST STAGE UP	0	999	10/1/2020	12/31/9999	4	200.91
17314	MOHS, TRUNK, ARMS, LEGS; EA ADDL STAGE A	0	999	10/1/2014	12/31/9999	2	0.00
17315	MOHS, EA ADDL BLOCK AFT FIRST 5 TISSUE B	0	999	10/1/2014	12/31/9999	2	0.00
19000	*PUNCTURE ASPIRATION OF CYST;	0	999	10/1/2020	12/31/9999	1	62.36
19001	DRAIN BREAST LESION ADD-ON	0	999	10/1/2014	12/31/9999	10	0.00
19020	MASTOTOMY WITH EXPLORATION O	0	999	10/1/2020	12/31/9999	1	461.11
19030	INJECTION PROCEDURE ONLY FOR	14	999	10/1/2012	12/31/9999	1	0.00
19081	BIOPSY BREAST STEREOTATIC 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11
19082	BIOPSY BREAST STEREOTATIC EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19083	BIOPSY BREAST ULTRASND 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11
19084	BIOPSY BREAST ULTRASND EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19085	BIOPSY BREAST MAG RES 1ST LESION	0	999	10/1/2020	12/31/9999	1	461.11
19086	BIOPSY BREAST MAG RES EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19100	BX BREAST PERCUT W/O IMAGE	0	999	10/1/2020	12/31/9999	1	461.11
19101	BIOPSY OF BREAST, OPEN	0	999	10/1/2020	12/31/9999	1	894.75
19105	ABL CRYO FIBRO INCL ULTRASOUND GUID EA	0	999	10/1/2020	12/31/9999	1	894.75
19110	NIPPLE EXPLORATION, WITH OR WI	0	999	10/1/2020	12/31/9999	1	894.75
19112	EXCISION OF LACTIFEROUS DUCT F	0	999	10/1/2020	12/31/9999	1	894.75
19120	EXC CYST FIBROADENOMA BENIGN/MALIGNANT T	0	999	10/1/2020	12/31/9999	1	894.75
19125	EXCISION, BREAST LESION	0	999	10/1/2020	12/31/9999	1	894.75
19126	EXCISION, ADDL BREAST LESION	0	999	10/1/2014	12/31/9999	1	0.00
19281	PLACE LOC DEV MAMM GUID 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00
19282	PLACE LOC DEV MAMM GUID EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19283	PLACE LOC DEV STEREOTATIC 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00
19284	PLACE LOC DEV STEREOTATIC EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19285	PLACE LOC DEV ULTRASND 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00
19286	PLACE LOC DEV ULTRASND EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19287	PLACE LOC DEV MAG RES 1ST LESION	0	999	1/1/2014	12/31/9999	1	0.00
19288	PLACE LOC DEV MAG RES EA ADDL	0	999	1/1/2014	12/31/9999	10	0.00
19294	PREP OF TUMOR CAVITY, W/PLACMENT OF IORT	0	999	1/1/2018	12/31/9999	2	0.00
19296	PLACE PO BREAST CATH FOR RAD	0	999	10/1/2020	12/31/9999	1	3,340.68
19297	PLACE BREAST CATH FOR RAD	0	999	10/1/2015	12/31/9999	1	0.00

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
19298	PLACE BREAST RAD TUBE/CATHS	0	999	10/1/2020	12/31/9999	1	1,754.62
19300	MASTECTOMY FOR GYNECOMASTIA	0	999	10/1/2020	12/31/9999	1	894.75
19301	MASTECTOMY, PARTIAL	0	999	10/1/2020	12/31/9999	1	894.75
19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHA	0	999	10/1/2020	12/31/9999	1	1,754.62
19303	MASTECTOMY, SIMPLE, COMPLETE	0	999	10/1/2020	12/31/9999	1	1,754.62
19318	REDUCTION MAMMAPLASTY	0	999	10/1/2020	12/31/9999	1	1,754.62
19328	REMOVAL OF INTACT MAMMARY IMPL	0	999	10/1/2020	12/31/9999	1	894.75
19330	REMOVAL OF MAMMARY IMPLANT MAT	0	999	10/1/2020	12/31/9999	1	894.75
19340	IMMEDIATE INSERTION OF BREAST	0	999	10/1/2020	12/31/9999	1	1,754.62
19342	DELAYED INSERTION OF BREAST PR	0	999	10/1/2020	12/31/9999	1	2,143.58
19350	RECONSTRUCTION OF NIPPLE AND	0	999	10/1/2020	12/31/9999	1	894.75
19355	CORRECTION OF INVERTED NIPPLES	0	999	10/1/2020	12/31/9999	1	894.75
19357	BREAST RECONSTRUCTION, IMMEDIA	0	999	10/1/2020	12/31/9999	1	3,746.96
19370	OPEN PERIPROSTHETIC CAPSULOTOM	0	999	10/1/2020	12/31/9999	1	894.75
19371	PERIPROSTHETIC CAPSULECTOMY, B	0	999	10/1/2020	12/31/9999	1	894.75
19380	REVISION OF RECONSTRUCTED BREA	0	999	10/1/2020	12/31/9999	1	1,754.62
20103	EXPLORE WOUND, EXTREMITY	0	999	10/1/2020	12/31/9999	1	246.58
20150	EXCISE EPIPHYSEAL BAR	0	999	10/1/2020	12/31/9999	1	1,029.01
20200	BIOPSY, MUSCLE;	0	999	10/1/2020	12/31/9999	1	461.11
20205	BIOPSY, MUSCLE;	0	999	10/1/2020	12/31/9999	1	795.47
20206	*BIOPSY, MUSCLE, PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	461.11
20220	BIOPSY, BONE, TROCAR OR NEEDLE	0	999	10/1/2020	12/31/9999	1	461.11
20225	BONE BIOPSY, TROCAR/NEEDLE	0	999	10/1/2020	12/31/9999	1	461.11
20240	BIOPSY BONE OPEN SUPERFICIAL	0	999	10/1/2020	12/31/9999	1	795.47
20245	BIOPSY BONE OPEN DEEP	0	999	10/1/2020	12/31/9999	1	795.47
20250	BIOPSY, VERTEBRAL BODY, OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01
20251	BIOPSY, VERTEBRAL BODY, OPEN	0	999	10/1/2020	12/31/9999	1	2,242.69
20500	*INJECTION OF SINUS TRACT;	0	999	10/1/2020	12/31/9999	1	53.12
20501	INJECTION OF SINUS TRACT; DIAG	0	999	10/1/2012	12/31/9999	1	0.00
20520	*REMOVAL OF FOREIGN BODY IN M	0	999	10/1/2020	12/31/9999	1	111.15
20525	REMOVAL OF FOREIGN BODY IN M	0	999	10/1/2020	12/31/9999	1	795.47
20526	THER INJECTION CARPAL TUNNEL	0	999	10/1/2020	12/31/9999	1	33.20
20527	INJECTION, ENZYME	0	999	10/1/2020	12/31/9999	1	36.09
20550	INJECTION; 1 TENDON SHEATH/LIGAMENTINJEC	0	999	10/1/2020	12/31/9999	1	20.78
20551	INJECTION; 1 TENDON ORIGIN/INSERTIOINJEC	0	999	10/1/2020	12/31/9999	1	21.94
20552	INJ; SINGLE/MX TRIG POINT 1/2 MUSCLINJ;	0	999	10/1/2020	12/31/9999	1	24.26
20553	INJECT TRIGGER POINTS, =/> 3	0	999	10/1/2020	12/31/9999	1	28.30
20555	PLACE NDL MUSC/TIS FOR RT	0	999	10/1/2020	12/31/9999	1	1,029.01
20600	ARTHROCENTESIS SMALL JOINT NO GUIDANCE	0	999	10/1/2020	12/31/9999	1	19.92
20604	ARTHROCENTESIS SMALL JOINT WITH GUIDANCE	0	999	10/1/2020	12/31/9999	2	34.36
20605	ARTHROCENTESIS INTERMED JOINT NO GUIDANC	0	999	10/1/2020	12/31/9999	1	20.78
20606	ARTHROCENTESIS INTERMED JOINT WITH GUIDA	0	999	10/1/2020	12/31/9999	2	37.25
20610	ARTHROCENTESIS MAJOR JOINT WITHOUT GUIDA	0	999	10/1/2020	12/31/9999	1	24.83
20611	ARTHROCENTESIS MAJOR JOINT WITH GUIDANCE	0	999	10/1/2020	12/31/9999	2	41.86
20612	ASPIRATE/INJ GANGLION CYST	0	999	10/1/2020	12/31/9999	1	28.01
20615	ASPIRATION AND INJECTION FOR	0	999	10/1/2020	12/31/9999	1	129.63
20650	*INSERTION OF WIRE OR PIN FOR	0	999	10/1/2020	12/31/9999	1	1,029.01
20662	APPLICATION OF HALO;	0	999	10/1/2020	12/31/9999	1	570.40
20663	APPLICATION OF HALO;	0	999	10/1/2020	12/31/9999	1	1,029.01
20665	*REMOVAL OF TONGS OR HALO APP	0	999	10/1/2020	12/31/9999	1	146.98
20670	*REMOVAL OF IMPLANT;	0	999	10/1/2020	12/31/9999	3	461.11
20680	REMOVAL OF IMPLANT;	0	999	10/1/2020	12/31/9999	3	795.47
20690	APPLICATION OF A UNIPLANE (PIN	0	999	10/1/2020	12/31/9999	1	3,005.05
20692	APPLICATION OF A MULTIPLANE (P	0	999	10/1/2020	12/31/9999	1	6,510.60
20693	ADJUSTMENT OR REVISION OF EXTE	0	999	10/1/2020	12/31/9999	1	2,242.69
20694	REMOVAL UNDER ANESTHESIA, OF E	0	999	10/1/2020	12/31/9999	1	570.40
20822	REPLANTATION, DIGIT, EXCLUDING	0	999	10/1/2020	12/31/9999	1	570.40

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
20900	BONE GRAFT, ANY DONOR AREA;	0	999	10/1/2020	12/31/9999	1	2,242.69
20902	BONE GRAFT, ANY DONOR AREA;	0	999	10/1/2020	12/31/9999	1	2,242.69
20910	CARTILAGE GRAFT, COSTOCHONDR	0	999	10/1/2020	12/31/9999	1	200.91
20912	CARTILAGE GRAFT; NASAL SEPTUM	0	999	10/1/2020	12/31/9999	1	1,203.50
20920	FASCIA LATA GRAFT;	0	999	10/1/2020	12/31/9999	1	655.96
20922	FASCIA LATA GRAFT;	0	999	10/1/2020	12/31/9999	1	655.96
20924	TENDON GRAFT, FROM A DISTANC	0	999	10/1/2020	12/31/9999	2	2,242.69
20930	SP BONE ALGRFT MORSEL ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
20932	OSTEOART ALGRFT W/SURF & B1	0	999	1/1/2019	12/31/9999	1	0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	0	999	1/1/2019	12/31/9999	1	0.00
20934	INTERCALARY ALGRFT COMPL	0	999	1/1/2019	12/31/9999	1	0.00
20936	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00
20937	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00
20938	SPINAL BONE AUTOGRAFT	0	999	10/1/2017	12/31/9999	1	0.00
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING	0	999	1/1/2018	12/31/9999	1	0.00
20950	MONITORING OF INTERSTITIAL FLU	0	999	10/1/2020	12/31/9999	1	246.58
20972	FREE OSTEOCUTANEOUS FLAP WITH	0	999	10/1/2020	12/31/9999	1	2,242.69
20973	FREE OSTEOCUTANEOUS FLAP WITH	0	999	10/1/2020	12/31/9999	1	2,242.69
20975	ELECTRICAL STIMULATION TO AID	0	999	10/1/2012	12/31/9999	1	0.00
20979	US BONE STIMULATION	0	999	10/1/2015	12/31/9999	1	0.00
20982	ABLATION THERAPY BY RADIOFREQUENCY	0	999	10/1/2020	12/31/9999	1	2,242.69
20983	ALBATION THERAPY BY CRYOABLATION	0	999	10/1/2020	12/31/9999	2	3,036.89
20985	CPTR-ASST DIR MS PX	0	999	10/1/2012	12/31/9999	1	0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR	0	999	10/1/2020	12/31/9999	1	844.05
21011	EXC FACE LES SC < 2 CM	0	999	10/1/2020	12/31/9999	1	197.77
21012	EXC FACE LES SC = 2 CM	0	999	10/1/2020	12/31/9999	1	461.11
21013	EXC FACE TUM DEEP < 2 CM	0	999	10/1/2020	12/31/9999	1	255.80
21014	EXC FACE TUM DEEP = 2 CM	0	999	10/1/2020	12/31/9999	1	795.47
21015	RESECT FACE TUM < 2 CM	0	999	10/1/2020	12/31/9999	1	795.47
21016	RESECT FACE TUM = 2 CM	0	999	10/1/2020	12/31/9999	1	795.47
21025	EXCISION OF BONE (FOR OSTEOMYE	0	999	10/1/2020	12/31/9999	1	1,797.24
21026	EXCISION OF BONE (FOR OSTEOMYE	0	999	10/1/2020	12/31/9999	1	1,797.24
21029	REMOVAL BY CONTOURING OF BENIG	0	999	10/1/2020	12/31/9999	1	844.05
21030	EXCISE MAX/ZYGOMA B9 TUMOR	0	999	10/1/2020	12/31/9999	1	251.18
21031	EXCISION OF TORUS MANDIBULARIS	0	999	10/1/2020	12/31/9999	1	217.11
21032	EXCISION OF MAXILLARY PALATIUS	0	999	10/1/2020	12/31/9999	1	215.96
21034	EXCISE MAX/ZYGOMA MLG TUMOR	0	999	10/1/2020	12/31/9999	1	1,797.24
21040	EXCISE MANDIBLE LESION	0	999	10/1/2020	12/31/9999	1	844.05
21044	EXCISION OF MALIGNANT TUMOR	0	999	10/1/2020	12/31/9999	1	1,797.24
21046	REMOVE MANDIBLE CYST COMPLEX	0	999	10/1/2020	12/31/9999	1	1,797.24
21047	EXCISE LWR JAW CYST W/REPAIR	0	999	10/1/2020	12/31/9999	1	1,797.24
21048	REMOVE MAXILLA CYST COMPLEX	0	999	10/1/2020	12/31/9999	1	1,797.24
21050	ARTHRECTOMY, TEMPOROMANDIBUL	0	999	10/1/2020	12/31/9999	1	1,797.24
21060	MENISCECTOMY, TEMPOROMANDIBU	0	999	10/1/2020	12/31/9999	1	1,797.24
21070	CORONOIDECTOMY (SEPARATE PROCE	0	999	10/1/2020	12/31/9999	1	1,797.24
21073	MNPJ OF TMJ W/ANESTH	0	999	10/1/2020	12/31/9999	1	205.86
21100	*APPLICATION OF HALO TYPE APP	0	999	10/1/2020	12/31/9999	1	1,797.24
21110	APPLICATION OF INTERDENTAL F	0	999	10/1/2020	12/31/9999	1	429.28
21116	INJECTION PROCEDURE FOR TEMP	0	999	10/1/2012	12/31/9999	1	0.00
21120	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	1,797.24
21121	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	844.05
21122	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	1,797.24
21123	GENIOPLASTY; AUGMENTATION (AUT	0	999	10/1/2020	12/31/9999	1	844.05
21125	AUGMENTATION, MANDIBULAR BODY	0	999	10/1/2020	12/31/9999	1	1,797.24
21127	AUGMENTATION, MANDIBULAR BODY	0	999	10/1/2020	12/31/9999	1	1,797.24
21137	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	844.05

Mississippi Division of Medicaid
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21138	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	1,797.24
21139	REDUCTION FOREHEAD; CONTOURING	0	999	10/1/2020	12/31/9999	1	1,797.24
21150	RECONSTRUCTION MIDFACE, LEFORT	0	999	10/1/2020	12/31/9999	1	1,797.24
21181	REMOVAL BY CONTOURING OF BENIG	0	999	10/1/2020	12/31/9999	1	1,797.24
21198	OSTEOTOMY MANDIBLE, SEGMENTAL	0	999	10/1/2020	12/31/9999	1	1,797.24
21199	RECONSTR LWR JAW W/ADVANCE	0	999	10/1/2020	12/31/9999	1	1,797.24
21206	OSTEOTOMY, MAXILLA, SEGMENTAL	0	999	10/1/2020	12/31/9999	1	1,797.24
21208	OSTEOPLASTY, FACIAL BONES; AUG	0	999	10/1/2020	12/31/9999	1	2,357.34
21209	OSTEOPLASTY, FACIAL BONES; RED	0	999	10/1/2020	12/31/9999	1	1,797.24
21210	GRAFT, BONE;	0	999	10/1/2020	12/31/9999	1	1,797.24
21215	GRAFT, BONE;	0	999	10/1/2020	12/31/9999	1	1,797.24
21230	GRAFT;	0	999	10/1/2020	12/31/9999	1	1,797.24
21235	GRAFT; EAR CARTILAGE, AUTOGENO	0	999	10/1/2020	12/31/9999	1	1,797.24
21240	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	1,797.24
21242	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	1,797.24
21243	ARTHROPLASTY, TEMPOROMANDIBULA	0	999	10/1/2020	12/31/9999	1	9,686.94
21244	RECONSTRUCTION OF MANDIBLE, EX	0	999	10/1/2020	12/31/9999	1	1,797.24
21245	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24
21246	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24
21248	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24
21249	RECONSTRUCTION OF MANDIBLE OR	0	999	10/1/2020	12/31/9999	1	1,797.24
21260	ORBITAL HYPERTELORISM CORREC	0	999	10/1/2020	12/31/9999	1	1,797.24
21267	ORBITAL REPOSITIONING, PERIO	0	999	10/1/2020	12/31/9999	1	1,797.24
21270	MALAR AUGMENTATION, PROSTHETIC	0	999	10/1/2020	12/31/9999	1	1,797.24
21275	SECONDARY REVISION FOR ORBIT	0	999	10/1/2020	12/31/9999	1	1,797.24
21280	MEDIAL CANTHOPEXY (SEPARATE PR	0	999	10/1/2020	12/31/9999	1	844.05
21282	LATERAL CANTHOPEXY	0	999	10/1/2020	12/31/9999	1	844.05
21295	REDUCTION OF MASSETER MUSCLE A	0	999	10/1/2020	12/31/9999	1	429.28
21296	REDUCTION OF MASSETER MUSCLE (	0	999	10/1/2020	12/31/9999	1	844.05
21310	CLOSED TREATMENT OF NASAL BONE	0	999	10/1/2020	12/31/9999	1	87.17
21315	CLOSED TREATMENT, NASAL BONE F	0	999	10/1/2020	12/31/9999	1	429.28
21320	MANIPULATIVE TREATMENT, NASA	0	999	10/1/2020	12/31/9999	1	844.05
21325	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	844.05
21330	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	1,797.24
21335	OPEN TREATMENT OF NASAL FRAC	0	999	10/1/2020	12/31/9999	1	844.05
21336	OPEN TREATMENT OF NASAL SEPTAL	0	999	10/1/2020	12/31/9999	1	1,029.01
21337	CLOSED TREATMENT OF NASAL SEPT	0	999	10/1/2020	12/31/9999	1	844.05
21338	OPEN TREATMENT OF NASOETHMOI	0	999	10/1/2020	12/31/9999	1	2,623.92
21339	OPEN TREATMENT OF NASOETHMOI	0	999	10/1/2020	12/31/9999	1	1,797.24
21340	PERCUTANEOUS TREATMENT OF NASO	0	999	10/1/2020	12/31/9999	1	844.05
21345	CLOSED TREATMENT OF NASOMAXILL	0	999	10/1/2020	12/31/9999	1	429.28
21355	PERCUTANEOUS TREATMENT OF FRAC	0	999	10/1/2020	12/31/9999	1	844.05
21356	OPEN TREATMENT OF DEPRESSED ZY	0	999	10/1/2020	12/31/9999	1	1,797.24
21360	OPEN TREATMENT OF DEPRESSED MA	0	999	10/1/2020	12/31/9999	1	1,797.24
21390	OPEN TREATMENT OF ORBITAL FL	0	999	10/1/2020	12/31/9999	1	1,797.24
21400	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	178.55
21401	TREATMENT OF FRACTURE OF ORB	0	999	10/1/2020	12/31/9999	1	429.28
21406	OPEN TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	1,797.24
21407	OPEN TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	1,797.24
21421	CLOSED TREATMENT OF PALATAL OR	0	999	10/1/2020	12/31/9999	1	844.05
21440	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	408.25
21445	OPEN TREATMENT OF MANDIBULAR O	0	999	10/1/2020	12/31/9999	1	1,797.24
21450	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	178.55
21451	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	429.28
21452	PERCUTANEOUS TREATMENT OF MAND	0	999	10/1/2020	12/31/9999	1	1,797.24
21453	CLOSED TREATMENT OF MANDIBULAR	0	999	10/1/2020	12/31/9999	1	1,797.24
21454	OPEN TREATMENT OF MANDIBULAR F	0	999	10/1/2020	12/31/9999	1	1,797.24

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21461	OPEN TREATMENT OF MANDIBULAR F	0	999	10/1/2020	12/31/9999	1	2,522.91
21462	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	2,470.83
21465	OPEN TREATMENT OF MANDIBULAR C	0	999	10/1/2020	12/31/9999	1	1,797.24
21480	CLOSED TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	87.17
21485	CLOSED TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	429.28
21490	OPEN TREATMENT OF TEMPOROMAN	0	999	10/1/2020	12/31/9999	1	844.05
21497	INTERDENTAL WIRING, FOR COND	0	999	10/1/2020	12/31/9999	1	429.28
21501	INCISION AND DRAINAGE, DEEP	0	999	10/1/2020	12/31/9999	1	795.47
21502	INCISION AND DRAINAGE, DEEP	0	999	10/1/2020	12/31/9999	1	1,029.01
21550	EXCISIONAL BIOPSY, SOFT TISS	0	999	10/1/2020	12/31/9999	1	461.11
21552	EXC NECK LES SC = 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
21554	EXC NECK TUM DEEP = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21555	EXC NECK LES SC < 3 CM	0	999	10/1/2020	12/31/9999	2	461.11
21556	EXC NECK TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21557	RESECT NECK TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21558	RESECT NECK TUM = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21600	EXCISION OF RIB, PARTIAL	0	999	10/1/2020	12/31/9999	1	2,242.69
21610	COSTOTRANSVERSECTOMY (SEPARA	0	999	10/1/2020	12/31/9999	1	1,029.01
21685	HYOID MYOTOMY AND SUSPENSION HYOID	0	999	10/1/2020	12/31/9999	1	1,797.24
21700	DIVISION OF SCALENUS ANTICUS	0	999	10/1/2020	12/31/9999	1	2,242.69
21720	DIVISION OF STERNOCLEIDOMAST	0	999	10/1/2020	12/31/9999	1	1,029.01
21725	DIVISION OF STERNOCLEIDOMAST	0	999	10/1/2020	12/31/9999	1	246.58
21820	CLOSED TREATMENT OF STERNUM FR	0	999	10/1/2020	12/31/9999	1	87.17
21920	BIOPSY, SOFT TISSUE OF BACK OR	0	999	10/1/2020	12/31/9999	1	142.34
21925	BIOPSY, SOFT TISSUE OF BACK OR	0	999	10/1/2020	12/31/9999	1	461.11
21930	EXC BACK LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
21931	EXC BACK LES SC = 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
21932	EXC BACK TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21933	EXC BACK TUM DEEP = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21935	RESECT BACK TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
21936	RESECT BACK TUM = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
22102	PARTIAL RESECTION OF VERTEBR	0	999	10/1/2020	12/31/9999	1	2,242.69
22103	REMOVE EXTRA SPINE SEGMENT	0	999	10/1/2014	12/31/9999	11	0.00
22310	TREATMENT OF VERTEBRAL BODY	0	999	10/1/2020	12/31/9999	1	87.17
22315	ALLOGRAFT, STRUCTURAL, FOR SPINE	0	999	10/1/2020	12/31/9999	1	1,029.01
22505	*MANIPULATION OF SPINE, ANY R	0	999	10/1/2020	12/31/9999	1	570.40
22510	PERQ CERVICOTHORACIC INJECTION	0	999	10/1/2020	12/31/9999	6	1,029.01
22511	PERQ LUMBOSACRAL INJECTION	0	999	10/1/2020	12/31/9999	1	1,029.01
22512	ADDL PERQ CERVICO/LUMBOSACRAL INJ	0	999	1/1/2015	12/31/9999	11	0.00
22513	PERQ AUGMENTATION THORACIC	0	999	10/1/2020	12/31/9999	1	2,242.69
22514	PERQ AUGMENTATION LUMBAR	0	999	10/1/2020	12/31/9999	1	2,242.69
22515	ADDL PERQ THORACIC/LUMBAR INJ	0	999	1/1/2015	12/31/9999	11	0.00
22551	ARTHRD ANT INTR DECOM CERV BELW C2	0	999	10/1/2020	12/31/9999	1	6,735.78
22552	ARTHRD ANT INTR CERV BELW C2 EA ADD NTRS	0	999	10/1/2017	12/31/9999	4	0.00
22554	ARTHRODESIS, ANTERIOR INTERBOD	0	999	10/1/2020	12/31/9999	1	6,741.62
22585	ARTHRODESIS, ANTERIOR OR ANTER	0	999	10/1/2017	12/31/9999	10	0.00
22612	ARTHRODESIS, POSTERIOR OR POST	0	999	10/1/2020	12/31/9999	1	6,886.06
22614	SPINE FUSION, EXTRA SEGMENT	0	999	10/1/2015	12/31/9999	11	0.00
22840	INSERT SPINE FIXATION DEVICE	0	999	10/1/2017	12/31/9999	1	0.00
22842	POSTERIOR INSTRUMENTATION;	0	999	10/1/2017	12/31/9999	1	0.00
22845	INSERT SPINE FIXATION DEVICE	0	999	10/1/2017	12/31/9999	1	0.00
22853	INS INTERBODY DEV/INTERSP	0	999	1/1/2017	12/31/9999	5	0.00
22854	INS INTERBODY DEV/DEFECT	0	999	1/1/2017	12/31/9999	5	0.00
22859	INSERT IN-VET DEV CONJ W/INTRBDY	0	999	1/1/2017	12/31/9999	5	0.00
22900	EXC BACK TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
22901	EXC BACK TUM DEEP = 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
22902	EXC ABD LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
22903	EXC ABD LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
22904	RESECT ABD TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
22905	RESECT ABD TUM > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
23000	REMOVAL OF CALCIUM DEPOSITS	0	999	10/1/2020	12/31/9999	1	795.47
23020	RELEASE SHOULDER JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
23030	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47
23031	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47
23035	DRAIN SHOULDER BONE LESION	0	999	10/1/2020	12/31/9999	1	570.40
23040	EXPLORATORY SHOULDER SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
23044	EXPLORATORY SHOULDER SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
23065	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	108.85
23066	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	795.47
23071	EXC SHOULDER LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
23073	EXC SHOULDER TUM DEEP > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
23075	EXC SHOULDER LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
23076	EXC SHOULDER TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
23077	RESECT SHOULDER TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
23078	RESECT SHOULDER TUM > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
23100	BIOPSY OF SHOULDER JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
23101	SHOULDER JOINT SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
23105	REMOVE SHOULDER JOINT LINING	0	999	10/1/2020	12/31/9999	1	2,242.69
23106	INCISION OF COLLARBONE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
23107	ARTHROTOMY GLENOHUMERAL JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
23120	CLAVICULECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
23125	CLAVICULECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
23130	PARTIAL REMOVAL,SHOULDERBONE	0	999	10/1/2020	12/31/9999	1	1,029.01
23140	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
23145	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
23146	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
23150	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
23155	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
23156	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	3,473.85
23170	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01
23172	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01
23174	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69
23180	REMOVE COLLAR BONE LESION	0	999	10/1/2020	12/31/9999	1	2,242.69
23182	REMOVE SHOULDER BLADE LESION	0	999	10/1/2020	12/31/9999	1	2,242.69
23184	REMOVE HUMERUS LESION	0	999	10/1/2020	12/31/9999	1	2,242.69
23190	OSTECTOMY OF SCAPULA, PARTIA	0	999	10/1/2020	12/31/9999	1	1,029.01
23195	RESECTION HUMERAL HEAD	0	999	10/1/2020	12/31/9999	1	2,242.69
23330	REMOVAL OF FOREIGN BODY;	0	999	10/1/2020	12/31/9999	1	246.58
23333	RMV FOREIGN BODY SHOULDER DEEP	0	999	10/1/2020	12/31/9999	1	795.47
23334	RMV PROSTHESIS HUMERAL/GLENOID	0	999	10/1/2020	12/31/9999	1	795.47
23350	INJECTION FOR SHOULDER X-RAY	0	999	10/1/2012	12/31/9999	1	0.00
23395	MUSCLE TRANSFER, ANY TYPE FO	0	999	10/1/2020	12/31/9999	1	2,242.69
23397	MUSCLE TRANSFER, ANY TYPE FO	0	999	10/1/2020	12/31/9999	1	2,242.69
23400	SCAPULOPEXY	0	999	10/1/2020	12/31/9999	1	2,242.69
23405	INCISION OF TENDON & MUSCLE	0	999	10/1/2020	12/31/9999	1	2,242.69
23406	INCISE TENDON(S) & MUSCLE(S)	0	999	10/1/2020	12/31/9999	1	3,214.97
23410	REPAIR ROTATOR CUFF, ACUTE	0	999	10/1/2020	12/31/9999	1	2,242.69
23412	REPAIR OF RUPTURED SUPRASPIN	0	999	10/1/2020	12/31/9999	1	2,242.69
23415	CORACOACROMIAL LIGAMENT RELEAS	0	999	10/1/2020	12/31/9999	1	2,242.69
23420	REPAIR OF SHOULDER	0	999	10/1/2020	12/31/9999	1	2,242.69
23430	TENODESIS FOR RUPTURE OF LON	0	999	10/1/2020	12/31/9999	1	2,242.69
23440	RESECTION OR TRANSPLANTATION	0	999	10/1/2020	12/31/9999	1	2,242.69
23450	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69
23455	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69

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
23460	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69
23462	CAPSULORRHAPHY FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69
23465	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69
23466	REPAIR SHOULDER CAPSULE	0	999	10/1/2020	12/31/9999	1	2,242.69
23480	OSTEOTOMY, CLAVICLE, WITH OR	0	999	10/1/2020	12/31/9999	1	2,242.69
23485	OSTEOTOMY, CLAVICLE, WITH OR	0	999	10/1/2020	12/31/9999	1	6,286.31
23490	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	2,242.69
23491	REINFORCE SHOULDER BONES	0	999	10/1/2020	12/31/9999	1	6,403.84
23500	CLOSED TREATMENT OF CLAVICULAR	0	999	10/1/2020	12/31/9999	1	87.17
23505	TREATMENT OF CLOSED CLAVICUL	0	999	10/1/2020	12/31/9999	1	570.40
23515	OPEN TRMNT CLAVIC FRAC	0	999	10/1/2020	12/31/9999	1	3,077.51
23520	CLOSED TREATMENT OF STERNOCLAV	0	999	10/1/2020	12/31/9999	1	570.40
23525	TREATMENT OF CLOSED STERNOCL	0	999	10/1/2020	12/31/9999	1	87.17
23530	OPEN TREATMENT OF STERNOCLAVIC	0	999	10/1/2020	12/31/9999	1	2,242.69
23532	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	2,242.69
23540	CLOSED TREATMENT OF ACROMIOCLA	0	999	10/1/2020	12/31/9999	1	87.17
23545	TREATMENT OF CLOSED ACROMIOC	0	999	10/1/2020	12/31/9999	1	87.17
23550	OPEN TREATMENT OF ACROMIOCLAVI	0	999	10/1/2020	12/31/9999	1	2,242.69
23552	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	3,057.75
23570	CLOSED TREATMENT OF SCAPULAR F	0	999	10/1/2020	12/31/9999	1	87.17
23575	CLOSED TREATMENT OF SCAPULAR F	0	999	10/1/2020	12/31/9999	1	570.40
23585	OPEN TREATMENT OF SCAPULAR FRA	0	999	10/1/2020	12/31/9999	1	2,242.69
23600	CLOSED TREATMENT OF PROXIMAL H	0	999	10/1/2020	12/31/9999	1	87.17
23605	CLOSED TREATMENT OF PROXIMAL H	0	999	10/1/2020	12/31/9999	1	570.40
23615	OPEN TRMNT PROX HUM FRAC	0	999	10/1/2020	12/31/9999	1	6,631.72
23616	OPEN TRMNT PROX HUM FRAC W/PROSTH RPL	0	999	10/1/2020	12/31/9999	1	9,336.59
23620	TREAT HUMERUS FRACTURE	0	999	10/1/2020	12/31/9999	1	87.17
23625	TREATMENT OF CLOSED GREATER	0	999	10/1/2020	12/31/9999	1	570.40
23630	OPEN TRMNT GR HUM TUB FRAC	0	999	10/1/2020	12/31/9999	1	2,965.30
23650	CLOSED TREATMENT OF SHOULDER D	0	999	10/1/2020	12/31/9999	1	87.17
23655	TREATMENT OF CLOSED SHOULDER	0	999	10/1/2020	12/31/9999	1	570.40
23660	OPEN TREATMENT OF ACUTE SHOULD	0	999	10/1/2020	12/31/9999	1	2,242.69
23665	TREAT DISLOCATION/FRACTURE	0	999	10/1/2020	12/31/9999	1	570.40
23670	OPEN TRMT SHLDR DISLOC W/FRAC GR HUM TUB	0	999	10/1/2020	12/31/9999	1	2,242.69
23675	CLOSED TREATMENT OF SHOULDER D	0	999	10/1/2020	12/31/9999	1	570.40
23680	OPEN TRMNT SLDR DISL W/SURG OR ANAT NECK	0	999	10/1/2020	12/31/9999	1	6,697.66
23700	*MANIPULATION UNDER ANESTHESI	0	999	10/1/2020	12/31/9999	1	570.40
23800	FUSION OF SHOULDER JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
23802	FUSION OF SHOULDER JOINT	0	999	10/1/2020	12/31/9999	1	4,581.70
23921	DISARTICULATION OF SHOULDER;	0	999	10/1/2020	12/31/9999	1	655.96
23930	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47
23931	DRAINAGE OF ARM BURSA	0	999	10/1/2020	12/31/9999	1	461.11
23935	INCISION, DEEP, WITH OPENING	0	999	10/1/2020	12/31/9999	1	1,029.01
24000	EXPLORATORY ELBOW SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
24006	ARTHROTOMY OF THE ELBOW, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01
24065	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	144.36
24066	BIOPSY ARM/ELBOW SOFT TISSUE	0	999	10/1/2020	12/31/9999	1	795.47
24071	EXC ARM/ELBOW LES SC = 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
24073	EX ARM/ELBOW TUM DEEP > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
24075	EXC ARM/ELBOW LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
24076	EX ARM/ELBOW TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
24077	RESECT ARM/ELBOW TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
24079	RESECT ARM/ELBOW TUM > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
24100	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01
24101	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01
24102	ARTHROTOMY, ELBOW;	0	999	10/1/2020	12/31/9999	1	1,029.01
24105	EXCISION, OLECRANON BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01

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24110	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
24115	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
24116	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
24120	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
24125	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
24126	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	3,417.42
24130	EXCISION, RADIAL HEAD	0	999	10/1/2020	12/31/9999	1	1,029.01
24134	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69
24136	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01
24138	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	2,242.69
24140	PARTIAL REMOVAL OF ARM BONE	0	999	10/1/2020	12/31/9999	1	1,029.01
24145	PARTIAL REMOVAL OF RADIUS	0	999	10/1/2020	12/31/9999	1	2,242.69
24147	PARTIAL REMOVAL OF ELBOW	0	999	10/1/2020	12/31/9999	1	1,029.01
24149	RADICAL RESECTION OF ELBOW	0	999	10/1/2020	12/31/9999	1	2,242.69
24152	RESECT RADIUS TUMOR	0	999	10/1/2020	12/31/9999	1	2,242.69
24155	RESECTION OF ELBOW JOINT (AR	0	999	10/1/2020	12/31/9999	1	1,029.01
24160	IMPLANT REMOVAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
24164	IMPLANT REMOVAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
24200	REMOVAL OF FOREIGN BODY;	0	999	10/1/2020	12/31/9999	1	117.80
24201	REMOVAL OF ARM FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	795.47
24220	INJECTION PROCEDURE FOR ELBO	0	999	10/1/2012	12/31/9999	1	0.00
24300	MANIPULATE ELBOW W/ANESTH	0	999	10/1/2020	12/31/9999	1	570.40
24301	MUSCLE OR TENDON TRANSFER, A	0	999	10/1/2020	12/31/9999	1	2,242.69
24305	ARM TENDON LENGTHENING	0	999	10/1/2020	12/31/9999	1	1,029.01
24310	REVISION OF ARM TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
24320	TENOPLASTY, WITH MUSCLE TRAN	0	999	10/1/2020	12/31/9999	1	2,242.69
24330	FLEXOR-PLASTY, ELBOW, (EG, S	0	999	10/1/2020	12/31/9999	1	2,242.69
24331	FLEXOR-PLASTY, ELBOW, (EG, S	0	999	10/1/2020	12/31/9999	1	2,242.69
24332	TENOLYSIS, TRICEPS	0	999	10/1/2020	12/31/9999	1	1,029.01
24340	TENODESIS FOR RUPTURE OF BIC	0	999	10/1/2020	12/31/9999	1	2,242.69
24341	REPAIR TENDON/MUSCLE ARM	0	999	10/1/2020	12/31/9999	1	2,242.69
24342	REPAIR OF RUPTURED TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69
24343	REPR ELBOW LAT LIGMNT W/TISS	0	999	10/1/2020	12/31/9999	1	1,029.01
24344	RECONSTRUCT ELBOW LAT LIGMNT	0	999	10/1/2020	12/31/9999	1	2,242.69
24345	REPR ELBW MED LIGMNT W/TISS	0	999	10/1/2020	12/31/9999	1	2,242.69
24346	RECONSTRUCT ELBOW MED LIGMNT	0	999	10/1/2020	12/31/9999	1	4,581.70
24357	REPAIR ELBOW, PERC	0	999	10/1/2020	12/31/9999	1	1,029.01
24358	REPAIR ELBOW W/DEB, OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01
24359	REPAIR ELBOW DEB/ATTCH OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01
24360	RECONSTRUCT ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
24361	ARTHROPLASTY, ELBOW;	0	999	10/1/2020	12/31/9999	1	9,771.24
24362	ARTHROPLASTY, ELBOW;	0	999	10/1/2020	12/31/9999	1	4,581.70
24363	REPLACE ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	9,764.06
24365	ARTHROPLASTY, RADIAL HEAD;	0	999	10/1/2020	12/31/9999	1	6,869.46
24366	ARTHROPLASTY, RADIAL HEAD;	0	999	10/1/2020	12/31/9999	1	7,303.24
24370	REV TOT ELBOW HUMERAL OR ULNAR	0	999	10/1/2020	12/31/9999	1	6,746.55
24371	REV TOT ELBOW HUMERAL AND ULNAR	0	999	10/1/2020	12/31/9999	1	8,750.69
24400	OSTEOTOMY, HUMERUS, WITH OR	0	999	10/1/2020	12/31/9999	1	2,242.69
24410	MULTIPLE OSTEOTOMIES WITH RE	0	999	10/1/2020	12/31/9999	1	4,581.70
24420	OSTEOPLASTY, HUMERUS (EG, SH	0	999	10/1/2020	12/31/9999	1	2,242.69
24430	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	6,419.54
24435	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	6,465.74
24470	REVISION OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
24495	DECOMPRESSION FASCIOTOMY, FO	0	999	10/1/2020	12/31/9999	1	2,242.69
24498	REINFORCE HUMERUS	0	999	10/1/2020	12/31/9999	1	6,330.27
24500	CLOSED TREATMENT OF HUMERAL SH	0	999	10/1/2020	12/31/9999	1	87.17
24505	CLOSED TREATMENT OF HUMERAL SH	0	999	10/1/2020	12/31/9999	1	570.40

Mississippi Division of Medicaid
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Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
24515	OPEN TREATMENT OF HUMERAL SHAF	0	999	10/1/2020	12/31/9999	1	6,252.66
24516	TREAT HUMERUS FRACTURE	0	999	10/1/2020	12/31/9999	1	6,341.93
24530	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	87.17
24535	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	570.40
24538	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
24545	OPEN TRTMNT HUM SUPRA FRAC W/O INTERCOND	0	999	10/1/2020	12/31/9999	1	6,564.43
24546	OPEN TRTMNT HUM SUPRA FRAC W/INTERCOND E	0	999	10/1/2020	12/31/9999	1	8,775.21
24560	CLOSED TREATMENT OF HUMERAL EP	0	999	10/1/2020	12/31/9999	1	87.17
24565	TREATMENT OF CLOSED EPICONDY	0	999	10/1/2020	12/31/9999	1	570.40
24566	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	570.40
24575	OPEN TRTMNT HUM EPICOND FRAC MED/LAT	0	999	10/1/2020	12/31/9999	1	5,930.14
24576	CLOSED TREATMENT OF HUMERAL CO	0	999	10/1/2020	12/31/9999	1	87.17
24577	TREATMENT OF CLOSED CONDYLAR	0	999	10/1/2020	12/31/9999	1	570.40
24579	OPEN TRTMNT HUM COND FRAC MED/LAT	0	999	10/1/2020	12/31/9999	1	6,031.51
24582	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
24586	OPEN TREATMENT OF PERIARTICULA	0	999	10/1/2020	12/31/9999	1	4,581.70
24587	OPEN TREATMENT OF PERIARTICULA	0	999	10/1/2020	12/31/9999	1	6,608.39
24600	TREATMENT OF CLOSED ELBOW DI	0	999	10/1/2020	12/31/9999	1	87.17
24605	TREATMENT OF CLOSED ELBOW DI	0	999	10/1/2020	12/31/9999	1	570.40
24615	OPEN TREATMENT OF ACUTE OR CHR	0	999	10/1/2020	12/31/9999	1	2,242.69
24620	CLOSED TREATMENT OF MONTEGGIA	0	999	10/1/2020	12/31/9999	1	570.40
24635	OPEN TRTMNT MONTEGGIA TYPE FRAC/ELBOW	0	999	10/1/2020	12/31/9999	1	3,129.99
24640	CLOSED TREATMENT OF RADIAL HEA	0	20	10/1/2020	12/31/9999	1	44.75
24650	CLOSED TREATMENT OF RADIAL HEA	0	999	10/1/2020	12/31/9999	1	87.17
24655	TREATMENT OF CLOSED RADIAL H	0	999	10/1/2020	12/31/9999	1	570.40
24665	OPEN TRTMNT RAD HEAD/NECK FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69
24666	OPEN TRTMNT RAD HEAD/NECK FRAC W/RADIAL	0	999	10/1/2020	12/31/9999	1	7,266.01
24670	CLOSED TRTMNT ULNAR FRAC W/O MAN	0	999	10/1/2020	12/31/9999	1	87.17
24675	CLOSED TRTMNT ULNAR FRAC W/MAN	0	999	10/1/2020	12/31/9999	1	570.40
24685	OPEN TRTMNT ULNAR FRAC PROX END	0	999	10/1/2020	12/31/9999	1	2,946.64
24800	FUSION OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
24802	FUSION/GRAFT OF ELBOW JOINT	0	999	10/1/2020	12/31/9999	1	4,581.70
24925	AMPUTATION, ARM THROUGH HUME	0	999	10/1/2020	12/31/9999	1	1,029.01
25000	INCISION OF TENDON SHEATH	0	999	10/1/2020	12/31/9999	1	570.40
25001	INCISE FLEXOR CARPI RADIALIS	0	999	10/1/2020	12/31/9999	1	1,029.01
25020	DECOMPRESS FOREARM 1 SPACE	0	999	10/1/2020	12/31/9999	1	570.40
25023	DECOMPRESSION FASCIOTOMY, FL	0	999	10/1/2020	12/31/9999	1	1,029.01
25024	DECOMPRESS FOREARM 2 SPACES	0	999	10/1/2020	12/31/9999	1	1,029.01
25025	DECOMPRESS FORARM 2 SPACES	0	999	10/1/2020	12/31/9999	1	570.40
25028	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01
25031	DRAINAGE OF FOREARM BURSA	0	999	10/1/2020	12/31/9999	1	570.40
25035	TREAT FOREARM BONE LESION	0	999	10/1/2020	12/31/9999	1	2,242.69
25040	ARTHROTOMY WITH EXPLORATION,	0	999	10/1/2020	12/31/9999	1	1,029.01
25065	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	146.09
25066	BIOPSY FOREARM SOFT TISSUES	0	999	10/1/2020	12/31/9999	1	795.47
25071	EXC FOREARM LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
25073	EXC FOREARM TUM DEEP = 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
25075	EXC FOREARM LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
25076	EXC FOREARM TUM DEEP < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
25077	RESECT FOREARM/WRIST TUM<3CM	0	999	10/1/2020	12/31/9999	1	795.47
25078	RESECT FOREARM/WRIST TUM=3CM	0	999	10/1/2020	12/31/9999	1	795.47
25085	INCISION OF WRIST CAPSULE	0	999	10/1/2020	12/31/9999	1	1,029.01
25100	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01
25101	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01
25105	ARTHROTOMY, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	1,029.01
25107	REMOVE WRIST JOINT CARTILAGE	0	999	10/1/2020	12/31/9999	1	1,029.01
25109	EXC TENDON FOREARM WRIST FLEXOR EXTENSOR	0	999	10/1/2020	12/31/9999	1	1,029.01

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
25110	EXCISION, LESION OF TENDON S	0	999	10/1/2020	12/31/9999	1	570.40
25111	EXCISION OF GANGLION, WRIST	0	999	10/1/2020	12/31/9999	1	570.40
25112	EXCISION OF GANGLION, WRIST	0	999	10/1/2020	12/31/9999	1	570.40
25115	RADICAL EXCISION OF BURSA, S	0	999	10/1/2020	12/31/9999	1	570.40
25116	RADICAL EXCISION OF BURSA, S	0	999	10/1/2020	12/31/9999	1	1,029.01
25118	SYNOVECTOMY, EXTENSOR TENDON	0	999	10/1/2020	12/31/9999	1	570.40
25119	SYNOVECTOMY, EXTENSOR TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
25120	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
25125	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40
25126	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
25130	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
25135	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
25136	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,971.23
25145	SEQUESTRECTOMY FOR OSTEOMYEL	0	999	10/1/2020	12/31/9999	1	1,029.01
25150	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	1,029.01
25151	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	1,029.01
25210	CARPECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
25215	CARPECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
25230	RADIAL STYLOIDECTOMY (SEPARA	0	999	10/1/2020	12/31/9999	1	1,029.01
25240	EXCISION DISTAL ULNA (DARRAC	0	999	10/1/2020	12/31/9999	1	1,029.01
25246	INJECTION PROCEDURE FOR WRIS	0	999	10/1/2012	12/31/9999	1	0.00
25248	EXPLORATION FOR REMOVAL OF D	0	999	10/1/2020	12/31/9999	1	570.40
25250	REMOVAL OF WRIST PROSTHESIS;	0	999	10/1/2020	12/31/9999	1	570.40
25251	REMOVAL OF WRIST PROSTHESIS;	0	999	10/1/2020	12/31/9999	1	1,029.01
25259	MANIPULATE WRIST W/ANESTHES	0	999	10/1/2020	12/31/9999	1	570.40
25260	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	12	1,029.01
25263	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	10	2,242.69
25265	REPAIR, TENDON OR MUSCLE, FL	0	999	10/1/2020	12/31/9999	10	1,029.01
25270	REPAIR, TENDON OR MUSCLE, EX	0	999	10/1/2020	12/31/9999	10	1,029.01
25272	REPAIR, TENDON OR MUSCLE, EX	0	999	10/1/2020	12/31/9999	10	1,029.01
25274	REPAIR FOREARM TENDON/MUSCLE	0	999	10/1/2020	12/31/9999	10	1,029.01
25275	REPAIR FOREARM TENDON SHEATH	0	999	10/1/2020	12/31/9999	1	1,029.01
25280	LENGTHENING OR SHORTENING OF	0	999	10/1/2020	12/31/9999	10	1,029.01
25290	TENOTOMY, OPEN, SINGLE, FLEX	0	999	10/1/2020	12/31/9999	10	1,029.01
25295	TENOLYSIS, SINGLE FLEXOR OR	0	999	10/1/2020	12/31/9999	10	1,029.01
25300	TENODESIS AT WRIST;	0	999	10/1/2020	12/31/9999	1	1,029.01
25301	TENODESIS AT WRIST;	0	999	10/1/2020	12/31/9999	1	1,029.01
25310	TENDON TRANSPLANTATION OR TR	0	999	10/1/2020	12/31/9999	1	1,029.01
25312	TENDON TRANSPLANTATION OR TR	0	999	10/1/2020	12/31/9999	1	1,029.01
25315	FLEXOR ORIGIN SLIDE FOR CERE	0	999	10/1/2020	12/31/9999	1	2,242.69
25316	FLEXOR ORIGIN SLIDE FOR CERE	0	999	10/1/2020	12/31/9999	1	2,242.69
25320	REPAIR/REVISE WRIST JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
25332	REVISE WRIST JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
25335	TRANSPOSITION AND REALIGNMEN	0	999	10/1/2020	12/31/9999	1	1,029.01
25337	RECONSTRUCT ULNA/RADIOULNAR	0	999	10/1/2020	12/31/9999	1	2,242.69
25350	OSTEOTOMY, RADIUS;	0	999	10/1/2020	12/31/9999	1	3,474.28
25355	OSTEOTOMY, RADIUS;	0	999	10/1/2020	12/31/9999	1	1,029.01
25360	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69
25365	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	4,581.70
25370	MULTIPLE OSTEOTOMIES, WITH R	0	999	10/1/2020	12/31/9999	1	1,029.01
25375	MULTIPLE OSTEOTOMIES, WITH R	0	999	10/1/2020	12/31/9999	1	1,029.01
25390	OSTEOPLASTY, RADIUS OR ULNA;	0	999	10/1/2020	12/31/9999	1	3,157.66
25391	OSTEOPLASTY, RADIUS OR ULNA;	0	999	10/1/2020	12/31/9999	1	6,432.54
25392	OSTEOPLASTY, RADIUS AND ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69
25393	OSTEOPLASTY, RADIUS AND ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69
25394	REPAIR CARPAL BONE, SHORTEN	0	999	10/1/2020	12/31/9999	1	1,029.01
25400	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,163.58

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25405	REPAIR/GRAFT RADIUS OR ULNA	0	999	10/1/2020	12/31/9999	1	3,128.23
25415	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,236.70
25420	REPAIR/GRAFT RADIUS & ULNA	0	999	10/1/2020	12/31/9999	1	2,242.69
25425	REPAIR OF DEFECT WITH AUTOGE	0	999	10/1/2020	12/31/9999	1	2,242.69
25426	REPAIR OF DEFECT WITH AUTOGE	0	999	10/1/2020	12/31/9999	1	1,029.01
25430	VASC GRAFT INTO CARPAL BONE	0	999	10/1/2020	12/31/9999	1	1,029.01
25431	REPAIR NONUNION CARPAL BONE	0	999	10/1/2020	12/31/9999	1	2,242.69
25440	REPAIR/GRAFT WRIST BONE	0	999	10/1/2020	12/31/9999	1	2,242.69
25441	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	7,470.56
25442	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	10,222.62
25443	RECONSTRUCT WRIST JOINT	0	999	10/1/2020	12/31/9999	1	3,126.91
25444	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	7,532.02
25445	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	3,159.85
25446	ARTHROPLASTY WITH PROSTHETIC	0	999	10/1/2020	12/31/9999	1	10,282.41
25447	REPAIR WRIST JOINT(S)	0	999	10/1/2020	12/31/9999	1	1,029.01
25449	ARTHROPLASTY WITH REMOVAL OF	0	999	10/1/2020	12/31/9999	1	2,242.69
25450	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01
25455	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01
25490	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	2,242.69
25491	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	4,581.70
25492	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	1,029.01
25500	CLOSED TREATMENT OF RADIAL SHA	0	999	10/1/2020	12/31/9999	1	87.17
25505	TREATMENT OF CLOSED RADIAL S	0	999	10/1/2020	12/31/9999	1	570.40
25515	OPEN TRTMNT RAD SHAFT FRAC	0	999	10/1/2020	12/31/9999	1	3,010.32
25520	TREAT FRACTURE OF RADIUS	0	999	10/1/2020	12/31/9999	1	570.40
25525	OPEN TRTMNT RAD SHAFT FRAC & CLOSED TRTM	0	999	10/1/2020	12/31/9999	1	2,242.69
25526	OPEN TRTMNT RAD SHAFT FRAC & DIST RADIOU	0	999	10/1/2020	12/31/9999	1	2,981.12
25530	CLOSED TREATMENT OF ULNAR SHAF	0	999	10/1/2020	12/31/9999	1	87.17
25535	TREATMENT OF CLOSED ULNAR SH	0	999	10/1/2020	12/31/9999	1	87.17
25545	OPEN TRTMNT ULNAR SHAFT FRAC INCL INT FI	0	999	10/1/2020	12/31/9999	1	2,952.79
25560	CLOSED TREATMENT OF RADIAL AND	0	999	10/1/2020	12/31/9999	1	87.17
25565	TREATMENT OF CLOSED RADIAL A	0	999	10/1/2020	12/31/9999	1	570.40
25574	OPEN TRTMNT RAD & ULNAR SHAFT; OF RADIUS	0	999	10/1/2020	12/31/9999	1	3,175.88
25575	OPEN TRTMNT DOD & ULAR SHAFT; OF RAD AN	0	999	10/1/2020	12/31/9999	1	3,087.83
25600	CLOSED TREAT DISTAL RADIAL FRAC W/O MANI	0	999	10/1/2020	12/31/9999	1	87.17
25605	TREATMENT OF CLOSED DISTAL R	0	999	10/1/2020	12/31/9999	1	570.40
25606	PERCUT SKEL FIX DISTAL RAD FRAC	0	999	10/1/2020	12/31/9999	1	1,029.01
25607	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,229.68
25608	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,215.85
25609	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	0	999	10/1/2020	12/31/9999	1	3,229.02
25622	CLOSED TREATMENT OF CARPAL SCA	0	999	10/1/2020	12/31/9999	1	87.17
25624	TREATMENT OF CLOSED CARPAL S	0	999	10/1/2020	12/31/9999	1	570.40
25628	OPEN TRTMNT CARPAL SCAPHOID FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69
25630	CLOSED TREATMENT OF CARPAL BON	0	999	10/1/2020	12/31/9999	1	87.17
25635	TREATMENT OF CLOSED CARPAL B	0	999	10/1/2020	12/31/9999	1	570.40
25645	TREAT WRIST BONE FRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01
25650	CLOSED TREATMENT OF ULNAR STYL	0	999	10/1/2020	12/31/9999	1	87.17
25651	PIN ULNAR STYLOID FRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01
25652	TREAT FRACTURE ULNAR STYLOID	0	999	10/1/2020	12/31/9999	1	2,242.69
25660	CLOSED TREATMENT OF RADIOCARPA	0	999	10/1/2020	12/31/9999	1	87.17
25670	OPEN TREATMENT OF RADIOCARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69
25671	PIN RADIOULNAR DISLOCATION	0	999	10/1/2020	12/31/9999	1	1,029.01
25675	CLOSED TREATMENT OF DISTAL RAD	0	999	10/1/2020	12/31/9999	1	87.17
25676	OPEN TREATMENT OF DISTAL RADIO	0	999	10/1/2020	12/31/9999	1	2,242.69
25680	CLOSED TREATMENT OF TRANS-SCAP	0	999	10/1/2020	12/31/9999	1	87.17
25685	OPEN TREATMENT OF TRANS-SCAPHO	0	999	10/1/2020	12/31/9999	1	2,242.69
25690	CLOSED TREATMENT OF LUNATE DIS	0	999	10/1/2020	12/31/9999	1	570.40

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

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MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
25695	OPEN TREATMENT OF LUNATE DIS	0	999	10/1/2020	12/31/9999	1	2,242.69
25800	FUSION OF WRIST JOINT	0	999	10/1/2020	12/31/9999	1	3,261.30
25805	ARTHRODESIS, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	3,242.86
25810	ARTHRODESIS, WRIST JOINT;	0	999	10/1/2020	12/31/9999	1	6,362.57
25820	FUSION OF HAND BONES	0	999	10/1/2020	12/31/9999	1	3,048.53
25825	INTERCARPAL FUSION; WITH AUTOG	0	999	10/1/2020	12/31/9999	1	3,030.96
25830	FUSION RADIOULNAR JNT/ULNA	0	999	10/1/2020	12/31/9999	1	2,972.11
25907	AMPUTATION, FOREARM, THROUGH	0	999	10/1/2020	12/31/9999	1	1,029.01
25922	DISARTICULATION THROUGH WRIS	0	999	10/1/2020	12/31/9999	1	570.40
25929	TRANSMETACARPAL AMPUTATION;	0	999	10/1/2020	12/31/9999	1	655.96
25931	TRANSMETACARPAL AMPUTATION;	0	999	10/1/2020	12/31/9999	1	1,029.01
26010	*DRAINAGE OF FINGER ABSCESS;	0	999	10/1/2020	12/31/9999	1	70.63
26011	*DRAINAGE OF FINGER ABSCESS;	0	999	10/1/2020	12/31/9999	1	461.11
26020	DRAIN HAND TENDON SHEATH	0	999	10/1/2020	12/31/9999	1	1,029.01
26025	DRAINAGE OF PALM BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01
26030	DRAINAGE OF PALM BURSA(S)	0	999	10/1/2020	12/31/9999	1	1,029.01
26034	TREAT HAND BONE LESION	0	999	10/1/2020	12/31/9999	1	570.40
26035	DECOMPRESSION FINGERS AND/OR	0	999	10/1/2020	12/31/9999	1	1,029.01
26037	DECOMPRESSIVE FASCIOTOMY HAND	0	999	10/1/2020	12/31/9999	1	1,029.01
26040	RELEASE PALM CONTRACTURE	0	999	10/1/2020	12/31/9999	1	570.40
26045	FASCIOTOMY, PALMAR, FOR DUPU	0	999	10/1/2020	12/31/9999	1	1,029.01
26055	TENDON SHEATH INCISION FOR T	0	999	10/1/2020	12/31/9999	4	570.40
26060	INCISION OF FINGER TENDON	0	999	10/1/2020	12/31/9999	1	570.40
26070	EXPLORE/TREAT HAND JOINT	0	999	10/1/2020	12/31/9999	1	570.40
26075	EXPLORE/TREAT FINGER JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
26080	ARTHROTOMY WITH EXPLORATION,	0	999	10/1/2020	12/31/9999	1	570.40
26100	BIOPSY HAND JOINT LINING	0	999	10/1/2020	12/31/9999	1	1,029.01
26105	BIOPSY FINGER JOINT LINING	0	999	10/1/2020	12/31/9999	1	1,029.01
26110	ARTHROTOMY FOR SYNOVIAL BIOP	0	999	10/1/2020	12/31/9999	1	570.40
26111	EXC HAND LES SC > 1.5 CM	0	999	10/1/2020	12/31/9999	1	461.11
26113	EXC HAND TUM DEEP > 1.5 CM	0	999	10/1/2020	12/31/9999	1	461.11
26115	EXC HAND LES SC < 1.5 CM	0	999	10/1/2020	12/31/9999	1	461.11
26116	EXC HAND TUM DEEP < 1.5 CM	0	999	10/1/2020	12/31/9999	1	461.11
26117	EXC HAND TUM RA < 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
26118	EXC HAND TUM RA > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
26121	RELEASE PALM CONTRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01
26123	RELEASE PALM CONTRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01
26125	RELEASE PALM CONTRACTURE	0	999	10/1/2014	12/31/9999	1	0.00
26130	SYNOVECTOMY, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	1,029.01
26135	SYNOVECTOMY, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	1	1,029.01
26140	SYNOVECTOMY, PROXIMAL INTERP	0	999	10/1/2020	12/31/9999	1	570.40
26145	TENDON EXCISION, PALM/FINGER	0	999	10/1/2020	12/31/9999	1	570.40
26160	REMOVE TENDON SHEATH LESION	0	999	10/1/2020	12/31/9999	1	570.40
26170	EXC TENDON PALM FLEX OR EXTEN SNGL EA TE	0	999	10/1/2020	12/31/9999	1	570.40
26180	EXC TENDON FINGER FLEX OR EXTEN SNGL EA	0	999	10/1/2020	12/31/9999	1	570.40
26185	REMOVE FINGER BONE	0	999	10/1/2020	12/31/9999	1	570.40
26200	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40
26205	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
26210	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40
26215	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
26230	PARTIAL REMOVAL OF HAND BONE	0	999	10/1/2020	12/31/9999	1	1,029.01
26235	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	570.40
26236	PARTIAL EXCISION OF BONE (CR	0	999	10/1/2020	12/31/9999	1	570.40
26250	EXTENSIVE HAND SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
26260	RESECT PROX FINGER TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01
26262	RESECT DISTAL FINGER TUMOR	0	999	10/1/2020	12/31/9999	1	570.40
26320	REMOVAL OF IMPLANT FROM FING	0	999	10/1/2020	12/31/9999	1	461.11

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
26340	MANIPULATE FINGER W/ANESTH	0	999	10/1/2020	12/31/9999	1	570.40
26341	MANIP PALMAR FASCIAL CORD POST ENZ INJ	0	999	10/1/2020	12/31/9999	1	57.17
26350	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	5	1,029.01
26352	FLEXOR TENDON REPAIR OR ADVA	0	999	10/1/2020	12/31/9999	2	2,242.69
26356	REP FLX TEND ZONE 2 DIGTL; W/O GFT REP/A	0	999	10/1/2020	12/31/9999	5	1,029.01
26357	REP FLX TEND ZONE 2 DIGT;SEC NO GFTREP/A	0	999	10/1/2020	12/31/9999	5	1,029.01
26358	FLEXOR TENDON REPAIR OR ADVA	0	999	10/1/2020	12/31/9999	2	2,242.69
26370	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26372	REPAIR/GRAFT HAND TENDON	0	999	10/1/2020	12/31/9999	2	2,242.69
26373	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26390	REVISE HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	2,975.85
26392	REPAIR/GRAFT HAND TENDON	0	999	10/1/2020	12/31/9999	2	2,242.69
26410	REPAIR HAND TENDON	0	999	10/1/2020	12/31/9999	6	570.40
26412	EXTENSOR TENDON REPAIR, DORS	0	999	10/1/2020	12/31/9999	1	1,029.01
26415	EXCISION, HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26416	GRAFT HAND OR FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26418	REPAIR FINGER TENDON	0	999	10/1/2020	12/31/9999	4	570.40
26420	EXTENSOR TENDON REPAIR, DORS	0	999	10/1/2020	12/31/9999	2	1,029.01
26426	REPAIR FINGER/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26428	REPAIR/GRAFT FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26432	REPAIR FINGER TENDON	0	999	10/1/2020	12/31/9999	2	570.40
26433	REPAIR FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26434	EXTENSOR TENDON REPAIR, OPEN	0	999	10/1/2020	12/31/9999	2	1,029.01
26437	REALIGNMENT OF TENDONS	0	999	10/1/2020	12/31/9999	2	1,029.01
26440	RELEASE PALM/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	570.40
26442	TENOLYSIS, SIMPLE, FLEXOR TE	0	999	10/1/2020	12/31/9999	2	1,029.01
26445	RELEASE HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26449	RELEASE FOREARM/HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26450	INCISION OF PALM TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26455	INCISION OF FINGER TENDON	0	999	10/1/2020	12/31/9999	2	570.40
26460	INCISE HAND/FINGER TENDON	0	999	10/1/2020	12/31/9999	2	570.40
26471	FUSION OF FINGER TENDONS	0	999	10/1/2020	12/31/9999	2	1,029.01
26474	FUSION OF FINGER TENDONS	0	999	10/1/2020	12/31/9999	2	570.40
26476	TENDON LENGTHENING	0	999	10/1/2020	12/31/9999	2	1,029.01
26477	TENDON SHORTENING	0	999	10/1/2020	12/31/9999	2	1,029.01
26478	LENGTHENING OF HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26479	SHORTENING OF HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26480	TRANSPLANT HAND TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26483	TENDON TRANSFER OR TRANSPLAN	0	999	10/1/2020	12/31/9999	2	1,029.01
26485	TRANSPLANT PALM TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26489	TENDON TRANSFER OR TRANSPLAN	0	999	10/1/2020	12/31/9999	2	1,029.01
26490	REVISE THUMB TENDON	0	999	10/1/2020	12/31/9999	2	1,029.01
26492	TENDON TRANSFER WITH GRAFT	0	999	10/1/2020	12/31/9999	2	1,029.01
26494	OPPONENS PLASTY;	0	999	10/1/2020	12/31/9999	2	1,029.01
26496	OPPONENS PLASTY;	0	999	10/1/2020	12/31/9999	2	1,029.01
26497	FINGER TENDON TRANSFER	0	999	10/1/2020	12/31/9999	2	1,029.01
26498	SUBLIMIS TRANSFER TO CORRECT	0	999	10/1/2020	12/31/9999	2	1,029.01
26499	CORRECTION CLAW FINGER, OTHE	0	999	10/1/2020	12/31/9999	5	1,029.01
26500	HAND TENDON RECONSTRUCTION	0	999	10/1/2020	12/31/9999	2	2,242.69
26502	TENDON PULLEY RECONSTRUCTION	0	999	10/1/2020	12/31/9999	2	1,029.01
26508	RELEASE THUMB CONTRACTURE	0	999	10/1/2020	12/31/9999	1	1,029.01
26510	THUMB TENDON TRANSFER	0	999	10/1/2020	12/31/9999	1	1,029.01
26516	FUSION OF KNUCKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
26517	CAPSULODESIS FOR M-P JOINT S	0	999	10/1/2020	12/31/9999	1	1,029.01
26518	CAPSULODESIS FOR M-P JOINT S	0	999	10/1/2020	12/31/9999	1	2,242.69
26520	RELEASE KNUCKLE CONTRACTURE	0	999	10/1/2020	12/31/9999	4	1,029.01
26525	RELEASE FINGER CONTRACTURE	0	999	10/1/2020	12/31/9999	3	570.40

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26530	REVISE KNUCKLE JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
26531	REVISE KNUCKLE WITH IMPLANT	0	999	10/1/2020	12/31/9999	5	3,216.94
26535	REVISE FINGER JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
26536	REVISE/IMPLANT FINGER JOINT	0	999	10/1/2020	12/31/9999	1	2,976.73
26540	REPAIR HAND JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
26541	REPAIR HAND JOINT WITH GRAFT	0	999	10/1/2020	12/31/9999	1	1,029.01
26542	PRIMARY REPAIR OF COLLATERAL L	0	999	10/1/2020	12/31/9999	1	1,029.01
26545	RECONSTRUCTION, COLLATERAL L	0	999	10/1/2020	12/31/9999	1	1,029.01
26546	REPAIR NON-UNION HAND	0	999	10/1/2020	12/31/9999	1	2,242.69
26548	REPAIR AND RECONSTRUCTION, FIN	0	999	10/1/2020	12/31/9999	1	1,029.01
26550	POLLICIZATION OF A DIGIT	0	999	10/1/2020	12/31/9999	1	1,029.01
26555	POSITIONAL CHANGE OF FINGER	0	999	10/1/2020	12/31/9999	1	2,242.69
26560	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	1	570.40
26561	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	8	1,029.01
26562	REPAIR OF SYNDACTYLY (WEB FI	0	999	10/1/2020	12/31/9999	1	1,029.01
26565	CORRECT METACARPAL FLAW	0	999	10/1/2020	12/31/9999	1	1,029.01
26567	CORRECT FINGER DEFORMITY	0	999	10/1/2020	12/31/9999	1	1,029.01
26568	LENGTHEN METACARPAL/FINGER	0	999	10/1/2020	12/31/9999	1	2,242.69
26580	REPAIR CLEFT HAND	0	999	10/1/2020	12/31/9999	1	1,029.01
26587	RECONSTRUCT EXTRA FINGER	0	999	10/1/2020	12/31/9999	2	1,029.01
26590	REPAIR FINGER DEFORMITY	0	999	10/1/2020	12/31/9999	1	570.40
26591	REPAIR MUSCLES OF HAND	0	999	10/1/2020	12/31/9999	1	1,029.01
26593	RELEASE MUSCLES OF HAND	0	999	10/1/2020	12/31/9999	4	1,029.01
26596	EXCISION OF CONSTRICTING RING	0	999	10/1/2020	12/31/9999	1	1,029.01
26600	CLOSED TREATMENT OF METACARPAL	0	999	10/1/2020	12/31/9999	5	87.17
26605	TREATMENT OF CLOSED METACARP	0	999	10/1/2020	12/31/9999	5	87.17
26607	TREAT METACARPAL FRACTURE	0	999	10/1/2020	12/31/9999	5	1,029.01
26608	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	5	1,029.01
26615	OPEN TRTMNT METACARPAL FRAC EA BONE	0	999	10/1/2020	12/31/9999	5	1,029.01
26641	CLOSED TREATMENT OF CARPOMETAC	0	999	10/1/2020	12/31/9999	1	87.17
26645	CLOSED TREATMENT OF CARPOMETAC	0	999	10/1/2020	12/31/9999	1	570.40
26650	PERCUT SKEL FIX CARPOMETACARPAL FRAC THU	0	999	10/1/2020	12/31/9999	1	1,029.01
26665	OPEN TRTMNT CARPOMETACARPAL THUMB	0	999	10/1/2020	12/31/9999	1	1,029.01
26670	TREAT HAND DISLOCATION	0	999	10/1/2020	12/31/9999	4	87.17
26675	TREATMENT OF CLOSED CARPOMET	0	999	10/1/2020	12/31/9999	4	570.40
26676	PIN HAND DISLOCATION	0	999	10/1/2020	12/31/9999	4	1,029.01
26685	OPEN TRTMNT CARPOMETACARPAL NOT THUMB EA	0	999	10/1/2020	12/31/9999	1	1,029.01
26686	OPEN TREATMENT OF CLOSED OR	0	999	10/1/2020	12/31/9999	1	1,029.01
26700	CLOSED TREATMENT OF METACARPOP	0	999	10/1/2020	12/31/9999	1	87.17
26705	TREATMENT OF CLOSED METACARP	0	999	10/1/2020	12/31/9999	1	570.40
26706	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
26715	OPEN TRTMNT METACARPOPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01
26720	CLOSED TREATMENT OF PHALANGEAL	0	999	10/1/2020	12/31/9999	2	87.17
26725	CLOSED TREATMENT OF PHALANGEAL	0	999	10/1/2020	12/31/9999	1	87.17
26727	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
26735	OPEN TRTMNT PHALANGEAL SHAFT EA	0	999	10/1/2020	12/31/9999	10	1,029.01
26740	CLOSED TREATMENT OF ARTICULAR	0	999	10/1/2020	12/31/9999	1	87.17
26742	TREATMENT OF CLOSED ARTICULA	0	999	10/1/2020	12/31/9999	1	570.40
26746	OPEN TRTMNT FRAC METACAR OR INTERPHAL JT	0	999	10/1/2020	12/31/9999	1	1,029.01
26750	CLOSED TREATMENT OF DISTAL PHA	0	999	10/1/2020	12/31/9999	4	87.17
26755	TREATMENT OF CLOSED DISTAL P	0	999	10/1/2020	12/31/9999	1	87.17
26756	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
26765	OPEN TRTMNT DISTAL PHAL FRAC EA	0	999	10/1/2020	12/31/9999	10	1,029.01
26770	CLOSED TREATMENT OF INTERPHALA	0	999	10/1/2020	12/31/9999	1	87.17
26775	TREATMENT OF CLOSED INTERPHA	0	999	10/1/2020	12/31/9999	1	92.90
26776	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
26785	OPEN TRTMNT INTERPHAL JT SINGLE	0	999	10/1/2020	12/31/9999	1	1,029.01

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
26820	FUSION IN OPPOSITION, THUMB,	0	999	10/1/2020	12/31/9999	1	3,075.54
26841	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69
26842	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69
26843	FUSION OF HAND JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
26844	ARTHRODESIS, CARPOMETACARPAL	0	999	10/1/2020	12/31/9999	1	2,242.69
26850	ARTHRODESIS, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	2	2,242.69
26852	ARTHRODESIS, METACARPOPHALAN	0	999	10/1/2020	12/31/9999	1	2,242.69
26860	ARTHRODESIS, INTERPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01
26861	FUSION OF FINGER JOINT,ADDED	0	999	10/1/2014	12/31/9999	1	0.00
26862	ARTHRODESIS, INTERPHALANGEAL	0	999	10/1/2020	12/31/9999	1	1,029.01
26863	FUSE/GRAFT ADDED JOINT	0	999	10/1/2014	12/31/9999	1	0.00
26910	AMPUTATION, METACARPAL, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01
26951	AMPUTATION, FINGER OR THUMB,	0	999	10/1/2020	12/31/9999	5	1,029.01
26952	AMPUTATION, FINGER OR THUMB,	0	999	10/1/2020	12/31/9999	1	1,029.01
26990	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01
26991	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	570.40
27000	INCISION OF HIP TENDON	0	999	10/1/2020	12/31/9999	1	570.40
27001	INCISION OF HIP TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27003	TENOTOMY, ADDUCTOR, SUBCUTANEO	0	999	10/1/2020	12/31/9999	1	2,242.69
27033	EXPLORATION OF HIP JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
27035	DENERVATION OF HIP JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27040	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	461.11
27041	BIOPSY OF SOFT TISSUES	0	999	10/1/2020	12/31/9999	1	461.11
27043	EXC HIP PELVIS LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
27045	EXC HIP/PELV TUM DEEP > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27047	EXC HIP/PELVIS LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
27048	EXC HIP/PELV TUM DEEP < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27049	RESECT HIP/PELV TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27050	ARTHROTOMY, FOR BIOPSY;	0	999	10/1/2020	12/31/9999	1	570.40
27052	ARTHROTOMY, FOR BIOPSY;	0	999	10/1/2020	12/31/9999	1	570.40
27059	RESECT HIP/PELV TUM > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27060	EXCISION;	0	999	10/1/2020	12/31/9999	1	2,242.69
27062	EXCISION;	0	999	10/1/2020	12/31/9999	1	1,029.01
27065	EXCISION OF BONE CYST OR BEN	0	999	10/1/2020	12/31/9999	1	2,242.69
27066	REMOVE HIP BONE LES DEEP	0	999	10/1/2020	12/31/9999	1	1,029.01
27067	EXCISION OF BONE CYST OR BEN	0	999	10/1/2020	12/31/9999	1	2,242.69
27080	COCCYGECTOMY, PRIMARY	0	999	10/1/2020	12/31/9999	1	1,029.01
27086	*REMOVAL OF FOREIGN BODY;	0	999	10/1/2020	12/31/9999	1	461.11
27087	REMOVE HIP FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	1,029.01
27093	INJECTION PROCEDURE FOR HIP	0	999	10/1/2012	12/31/9999	1	0.00
27095	INJECTION PROCEDURE FOR HIP	0	999	10/1/2012	12/31/9999	1	0.00
27097	REVISION OF HIP TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27098	TRANSFER TENDON TO PELVIS	0	999	10/1/2020	12/31/9999	1	1,029.01
27100	TRANSFER EXTERNAL OBLIQUE MU	0	999	10/1/2020	12/31/9999	1	2,242.69
27105	TRANSFER PARASPINAL MUSCLE T	0	999	10/1/2020	12/31/9999	1	1,029.01
27110	TRANSFER OF ILIOPSOAS MUSCLE	0	999	10/1/2020	12/31/9999	1	2,242.69
27111	TRANSFER ILIOPSOAS;	0	999	10/1/2020	12/31/9999	1	1,029.01
27197	CLSD TREAT POST PELV RING FRAC W/O MAN	0	999	10/1/2020	12/31/9999	1	87.17
27198	CLSD TREAT POST PELV RNG FRAC W/MAN	0	999	10/1/2020	12/31/9999	1	87.17
27200	CLOSED TREATMENT OF COCCYGEAL	0	999	10/1/2020	12/31/9999	1	87.17
27202	OPEN TREATMENT OF COCCYGEAL FR	0	999	10/1/2020	12/31/9999	1	1,029.01
27220	CLOSED TREATMENT OF ACETABULUM	0	999	10/1/2020	12/31/9999	1	87.17
27230	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	87.17
27238	CLOSED TREATMENT OF INTERTROCH	0	999	10/1/2020	12/31/9999	1	570.40
27246	CLOSED TREATMENT OF GREATER TR	0	999	10/1/2020	12/31/9999	1	87.17
27250	CLOSED TREATMENT OF HIP DISLOC	0	999	10/1/2020	12/31/9999	1	87.17
27252	TREATMENT OF CLOSED HIP DISL	0	999	10/1/2020	12/31/9999	1	570.40

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27256	TREATMENT OF SPONTANEOUS HIP D	0	999	10/1/2020	12/31/9999	1	87.17
27257	*TREATMENT OF CONGENITAL HIP	0	999	10/1/2020	12/31/9999	1	570.40
27265	CLOSED TREATMENT OF POST HIP A	0	999	10/1/2020	12/31/9999	1	87.17
27266	CLOSED TREATMENT OF POST HIP A	0	999	10/1/2020	12/31/9999	1	570.40
27267	CLTX THIGH FX	0	999	10/1/2020	12/31/9999	1	1,029.01
27275	*MANIPULATION, HIP JOINT, REQ	0	999	10/1/2020	12/31/9999	1	570.40
27301	DRAIN THIGH/KNEE LESION	0	999	10/1/2020	12/31/9999	1	795.47
27305	FASCIOTOMY, ILIOTIBIAL (TENO	0	999	10/1/2020	12/31/9999	1	1,029.01
27306	INCISION OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27307	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27310	EXPLORATION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27323	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	461.11
27324	BIOPSY THIGH SOFT TISSUES	0	999	10/1/2020	12/31/9999	1	795.47
27325	NEURECTOMY, HAMSTRING MUSCLE	0	999	10/1/2020	12/31/9999	1	637.43
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	0	999	10/1/2020	12/31/9999	1	637.43
27327	EXC THIGH/KNEE LES SC < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
27328	EXC THIGH/KNEE TUM DEEP <5CM	0	999	10/1/2020	12/31/9999	1	795.47
27329	RESECT THIGH/KNEE TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27330	ARTHROTOMY, KNEE;	0	999	10/1/2020	12/31/9999	1	1,029.01
27331	EXPLORE/TREAT KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27332	REMOVAL OF KNEE CARTILAGE	0	999	10/1/2020	12/31/9999	1	1,029.01
27333	ARTHROTOMY, KNEE, FOR EXCISI	0	999	10/1/2020	12/31/9999	1	1,029.01
27334	REMOVE KNEE JOINT LINING	0	999	10/1/2020	12/31/9999	1	1,029.01
27335	ARTHROTOMY, KNEE, FOR SYNOVE	0	999	10/1/2020	12/31/9999	1	2,242.69
27337	EXC THIGH/KNEE LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
27339	EXC THIGH/KNEE TUM DEEP >5CM	0	999	10/1/2020	12/31/9999	1	795.47
27340	EXCISION, PREPATELLAR BURSA	0	999	10/1/2020	12/31/9999	1	1,029.01
27345	REMOVAL OF KNEE CYST	0	999	10/1/2020	12/31/9999	1	1,029.01
27347	REMOVE KNEE CYST	0	999	10/1/2020	12/31/9999	1	1,029.01
27350	PATELLECTOMY OR HEMIPATELLEC	0	999	10/1/2020	12/31/9999	1	2,242.69
27355	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
27356	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	4,581.70
27357	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
27358	REMOVE FEMUR LESION/FIXATION	0	999	10/1/2014	12/31/9999	1	0.00
27360	PARTIAL REMOVAL LEG BONE(S)	0	999	10/1/2020	12/31/9999	1	1,029.01
27364	RESECT THIGH/KNEE TUM >5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27369	NJX CNTRST KNE ARTHG/CT/MRI	0	999	1/1/2019	12/31/9999	1	0.00
27372	REMOVAL FOREIGN BODY, DEEP	0	999	10/1/2020	12/31/9999	1	795.47
27380	SUTURE OF INFRAPATELLAR TEND	0	999	10/1/2020	12/31/9999	1	2,242.69
27381	SUTURE OF INFRAPATELLAR TEND	0	999	10/1/2020	12/31/9999	1	2,242.69
27385	SUTURE OF QUADRICEPS OR HAMS	0	999	10/1/2020	12/31/9999	1	2,242.69
27386	SUTURE OF QUADRICEPS OR HAMS	0	999	10/1/2020	12/31/9999	1	2,242.69
27390	INCISION OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27391	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27392	INCISION OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27393	LENGTHENING OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69
27394	LENGTHENING OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69
27395	LENGTHENING OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27396	TRANSPLANT OF THIGH TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69
27397	TRANSPLANTS OF THIGH TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69
27400	REVISE THIGH MUSCLES/TENDONS	0	999	10/1/2020	12/31/9999	1	2,242.69
27403	REPAIR OF KNEE CARTILAGE	0	999	10/1/2020	12/31/9999	1	2,962.90
27405	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69
27407	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69
27409	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	0	999	10/1/2020	12/31/9999	1	7,528.43
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69

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27418	REPAIR DEGENERATED KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69
27420	REVISION OF UNSTABLE KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69
27422	REVISION OF UNSTABLE KNEECAP	0	999	10/1/2020	12/31/9999	1	2,242.69
27424	RECONSTRUCTION FOR RECURRENT	0	999	10/1/2020	12/31/9999	1	2,242.69
27425	LAT RETINACULAR RELEASE OPEN	0	999	10/1/2020	12/31/9999	1	1,029.01
27427	LIGAMENOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	2,904.70
27428	LIGAMENOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	6,173.71
27429	LIGAMENOUS RECONSTRUCTION (AU	0	999	10/1/2020	12/31/9999	1	8,090.95
27430	REVISION OF THIGH MUSCLES	0	999	10/1/2020	12/31/9999	1	2,242.69
27435	INCISION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27437	ARTHROPLASTY, PATELLA; WITHO	0	999	10/1/2020	12/31/9999	1	2,242.69
27438	ARTHROPLASTY, PATELLA;	0	999	10/1/2020	12/31/9999	1	6,293.04
27440	ARTHROPLASTY, KNEE, TIBIAL P	0	999	10/1/2020	12/31/9999	1	6,767.18
27441	ARTHROPLASTY, KNEE, TIBIAL P	0	999	10/1/2020	12/31/9999	1	4,581.70
27442	REVISION OF KNEE JOINT	0	999	10/1/2020	12/31/9999	1	6,780.19
27443	ARTHROPLASTY, KNEE, FEMORAL	0	999	10/1/2020	12/31/9999	1	6,613.33
27446	ARTHROPLASTY, KNEE, CONDYLE	0	999	10/1/2020	12/31/9999	1	6,728.61
27475	SURGERY TO STOP LEG GROWTH	0	999	10/1/2020	12/31/9999	1	2,242.69
27479	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	2,242.69
27496	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	1,029.01
27497	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	1,029.01
27498	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	570.40
27499	DECOMPRESSION FASCIOTOMY, THIG	0	999	10/1/2020	12/31/9999	1	2,242.69
27500	CLOSED TREATMENT OF FEMORAL SH	0	999	10/1/2020	12/31/9999	1	87.17
27501	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	87.17
27502	CLOSED TREATMENT OF FEMORAL SH	0	999	10/1/2020	12/31/9999	1	570.40
27503	CLOSED TREATMENT OF SUPRACONDY	0	999	10/1/2020	12/31/9999	1	570.40
27508	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	87.17
27509	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
27510	CLOSED TREATMENT OF FEMORAL FR	0	999	10/1/2020	12/31/9999	1	570.40
27516	CLOSED TREATMENT OF DISTAL FEM	0	999	10/1/2020	12/31/9999	1	87.17
27517	CLOSED TREATMENT OF DISTAL FEM	0	999	10/1/2020	12/31/9999	1	570.40
27520	CLOSED TREATMENT OF PATELLAR F	0	999	10/1/2020	12/31/9999	1	87.17
27524	OPEN TREATMENT OF PATELLAR FRA	0	999	10/1/2020	12/31/9999	1	2,242.69
27530	CLOSED TREATMENT OF TIBIAL FRA	0	999	10/1/2020	12/31/9999	1	87.17
27532	CLOSED TREATMENT OF TIBIAL FRA	0	999	10/1/2020	12/31/9999	1	1,029.01
27538	CLOSED TREATMENT OF INTERCONDY	0	999	10/1/2020	12/31/9999	1	87.17
27550	CLOSED TREATMENT OF KNEE DISLO	0	999	10/1/2020	12/31/9999	1	87.17
27552	TREATMENT OF CLOSED KNEE DIS	0	999	10/1/2020	12/31/9999	1	570.40
27560	CLOSED TREATMENT OF PATELLAR D	0	999	10/1/2020	12/31/9999	1	87.17
27562	TREATMENT OF CLOSED PATELLAR	0	999	10/1/2020	12/31/9999	1	87.17
27566	OPEN TREATMENT OF PATELLAR DIS	0	999	10/1/2020	12/31/9999	1	2,242.69
27570	*MANIPULATION OF KNEE JOINT U	0	999	10/1/2020	12/31/9999	1	570.40
27594	AMPUTATION, THIGH, THROUGH F	0	999	10/1/2020	12/31/9999	1	1,029.01
27600	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01
27601	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01
27602	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01
27603	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	795.47
27604	INCISION AND DRAINAGE;	0	999	10/1/2020	12/31/9999	1	1,029.01
27605	INCISION OF ACHILLES TENDON	0	999	10/1/2020	12/31/9999	1	570.40
27606	TENOTOMY, ACHILLES TENDON, S	0	999	10/1/2020	12/31/9999	1	1,029.01
27607	TREAT LOWER LEG BONE LESION	0	999	10/1/2020	12/31/9999	1	1,029.01
27610	EXPLORE/TREAT ANKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27612	EXPLORATION OF ANKLE JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
27613	BIOPSY, SOFT TISSUES;	0	999	10/1/2020	12/31/9999	1	136.27
27614	BIOPSY LOWER LEG SOFT TISSUE	0	999	10/1/2020	12/31/9999	1	795.47
27615	RESECT LEG/ANKLE TUM < 5 CM	0	999	10/1/2020	12/31/9999	1	795.47

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27616	RESECT LEG/ANKLE TUM > 5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27618	EXC LEG/ANKLE TUM < 3 CM	0	999	10/1/2020	12/31/9999	1	461.11
27619	EXC LEG/ANKLE TUM DEEP <5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27620	ARTHROTOMY, ANKLE, FOR BIOPS	0	999	10/1/2020	12/31/9999	1	1,029.01
27625	ARTHROTOMY, ANKLE, FOR SYNOV	0	999	10/1/2020	12/31/9999	1	1,029.01
27626	ARTHROTOMY, ANKLE, FOR SYNOV	0	999	10/1/2020	12/31/9999	1	1,029.01
27630	EXCISION OF LESION OF TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27632	EXC LEG/ANKLE LES SC > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
27634	EXC LEG/ANKLE TUM DEEP >5 CM	0	999	10/1/2020	12/31/9999	1	795.47
27635	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
27637	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
27638	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
27640	PARTIAL REMOVAL OF TIBIA	0	999	10/1/2020	12/31/9999	1	1,029.01
27641	PARTIAL REMOVAL OF FIBULA	0	999	10/1/2020	12/31/9999	1	1,029.01
27647	RESECT TALUS/CALCANEUS TUM	0	999	10/1/2020	12/31/9999	1	1,029.01
27648	INJECTION PROCEDURE FOR ANKL	0	999	10/1/2012	12/31/9999	1	0.00
27650	SUTURE, PRIMARY, RUPTURED AC	0	999	10/1/2020	12/31/9999	1	2,242.69
27652	SUTURE, PRIMARY, RUPTURED AC	0	999	10/1/2020	12/31/9999	1	2,242.69
27654	REPAIR OF ACHILLES TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69
27656	REPAIR, FASCIAL DEFECT OF LE	0	999	10/1/2020	12/31/9999	1	1,029.01
27658	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	3	1,029.01
27659	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	1	2,242.69
27664	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	3	2,242.69
27665	REPAIR OF LEG TENDON, EACH	0	999	10/1/2020	12/31/9999	1	2,242.69
27675	REPAIR LOWER LEG TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27676	REPAIR FOR DISLOCATING PERON	0	999	10/1/2020	12/31/9999	1	2,242.69
27680	RELEASE OF LOWER LEG TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27681	RELEASE OF LOWER LEG TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
27685	REVISION OF LOWER LEG TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
27686	REVISE LOWER LEG TENDONS	0	999	10/1/2020	12/31/9999	6	1,029.01
27687	GASTROCNEMIUS RECESSION (EG,	0	999	10/1/2020	12/31/9999	1	1,029.01
27690	TRANSFER OR TRANSPLANT OF SI	0	999	10/1/2020	12/31/9999	1	2,242.69
27691	TRANSFER OR TRANSPLANT OF SI	0	999	10/1/2020	12/31/9999	1	2,242.69
27692	REVISE ADDITIONAL LEG TENDON	0	999	10/1/2014	12/31/9999	1	0.00
27695	REPAIR OF ANKLE LIGAMENT	0	999	10/1/2020	12/31/9999	1	2,242.69
27696	SUTURE, PRIMARY, TORN, RUPTU	0	999	10/1/2020	12/31/9999	1	2,242.69
27698	REPAIR OF ANKLE LIGAMENT	0	999	10/1/2020	12/31/9999	1	2,242.69
27700	ARTHROPLASTY, ANKLE;	0	999	10/1/2020	12/31/9999	1	2,242.69
27704	REMOVAL OF ANKLE IMPLANT	0	999	10/1/2020	12/31/9999	1	1,029.01
27705	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	3,230.12
27707	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
27709	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	4,581.70
27720	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,078.17
27726	REPAIR FIBULA NONUNION	0	999	10/1/2020	12/31/9999	1	3,135.70
27730	REPAIR OF TIBIA EPIPHYSIS	0	999	10/1/2020	12/31/9999	1	1,029.01
27732	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01
27734	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01
27740	REPAIR OF LEG EPIPHYSES	0	999	10/1/2020	12/31/9999	1	1,029.01
27742	EPIPHYSEAL ARREST BY EPIPHYS	0	999	10/1/2020	12/31/9999	1	1,029.01
27745	PROPHYLACTIC TREATMENT (NAILIN	0	999	10/1/2020	12/31/9999	1	3,124.28
27750	CLOSED TREATMENT OF TIBIAL SHA	0	999	10/1/2020	12/31/9999	1	87.17
27752	CLOSED TREATMENT OF TIBIAL SHA	0	999	10/1/2020	12/31/9999	1	570.40
27756	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	3,276.66
27758	OPEN TREATMENT OF TIBIAL SHAFT	0	999	10/1/2020	12/31/9999	1	6,474.26
27759	TREATMENT OF TIBIA FRACTURE	0	999	10/1/2020	12/31/9999	1	6,392.18
27760	CLOSED TREATMENT OF MEDIAL MAL	0	999	10/1/2020	12/31/9999	1	87.17
27762	CLOSED TREATMENT OF MEDIAL MAL	0	999	10/1/2020	12/31/9999	1	570.40

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27766	OPEN TRTMNT MED MALLEOLUS FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69
27767	CLTX POST ANKLE FX	0	999	10/1/2020	12/31/9999	1	87.17
27768	CLTX POST ANKLE FX W/MNPJ	0	999	10/1/2020	12/31/9999	1	570.40
27769	OPTX POST ANKLE FX	0	999	10/1/2020	12/31/9999	1	2,242.69
27780	CLOSED TREATMENT OF PROXIMAL F	0	999	10/1/2020	12/31/9999	1	87.17
27781	TREATMENT OF CLOSED PROXIMAL	0	999	10/1/2020	12/31/9999	1	570.40
27784	OPEN TRTMNT PROX FIB/SHAFT FRAC	0	999	10/1/2020	12/31/9999	1	2,242.69
27786	CLOSED TREATMENT OF DISTAL FIB	0	999	10/1/2020	12/31/9999	1	87.17
27788	TREATMENT OF CLOSED DISTAL F	0	999	10/1/2020	12/31/9999	1	87.17
27792	OPEN TRTMNT DISTAL FIB FRAC	0	999	10/1/2020	12/31/9999	1	2,963.99
27808	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/O	0	999	10/1/2020	12/31/9999	1	87.17
27810	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/M	0	999	10/1/2020	12/31/9999	1	570.40
27814	OPEN TRTMNT BIMALLEOLAR ANKLE FRAC	0	999	10/1/2020	12/31/9999	1	3,010.98
27816	CLOSED TREATMENT OF TRIMALLEOL	0	999	10/1/2020	12/31/9999	1	87.17
27818	TREATMENT OF CLOSED TRIMALLE	0	999	10/1/2020	12/31/9999	1	570.40
27822	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/O	0	999	10/1/2020	12/31/9999	1	2,998.24
27823	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/FI	0	999	10/1/2020	12/31/9999	1	2,988.37
27824	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	87.17
27825	CLOSED TREATMENT OF FRACTURE O	0	999	10/1/2020	12/31/9999	1	570.40
27826	OPEN TRTMNT DISTAL TIBIA/FIBULA ONLY	0	999	10/1/2020	12/31/9999	1	3,132.62
27827	OPEN TRTMNT DISTAL TIBIA/TIBIA ONLY	0	999	10/1/2020	12/31/9999	1	6,413.70
27828	OPEN TRTMNT DISTAL TIBIA/TIBIA & FIBULA	0	999	10/1/2020	12/31/9999	1	6,525.85
27829	OPEN TRTMNT DISTAL TIBIOFIB JT (SYNDESMO	0	999	10/1/2020	12/31/9999	1	2,242.69
27830	CLOSED TREATMENT OF PROXIMAL T	0	999	10/1/2020	12/31/9999	1	87.17
27831	TREATMENT OF PROXIMAL TIBIOF	0	999	10/1/2020	12/31/9999	1	1,029.01
27832	OPEN TRTMNT PROX TIBIOFIB JT DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69
27840	CLOSED TREATMENT OF ANKLE DISL	0	999	10/1/2020	12/31/9999	1	87.17
27842	CLOSED TREATMENT OF ANKLE DISL	0	999	10/1/2020	12/31/9999	1	570.40
27846	OPEN TREATMENT OF ANKLE DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69
27848	OPEN TREATMENT OF ANKLE DISLOC	0	999	10/1/2020	12/31/9999	1	3,303.90
27860	*MANIPULATION OF ANKLE UNDER	0	999	10/1/2020	12/31/9999	1	1,029.01
27870	FUSION OF ANKLE JOINT, OPEN	0	999	10/1/2020	12/31/9999	1	6,758.66
27871	ARTHRODESIS, TIBIOFIBULAR JO	0	999	10/1/2020	12/31/9999	1	6,513.74
27884	AMPUTATION LEG, THROUGH TIBI	0	999	10/1/2020	12/31/9999	1	1,029.01
27889	ANKLE DISARTICULATION	0	999	10/1/2020	12/31/9999	1	2,242.69
27892	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01
27893	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	2,242.69
27894	DECOMPRESSION FASCIOTOMY, LEG;	0	999	10/1/2020	12/31/9999	1	1,029.01
28001	DRAINAGE OF BURSA OF FOOT	0	999	10/1/2020	12/31/9999	1	144.65
28002	TREATMENT OF FOOT INFECTION	0	999	10/1/2020	12/31/9999	1	570.40
28003	DEEP INFECTION, BELOW FASCIA	0	999	10/1/2020	12/31/9999	1	1,029.01
28005	TREAT FOOT BONE LESION	0	999	10/1/2020	12/31/9999	1	1,029.01
28008	FASCIOTOMY, FOOT AND/OR TOE	0	999	10/1/2020	12/31/9999	4	1,029.01
28010	INCISION OF TOE TENDON	0	999	10/1/2020	12/31/9999	1	99.61
28011	INCISION OF TOE TENDONS	0	999	10/1/2020	12/31/9999	1	570.40
28020	EXPLORATION OF A FOOT JOINT	0	999	10/1/2020	12/31/9999	1	1,029.01
28022	ARTHROTOMY, WITH EXPLORATION	0	999	10/1/2020	12/31/9999	1	1,029.01
28024	ARTHROTOMY, WITH EXPLORATION	0	999	10/1/2020	12/31/9999	1	570.40
28035	DECOMPRESSION OF TIBIA NERVE	0	999	10/1/2020	12/31/9999	1	637.43
28039	EXC FOOT/TOE TUM SC > 1.5 CM	0	999	10/1/2020	12/31/9999	6	795.47
28041	EXC FOOT/TOE TUM DEEP >1.5CM	0	999	10/1/2020	12/31/9999	6	795.47
28043	EXC FOOT/TOE TUM SC < 1.5 CM	0	999	10/1/2020	12/31/9999	8	461.11
28045	EXC FOOT/TOE TUM DEEP <1.5CM	0	999	10/1/2020	12/31/9999	8	795.47
28046	RESECT FOOT/TOE TUMOR < 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
28047	RESECT FOOT/TOE TUMOR > 3 CM	0	999	10/1/2020	12/31/9999	1	795.47
28050	BIOPSY OF FOOT JOINT LINING	0	999	10/1/2020	12/31/9999	4	1,029.01
28052	ARTHROTOMY FOR SYNOVIAL BIOP	0	999	10/1/2020	12/31/9999	4	1,029.01

Mississippi Division of Medicaid
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28054	ARTHROTOMY FOR SYNOVIAL BIOP	0	999	10/1/2020	12/31/9999	4	1,029.01
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FEET	0	999	10/1/2020	12/31/9999	1	637.43
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	0	999	10/1/2020	12/31/9999	1	1,029.01
28062	FASCIECTOMY, EXCISION OF PLA	0	999	10/1/2020	12/31/9999	1	1,029.01
28070	SYNOVECTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69
28072	SYNOVECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
28080	REMOVAL OF FOOT LESION	0	999	10/1/2020	12/31/9999	4	570.40
28086	SYNOVECTOMY, TENDON SHEATH;	0	999	10/1/2020	12/31/9999	4	1,029.01
28088	SYNOVECTOMY, TENDON SHEATH;	0	999	10/1/2020	12/31/9999	4	1,029.01
28090	REMOVAL OF FOOT LESION	0	999	10/1/2020	12/31/9999	4	570.40
28092	REMOVAL OF TOE LESIONS	0	999	10/1/2020	12/31/9999	1	570.40
28100	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	1,029.01
28102	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
28103	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
28104	REMOVAL OF FOOT LESION	0	999	10/1/2020	12/31/9999	1	1,029.01
28106	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
28107	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	2,242.69
28108	EXCISION OR CURETTAGE OF BON	0	999	10/1/2020	12/31/9999	1	570.40
28110	OSTECTOMY, PARTIAL EXCISION,	0	999	10/1/2020	12/31/9999	1	1,029.01
28111	OSTECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
28112	OSTECTOMY;	0	999	10/1/2020	12/31/9999	8	1,029.01
28113	OSTECTOMY;	0	999	10/1/2020	12/31/9999	1	1,029.01
28114	REMOVAL OF METATARSAL HEADS	0	999	10/1/2020	12/31/9999	1	1,029.01
28116	OSTECTOMY, EXCISION OF TARSA	0	999	10/1/2020	12/31/9999	1	1,029.01
28118	OSTECTOMY, CALCANEUS;	0	999	10/1/2020	12/31/9999	1	1,029.01
28119	OSTECTOMY, CALCANEUS;	0	999	10/1/2020	12/31/9999	1	1,029.01
28120	PART REMOVAL OF ANKLE/HEEL	0	999	10/1/2020	12/31/9999	4	1,029.01
28122	PARTIAL REMOVAL OF FOOT BONE	0	999	10/1/2020	12/31/9999	8	1,029.01
28124	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	8	241.37
28126	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	2	1,029.01
28130	TALECTOMY (ASTRAGALECTOMY)	0	999	10/1/2020	12/31/9999	1	3,346.93
28140	METATARSECTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01
28150	REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01
28153	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01
28160	PARTIAL REMOVAL OF TOE	0	999	10/1/2020	12/31/9999	1	1,029.01
28171	RESECT TARSAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01
28173	RESECT METATARSAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,029.01
28175	RESECT PHALANX OF TOE TUMOR	0	999	10/1/2020	12/31/9999	1	570.40
28190	*REMOVE FOREIGN BODY;	0	999	10/1/2020	12/31/9999	6	145.80
28192	REMOVE FOREIGN BODY;	0	999	10/1/2020	12/31/9999	4	461.11
28193	REMOVE FOREIGN BODY;	0	999	10/1/2020	12/31/9999	4	461.11
28200	REPAIR OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
28202	REPAIR OR SUTURE OF TENDON,	0	999	10/1/2020	12/31/9999	1	2,242.69
28208	REPAIR OF FOOT TENDON	0	999	10/1/2020	12/31/9999	5	1,029.01
28210	REPAIR OR SUTURE OF TENDON,	0	999	10/1/2020	12/31/9999	1	2,242.69
28220	RELEASE OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	228.09
28222	RELEASE OF FOOT TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
28225	RELEASE OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	1,029.01
28226	RELEASE OF FOOT TENDONS	0	999	10/1/2020	12/31/9999	1	1,029.01
28230	INCISION OF FOOT TENDON(S)	0	999	10/1/2020	12/31/9999	1	224.91
28232	INCISION OF TOE TENDON	0	999	10/1/2020	12/31/9999	12	209.90
28234	INCISION OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	570.40
28238	REVISION OF FOOT TENDON	0	999	10/1/2020	12/31/9999	1	2,242.69
28240	TENOTOMY OR RELEASE, ABDUCTO	0	999	10/1/2020	12/31/9999	1	1,029.01
28250	REVISION OF FOOT FASCIA	0	999	10/1/2020	12/31/9999	1	1,029.01
28260	CAPSULOTOMY, MIDFOOT;	0	999	10/1/2020	12/31/9999	1	1,029.01
28261	CAPSULOTOMY, MIDFOOT;	0	999	10/1/2020	12/31/9999	1	570.40

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
28262	REVISION OF FOOT AND ANKLE	0	999	10/1/2020	12/31/9999	1	3,547.18
28264	RELEASE OF MIDFOOT JOINT	0	999	10/1/2020	12/31/9999	1	570.40
28270	RELEASE OF FOOT CONTRACTURE	0	999	10/1/2020	12/31/9999	12	1,029.01
28272	RELEASE OF TOE JOINT, EACH	0	999	10/1/2020	12/31/9999	12	202.68
28280	FUSION OF TOES	0	999	10/1/2020	12/31/9999	1	1,029.01
28285	REPAIR OF HAMMERTOES	0	999	10/1/2020	12/31/9999	8	1,029.01
28286	REPAIR OF HAMMERTOES	0	999	10/1/2020	12/31/9999	1	1,029.01
28288	PARTIAL REMOVAL OF FOOT BONE	0	999	10/1/2020	12/31/9999	5	1,029.01
28289	HALLUX RIGID CORR W/O IMPLANT	0	999	10/1/2020	12/31/9999	1	1,029.01
28291	HALLUX RIGID COR W/IMPLANT	0	999	10/1/2020	12/31/9999	1	3,440.47
28292	CORR HALLUX VALGUS RESEC ANY METHOD	0	999	10/1/2020	12/31/9999	1	1,029.01
28295	HALLUX VALGUS OSTEOTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01
28296	CORR HALLUX VALGUS DISTAL META OSTEO	0	999	10/1/2020	12/31/9999	1	1,029.01
28297	CORR HALLUX VALGUS CUNEIFORM JT ARTHRO	0	999	10/1/2020	12/31/9999	1	3,216.72
28298	CORR HALLUX VALGUS PROX PHALX OSTEO	0	999	10/1/2020	12/31/9999	1	2,242.69
28299	CORR HALLUX VALGUS DBL OSTEOTOMY	0	999	10/1/2020	12/31/9999	1	2,242.69
28300	INCISION OF HEEL BONE	0	999	10/1/2020	12/31/9999	1	2,999.56
28302	OSTEOTOMY;	0	999	10/1/2020	12/31/9999	1	2,242.69
28304	INCISION OF MIDFOOT BONES	0	999	10/1/2020	12/31/9999	1	2,242.69
28305	INCISE/GRAFT MIDFOOT BONES	0	999	10/1/2020	12/31/9999	1	3,229.68
28306	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	1	2,242.69
28307	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	1	2,242.69
28308	INCISION OF METATARSAL	0	999	10/1/2020	12/31/9999	8	1,029.01
28309	INCISION OF METATARSALS	0	999	10/1/2020	12/31/9999	1	2,242.69
28310	REVISION OF BIG TOE	0	999	10/1/2020	12/31/9999	1	2,242.69
28312	OSTEOTOMY FOR SHORTENING, AN	0	999	10/1/2020	12/31/9999	1	1,029.01
28313	REPAIR DEFORMITY OF TOE	0	999	10/1/2020	12/31/9999	10	1,029.01
28315	SESAMOIDECTOMY, FIRST TOE (S	0	999	10/1/2020	12/31/9999	1	1,029.01
28320	REPAIR OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,102.27
28322	REPAIR OF NONUNION OR MALUNI	0	999	10/1/2020	12/31/9999	1	3,059.06
28340	RECONSTRUCTION TOE MACRODACTYL	0	999	10/1/2020	12/31/9999	1	1,029.01
28341	RECONSTRUCTION TOE MACRODACTYL	0	999	10/1/2020	12/31/9999	1	1,029.01
28344	RECONSTRUCTION TOE(S) POLYDACT	0	999	10/1/2020	12/31/9999	1	1,029.01
28345	RECONSTRUCTION TOE(S) SYNDACTY	0	999	10/1/2020	12/31/9999	1	570.40
28400	CLOSED TREATMENT OF CALCANEAL	0	999	10/1/2020	12/31/9999	1	87.17
28405	CLOSED TREATMENT OF CALCANEAL	0	999	10/1/2020	12/31/9999	1	87.17
28406	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
28415	OPEN TRTMNT CALCNEAL FRAC	0	999	10/1/2020	12/31/9999	1	3,099.91
28420	OPEN TRTMNT CALCNEAL FRAC W/ILIAC GRAFT	0	999	10/1/2020	12/31/9999	1	6,600.32
28430	CLOSED TREATMENT OF TALUS FRAC	0	999	10/1/2020	12/31/9999	1	87.17
28435	TREATMENT OF CLOSED TALUS FR	0	999	10/1/2020	12/31/9999	1	570.40
28436	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
28445	OPEN TRTMNT TALUS FRAC	0	999	10/1/2020	12/31/9999	1	2,910.19
28446	OSTEOCHONDRAL TALUS AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69
28450	TREATMENT OF TARSAL BONE FRACT	0	999	10/1/2020	12/31/9999	1	87.17
28455	TREATMENT OF CLOSED TARSAL B	0	999	10/1/2020	12/31/9999	1	134.26
28456	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
28465	OPEN TRTMNT TARSAL BONE FRAC	0	999	10/1/2020	12/31/9999	1	3,064.99
28470	CLOSED TREATMENT OF METATARSAL	0	999	10/1/2020	12/31/9999	5	87.17
28475	TREATMENT OF CLOSED METATARS	0	999	10/1/2020	12/31/9999	1	87.17
28476	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	5	1,029.01
28485	OPEN TRTMNT METATARSAL FRAC EA	0	999	10/1/2020	12/31/9999	5	2,985.51
28490	CLOSED TREATMENT OF FRACTURE G	0	999	10/1/2020	12/31/9999	1	79.11
28495	TREATMENT OF CLOSED FRACTURE	0	999	10/1/2020	12/31/9999	1	87.17
28496	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
28505	OPEN TRTMNT FRAC GREAT TOES PHYLANX(S)	0	999	10/1/2020	12/31/9999	1	1,029.01
28510	CLOSED TREATMENT OF FRACTURE,	0	999	10/1/2020	12/31/9999	5	62.65

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
28515	TREATMENT OF CLOSED FRACTURE	0	999	10/1/2020	12/31/9999	5	84.59
28525	OPEN TRT FRAC PHYLANX(S) OTH THAN GRT TO	0	999	10/1/2020	12/31/9999	5	1,029.01
28530	CLOSED TREATMENT OF SESAMOID F	0	999	10/1/2020	12/31/9999	1	60.06
28531	OPEN TREATMENT OF SESAMOID FRA	0	999	10/1/2020	12/31/9999	1	2,242.69
28540	CLOSED TREATMENT OF TARSAL BON	0	999	10/1/2020	12/31/9999	1	87.17
28545	TREATMENT OF CLOSED TARSAL B	0	999	10/1/2020	12/31/9999	1	1,029.01
28546	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	570.40
28555	OPEN TRTMNT TARSAL BONE DISLOC	0	999	10/1/2020	12/31/9999	1	2,242.69
28570	CLOSED TREATMENT OF TALOTARSAL	0	999	10/1/2020	12/31/9999	1	87.17
28575	TREATMENT OF CLOSED TALOTARS	0	999	10/1/2020	12/31/9999	1	1,029.01
28576	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	2,242.69
28585	OPEN TRTMNT TALOTARSAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	3,307.62
28600	CLOSED TREATMENT OF TARSOMETAT	0	999	10/1/2020	12/31/9999	1	87.17
28605	TREATMENT OF CLOSED TARSOMET	0	999	10/1/2020	12/31/9999	1	87.17
28606	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
28615	OPEN TRTMNT TARSOMETATARSAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	2,924.46
28630	CLOSED TREATMENT OF METATARSOP	0	999	10/1/2020	12/31/9999	1	71.31
28635	*TREATMENT OF CLOSED METATARS	0	999	10/1/2020	12/31/9999	1	570.40
28636	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	1	1,029.01
28645	OPEN TRTMNT METATARSOPHALANGEAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	1,029.01
28660	CLOSED TREATMENT OF INTERPHALA	0	999	10/1/2020	12/31/9999	1	55.14
28665	*TREATMENT OF CLOSED INTERPHA	0	999	10/1/2020	12/31/9999	1	92.90
28666	PERCUTANEOUS SKELETAL FIXATION	0	999	10/1/2020	12/31/9999	10	1,029.01
28675	OPEN TRTMNT INTERPHALANGEAL JT DISLOC	0	999	10/1/2020	12/31/9999	1	1,029.01
28705	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	9,263.06
28715	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,070.87
28725	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	6,494.90
28730	ARTHRODESIS, MIDTARSAL OR TA	0	999	10/1/2020	12/31/9999	1	6,987.89
28735	FUSION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	7,057.86
28737	REVISION OF FOOT BONES	0	999	10/1/2020	12/31/9999	1	6,709.32
28740	ARTHRODESIS, MIDTARSAL OR TA	0	999	10/1/2020	12/31/9999	1	3,315.75
28750	ARTHRODESIS, GREAT TOE;	0	999	10/1/2020	12/31/9999	1	3,254.93
28755	ARTHRODESIS, GREAT TOE;	0	999	10/1/2020	12/31/9999	1	2,242.69
28760	FUSION OF BIG TOE JOINT	0	999	10/1/2020	12/31/9999	1	2,242.69
28810	AMPUTATION, METATARSAL, WITH	0	999	10/1/2020	12/31/9999	1	1,029.01
28820	AMPUTATION, TOE;	0	999	10/1/2020	12/31/9999	1	1,029.01
28825	AMPUTATION, TOE;	0	999	10/1/2020	12/31/9999	1	1,029.01
28890	HIGH ENERGY ESWT, PLANTAR F	0	999	10/1/2020	12/31/9999	1	156.78
29000	APPLICATION OF HALO TYPE BOD	0	999	10/1/2020	12/31/9999	1	92.90
29010	APPLICATION OF RISSER JACKET	0	999	10/1/2020	12/31/9999	1	92.90
29015	APPLICATION OF RISSER JACKET	0	999	10/1/2020	12/31/9999	1	92.90
29035	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	92.90
29040	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	92.90
29044	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	54.06
29046	APPLICATION OF BODY CAST, SH	0	999	10/1/2020	12/31/9999	1	92.90
29049	APPLICATION OF FIGURE EIGHT	0	999	10/1/2020	12/31/9999	1	49.66
29055	APPLICATION;	0	999	10/1/2020	12/31/9999	1	92.90
29058	APPLICATION;	0	999	10/1/2020	12/31/9999	1	55.72
29065	APPLICATION;	0	999	10/1/2020	12/31/9999	1	48.22
29075	APPLICATION;	0	999	10/1/2020	12/31/9999	1	44.18
29085	APPLICATION;	0	999	10/1/2020	12/31/9999	1	47.93
29086	APPLY FINGER CAST	0	999	10/1/2020	12/31/9999	1	43.60
29105	APPLICATION OF LONG ARM SPLI	0	999	10/1/2020	12/31/9999	1	39.84
29125	APPLICATION OF SHORT ARM SPL	0	999	10/1/2015	12/31/9999	1	0.00
29126	APPLICATION OF SHORT ARM SPL	0	999	10/1/2015	12/31/9999	1	0.00
29130	APPLICATION OF FINGER SPLINT	0	999	10/1/2015	12/31/9999	1	0.00
29131	APPLICATION OF FINGER SPLINT	0	999	10/1/2015	12/31/9999	1	0.00

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
29200	STRAPPING;	0	999	10/1/2020	12/31/9999	1	15.02
29240	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29260	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29280	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29305	APPLICATION OF HIP SPICA CAST;	0	999	10/1/2020	12/31/9999	1	92.90
29325	APPLICATION OF HIP SPICA CAST;	0	999	10/1/2020	12/31/9999	1	92.90
29345	APPLICATION OF LONG LEG CAST	0	999	10/1/2020	12/31/9999	1	62.94
29355	APPLICATION OF LONG LEG CAST	0	999	10/1/2020	12/31/9999	1	64.10
29358	APPLICATION OF LONG LEG CAST	0	999	10/1/2020	12/31/9999	1	80.84
29365	APPLICATION OF CYLINDER CAST	0	999	10/1/2020	12/31/9999	1	59.47
29405	APPLICATION OF SHORT LEG CAS	0	999	10/1/2020	12/31/9999	1	38.69
29425	APPLICATION OF SHORT LEG CAS	0	999	10/1/2020	12/31/9999	1	36.38
29435	APPLICATION OF PATELLAR TEND	0	999	10/1/2020	12/31/9999	1	53.70
29440	ADDING WALKER TO PREVIOUSLY	0	999	10/1/2020	12/31/9999	1	17.61
29445	APPLY RIGID LEG CAST	0	999	10/1/2020	12/31/9999	1	49.66
29450	APPLICATION OF CLUBFOOT CAST W	0	999	10/1/2020	12/31/9999	1	52.26
29505	APPLICATION OF LONG LEG SPLI	0	999	10/1/2020	12/31/9999	1	46.48
29515	APPLICATION OF SHORT LEG SPL	0	999	10/1/2020	12/31/9999	1	33.78
29520	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29530	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29540	STRAPPING OF ANKLE AND/OR FT	0	999	10/1/2020	12/31/9999	1	11.26
29550	STRAPPING;	0	999	10/1/2015	12/31/9999	1	0.00
29580	STRAPPING;	0	999	10/1/2020	12/31/9999	1	33.78
29581	APP MULTILAYER COMPR SYS	0	999	10/1/2020	12/31/9999	1	54.06
29584	APP MULTI-LAYER COMPR SYS ARM	0	999	10/1/2020	12/31/9999	1	54.06
29700	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	32.34
29705	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	27.43
29710	REMOVAL OR BIVALVING;	0	999	10/1/2020	12/31/9999	1	53.99
29720	REPAIR OF SPICA, BODY CAST O	0	999	10/1/2020	12/31/9999	1	45.33
29730	WINDOWING OF CAST	0	999	10/1/2020	12/31/9999	1	25.98
29740	WEDGING OF CAST (EXCEPT CLUB	0	999	10/1/2020	12/31/9999	1	42.44
29750	WEDGING OF CLUBFOOT CAST	0	999	10/1/2020	12/31/9999	1	44.46
29800	ARTHROSCOPY, TEMPOMANDIBULAR J	0	999	10/1/2020	12/31/9999	1	1,029.01
29804	ARTHROSCOPY, TEMPOMANDIBULAR JO	0	999	10/1/2020	12/31/9999	1	1,029.01
29805	SHOULDER ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	1,029.01
29806	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
29807	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
29819	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01
29820	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	2,242.69
29821	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01
29822	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01
29823	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01
29824	SHOULDER ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
29825	ARTHROSCOPY, SHOULDER, SURGICA	0	999	10/1/2020	12/31/9999	1	1,029.01
29826	ARTHROSCOPY SHOULDER SURGICAL	0	999	10/1/2014	12/31/9999	1	0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	0	999	10/1/2020	12/31/9999	1	2,242.69
29828	ARTHROSCOPY BICEPS TENODESIS	0	999	10/1/2020	12/31/9999	1	2,242.69
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	1,029.01
29834	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29835	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29836	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	2,242.69
29837	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29838	ARTHROSCOPY, ELBOW, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	1,029.01
29843	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29844	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29845	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01

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29846	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29847	ARTHROSCOPY, WRIST, SURGICAL;	0	999	10/1/2020	12/31/9999	1	2,242.69
29848	WRIST ENDOSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	570.40
29850	ARTHROSCOPICALLY AIDED TREATME	0	999	10/1/2020	12/31/9999	1	570.40
29851	ARTHROSCOPICALLY AIDED TREATME	0	999	10/1/2020	12/31/9999	1	570.40
29855	ARTHRO TRTMNT TIBIAL FRAC UNICONDYLAR	0	999	10/1/2020	12/31/9999	1	3,442.22
29856	ARTHRO TRTMNT TIBIAL FRAC BICONDYLAR	0	999	10/1/2020	12/31/9999	1	6,274.65
29860	HIP ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	2,242.69
29861	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
29862	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
29863	HIP ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
29866	ARTHRO KNEE SURG OSTEOCHOND AUTOGRAFT	0	999	10/1/2020	12/31/9999	1	2,242.69
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29871	ARTHROSCOPY, KNEE, SURGICAL; F	0	999	10/1/2020	12/31/9999	1	1,029.01
29873	KNEE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
29874	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29875	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29876	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29877	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29879	KNEE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
29880	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01
29881	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	1,029.01
29882	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01
29883	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01
29884	ARTHROSCOPY, KNEE, SURGICAL; W	0	999	10/1/2020	12/31/9999	1	1,029.01
29885	ARTHROSCOPY, KNEE, SURGICAL; D	0	999	10/1/2020	12/31/9999	1	2,242.69
29886	ARTHROSCOPY, KNEE, SURGICAL; D	0	999	10/1/2020	12/31/9999	1	1,029.01
29887	ARTHROSCOPY, KNEE, DIAGNOSTIC,	0	999	10/1/2020	12/31/9999	1	2,242.69
29888	ARTHROSCOPICALLY AIDED ANTERIO	0	999	10/1/2020	12/31/9999	1	3,098.59
29889	ARTHROSCOPICALLY AIDED POSTERI	0	999	10/1/2020	12/31/9999	1	6,129.30
29891	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	1,029.01
29892	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
29893	SCOPE, PLANTAR FASCIOTOMY	0	999	10/1/2020	12/31/9999	1	1,029.01
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR	0	999	10/1/2020	12/31/9999	1	1,029.01
29895	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29897	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29898	ARTHROSCOPY, ANKLE, SURGICAL;	0	999	10/1/2020	12/31/9999	1	1,029.01
29899	ANKLE ARTHROSCOPY/SURGERY	0	999	10/1/2020	12/31/9999	1	2,907.78
29900	MCP JOINT ARTHROSCOPY, DX	0	999	10/1/2020	12/31/9999	1	1,029.01
29901	MCP JOINT ARTHROSCOPY, SURG	0	999	10/1/2020	12/31/9999	1	1,029.01
29902	MCP JOINT ARTHROSCOPY, SURG	0	999	10/1/2020	12/31/9999	1	570.40
29904	SUBTALAR ARTHRO Q/FB RMVL	0	999	10/1/2020	12/31/9999	1	1,029.01
29905	SUBTALAR ARTHRO W/EXC	0	999	10/1/2020	12/31/9999	1	2,242.69
29906	SUBTALAR ARTHRO W/DEB	0	999	10/1/2020	12/31/9999	1	1,029.01
29907	SUBTALAR ARTHRO W/FUSION	0	999	10/1/2020	12/31/9999	1	6,289.45
29914	HIP ARTHRO W/FEMOROPLASTY	0	999	10/1/2020	12/31/9999	1	2,242.69
29915	HIP ARTHRO ACETABULOPLASTY	0	999	10/1/2020	12/31/9999	1	2,242.69
29916	HIP ARTHRO W/LABRAL REPAIR	0	999	10/1/2020	12/31/9999	1	2,242.69
30000	*DRAINAGE ABSCESS OR HEMATOMA	0	999	10/1/2020	12/31/9999	1	82.31
30020	*DRAINAGE ABSCESS OR HEMATOMA	0	999	10/1/2020	12/31/9999	1	160.24
30100	BIOPSY, INTRANASAL	0	999	10/1/2020	12/31/9999	1	85.75
30110	EXCISION, NASAL POLYP(S), SIMP	0	999	10/1/2020	12/31/9999	1	141.47
30115	EXCISION, NASAL POLYP(S), EXTE	0	999	10/1/2020	12/31/9999	1	844.05
30117	REMOVAL OF INTRANASAL LESION	0	999	10/1/2020	12/31/9999	1	844.05
30118	EXCISION, INTRANASAL LESION;	0	999	10/1/2020	12/31/9999	1	844.05
30120	EXCISION OR SURGICAL PLANING	0	999	10/1/2020	12/31/9999	1	844.05
30124	EXCISION DERMOID CYST, NOSE;	0	999	10/1/2020	12/31/9999	1	429.28

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
30125	EXCISION DERMOID CYST, NOSE;	0	999	10/1/2020	12/31/9999	1	1,797.24
30130	EXCISE INFERIOR TURBINATE	0	999	10/1/2020	12/31/9999	1	844.05
30140	RESECT INFERIOR TURBINATE	0	999	10/1/2020	12/31/9999	1	844.05
30150	RHINECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
30160	RHINECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
30200	*INJECTION INTO TURBINATE(S),	0	999	10/1/2020	12/31/9999	1	66.12
30210	*DISPLACEMENT THERAPY (PROETZ	0	999	10/1/2020	12/31/9999	1	85.46
30220	INSERTION,NASAL SEPTAL PROST	0	999	10/1/2020	12/31/9999	1	429.28
30300	*REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2015	12/31/9999	1	0.00
30310	REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2020	12/31/9999	1	844.05
30320	REMOVAL FOREIGN BODY, INTRAN	0	999	10/1/2020	12/31/9999	1	429.28
30400	RHINOPLASTY, PRIMARY; LATERAL	0	999	10/1/2020	12/31/9999	1	1,797.24
30410	RHINOPLASTY, PRIMARY; COMPLETE	0	999	10/1/2020	12/31/9999	1	1,797.24
30420	RHINOPLASTY, PRIMARY; INCLUDIN	0	999	10/1/2020	12/31/9999	1	1,797.24
30430	RHINOPLASTY, SECONDARY; MINOR	0	999	10/1/2020	12/31/9999	1	1,797.24
30435	RHINOPLASTY, SECONDARY; INTERM	0	999	10/1/2020	12/31/9999	1	1,797.24
30450	RHINOPLASTY, SECONDARY; MAJOR	0	999	10/1/2020	12/31/9999	1	1,797.24
30460	RHINOPLASTY FOR NASAL DEFORMIT	0	999	10/1/2020	12/31/9999	1	1,797.24
30462	RHINOPLASTY FOR NASAL DEFORMIT	0	999	10/1/2020	12/31/9999	1	1,797.24
30465	REPAIR NASAL STENOSIS	0	999	10/1/2020	12/31/9999	1	1,797.24
30468	RPR NSL VLV COLLAPSE W/IMPLT	0	999	1/1/2021	12/31/9999	1	2,787.82
30520	SEPTOPLASTY WITH OR WITHOUT	0	999	10/1/2020	12/31/9999	1	844.05
30540	REPAIR CHOANAL ATRESIA;	0	999	10/1/2020	12/31/9999	1	1,797.24
30545	REPAIR CHOANAL ATRESIA;	0	999	10/1/2020	12/31/9999	1	1,797.24
30560	*LYSIS INTRANASAL SYNECHIA	0	999	10/1/2020	12/31/9999	1	178.55
30580	REPAIR FISTULA;	0	999	10/1/2020	12/31/9999	1	1,797.24
30600	REPAIR FISTULA;	0	999	10/1/2020	12/31/9999	1	1,797.24
30620	SEPTAL OR OTHER INTRANASAL DER	0	999	10/1/2020	12/31/9999	1	1,797.24
30630	REPAIR NASAL SEPTAL PERFORAT	0	999	10/1/2020	12/31/9999	1	844.05
30801	ABLATE INF TURBINATE, SUPERF	0	999	10/1/2020	12/31/9999	1	429.28
30802	ABLATE INF TURBINATE SUBMUC	0	999	10/1/2020	12/31/9999	1	429.28
30901	CONTROL NASAL HEMORRHAGE, ANTE	0	999	10/1/2015	12/31/9999	1	0.00
30903	CONTROL NASAL HEMORRHAGE, ANTE	0	999	10/1/2020	12/31/9999	1	44.07
30905	CONTROL OF NOSEBLEED	0	999	10/1/2020	12/31/9999	1	44.07
30906	*CONTROL NASAL HEMORRHAGE, PO	0	999	10/1/2020	12/31/9999	1	82.31
30915	LIGATION ARTERIES;	0	999	10/1/2020	12/31/9999	1	1,072.98
30920	LIGATION ARTERIES;	0	999	10/1/2020	12/31/9999	1	1,072.98
30930	THER FX, NASAL INF TURBINATE	0	999	10/1/2020	12/31/9999	1	844.05
31000	LAVAGE BY CANNULATION; MAXILLA	0	999	10/1/2020	12/31/9999	1	82.31
31002	*LAVAGE BY CANNULATION;	0	999	10/1/2020	12/31/9999	1	429.28
31020	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	844.05
31030	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	1,797.24
31032	SINUSOTOMY, MAXILLARY (ANTROTO	0	999	10/1/2020	12/31/9999	1	1,797.24
31040	SURGERY ON PTERYGOMAXILLARY	0	999	10/1/2020	12/31/9999	1	1,797.24
31050	SINUSOTOMY, SPHENOID	0	999	10/1/2020	12/31/9999	1	1,797.24
31051	SINUSOTOMY, SPHENOID, WITH OR	0	999	10/1/2020	12/31/9999	1	1,797.24
31070	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31075	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31080	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31081	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31084	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31085	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31086	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31087	SINUSOTOMY FRONTAL;	0	999	10/1/2020	12/31/9999	1	1,797.24
31090	EXPLORATION OF SINUSES	0	999	10/1/2020	12/31/9999	1	1,797.24
31200	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
31201	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	429.28

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

Print Date: JULY 1, 2021



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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
31205	ETHMOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	844.05
31231	NASAL ENDOSCOPY, DIAGNOSTIC, U	0	999	10/1/2020	12/31/9999	1	63.28
31233	NASAL/SINUS ENDOSCOPY MAXILLARY	0	999	10/1/2020	12/31/9999	1	152.76
31235	NASAL/SINUS ENDOSCOPY SPHENOID	0	999	10/1/2020	12/31/9999	1	489.35
31237	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	489.35
31238	NASAL/SINUS ENDOSCOPY, SURG	0	999	10/1/2020	12/31/9999	1	489.35
31239	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	990.17
31240	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	489.35
31253	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71
31254	NASAL ENDOSCOPY, SURGICAL; WIT	0	999	10/1/2020	12/31/9999	1	1,516.71
31255	NASAL ENDOSCOPY, SURGICAL; ANT AND POS	0	999	10/1/2020	12/31/9999	1	1,516.71
31256	NASAL ENDOSCOPY, SURGICAL; WIT	0	999	10/1/2020	12/31/9999	1	990.17
31257	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71
31259	NASAL/SINUS ENDOSCOPY, SURGICAL	0	999	10/1/2020	12/31/9999	1	1,516.71
31267	MAXILLARY SINUS ENDOSCOPY, SUR	0	999	10/1/2020	12/31/9999	1	1,516.71
31276	NASAL/SINUS SURGICAL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	1,516.71
31287	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	1,516.71
31288	NASAL/SINUS ENDOSCOPY, SURGICA	0	999	10/1/2020	12/31/9999	1	1,516.71
31295	NASAL/SINUS ENDOSCOPY, SURGICAL, MAXILLA	0	999	10/1/2020	12/31/9999	1	1,457.15
31296	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	0	999	10/1/2020	12/31/9999	1	1,464.95
31297	NASAL/SINUS ENDOSCOPY, SURGICAL, SPHENOI	0	999	10/1/2020	12/31/9999	1	1,453.40
31298	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	0	999	10/1/2020	12/31/9999	1	1,516.71
31300	LARYNGOTOMY (THYROTOMY, LARY	0	999	10/1/2020	12/31/9999	1	844.05
31400	ARYTENOIDECTOMY OR ARYTENOID	0	999	10/1/2020	12/31/9999	1	1,797.24
31420	EPIGLOTTIDECTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24
31500	INTUBATION, ENDOTRACHEAL, EM	0	999	10/1/2020	12/31/9999	2	82.31
31502	TRACHEOTOMY TUBE CHANGE PRIOR	0	999	10/1/2020	12/31/9999	1	82.31
31505	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	51.39
31510	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	990.17
31511	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	63.28
31512	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	990.17
31513	LARYNGOSCOPY, INDIRECT (SEPA	0	999	10/1/2020	12/31/9999	1	152.76
31515	LARYNGOSCOPY DIRECT;	0	999	10/1/2020	12/31/9999	1	152.76
31520	LARYNGOSCOPY DIRECT;	0	1	10/1/2020	12/31/9999	1	152.76
31525	LARYNGOSCOPY DIRECT;	1	999	10/1/2020	12/31/9999	1	489.35
31526	DX LARYNGOSCOPY W/OPER SCOPE	0	999	10/1/2020	12/31/9999	1	489.35
31527	LARYNGOSCOPY DIRECT;	0	999	10/1/2020	12/31/9999	1	990.17
31528	LARYNGOSCOPY AND DILATION	0	999	10/1/2020	12/31/9999	1	990.17
31529	LARYNGOSCOPY AND DILATION	0	999	10/1/2020	12/31/9999	1	990.17
31530	LARYNGOSCOPY, DIRECT, OPERAT	0	999	10/1/2020	12/31/9999	1	489.35
31531	LARYNGOSCOPY W/FB & OP SCOPE	0	999	10/1/2020	12/31/9999	1	990.17
31535	LARYNGOSCOPY, DIRECT, OPERAT	0	999	10/1/2020	12/31/9999	1	990.17
31536	LARYNGOSCOPY W/BX & OP SCOPE	0	999	10/1/2020	12/31/9999	1	990.17
31540	LARYNGOSCOPY, DIRECT, OPERAT	0	999	10/1/2020	12/31/9999	1	990.17
31541	LARYNSCOP W/TUMR EXC + SCOPE	0	999	10/1/2020	12/31/9999	1	990.17
31545	REMOVE VC LESION W/SCOPE	0	999	10/1/2020	12/31/9999	1	990.17
31546	REMOVE VC LESION SCOPE/GRAFT	0	999	10/1/2020	12/31/9999	1	1,516.71
31551	LARYNGPLSTY W/GRAFT W/O STENT	0	11	10/1/2020	12/31/9999	1	1,797.24
31552	LARYNGPLSTY W/O STENT REPL 12+ YRS	12	999	10/1/2020	12/31/9999	1	1,797.24
31553	LARYNGPLSTY W/STENT REPL >12 YRS	0	11	10/1/2020	12/31/9999	1	1,797.24
31554	LARYNGPLSTY W/STENT REPL 12+ YRS	12	999	10/1/2020	12/31/9999	1	1,797.24
31560	LARYNGOSCOPY, DIRECT, OPERAT	0	999	10/1/2020	12/31/9999	1	1,516.71
31561	LARYNSCOP, REMVE CART + SCOP	0	999	10/1/2020	12/31/9999	1	1,516.71
31570	LARYNGOSCOPY, DIRECT, WITH I	0	999	10/1/2020	12/31/9999	1	990.17
31571	LARYNGOSCOPY W/VC INJ + SCOPE	0	999	10/1/2020	12/31/9999	1	990.17
31572	LARYNGSCP FLEX DESTR LESIONS UNILAT	0	999	10/1/2020	12/31/9999	1	990.17
31573	LARYNGSCP FLEX W/INJ UNILAT	0	999	10/1/2020	12/31/9999	1	146.38

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31574	LARYNGSCP FLEX W/INJ AUG UNILAT	0	999	10/1/2020	12/31/9999	1	489.35
31575	LARYNGOSCOPY FLEX; DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	63.28
31576	LARYNGOSCOPY FLEX; W/BIPSIES	0	999	10/1/2020	12/31/9999	1	489.35
31577	LARYNGOSCPY FLEX W/REMOVAL FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	152.76
31578	LARYNGOSCPY FLE; W/REMOVAL LESION NON-LA	0	999	10/1/2020	12/31/9999	1	990.17
31579	LARYNGOSCOPY FLEX/RIG TELE W/STROBOSCPY	0	999	10/1/2020	12/31/9999	1	95.86
31580	LARYNGOPLSTY LARYNGEAL WEB KEEL/STNT INS	0	999	10/1/2020	12/31/9999	1	1,797.24
31590	LARYNGEAL REINNERVATION BY N	0	999	10/1/2020	12/31/9999	1	1,797.24
31591	LARYNGPLSTY MEDIALIZATION UNILAT	0	999	10/1/2020	12/31/9999	1	1,797.24
31592	CRICOTRACHEAL RESECTION	0	999	10/1/2020	12/31/9999	1	1,797.24
31603	TRACHEOSTOMY, EMERGENCY PROC	0	999	10/1/2020	12/31/9999	1	429.28
31605	TRACHEOSTOMY, EMERGENCY PROC	0	999	10/1/2020	12/31/9999	1	82.31
31611	CONSTRUCTION OF TRACHEOESOPHAG	0	999	10/1/2020	12/31/9999	1	844.05
31612	TRACHEAL PUNCTURE, PERCUTANE	0	999	10/1/2020	12/31/9999	1	844.05
31613	TRACHEOSTOMA REVISION; SIMPL	0	999	10/1/2020	12/31/9999	1	844.05
31614	TRACHEOSTOMA REVISION;	0	999	10/1/2020	12/31/9999	1	1,797.24
31615	TRACHEOSCOPY THROUGH ESTABLI	0	999	10/1/2020	12/31/9999	1	178.55
31622	DX BRONCHOSCOPE/WASH	0	999	10/1/2020	12/31/9999	1	489.35
31623	BRONCHOSCPY W/WO FLOURO; W/BRUSHINGBRONC	0	999	10/1/2020	12/31/9999	1	489.35
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAGE BRNCH	0	999	10/1/2020	12/31/9999	1	489.35
31625	BRONCHOSCPY;BRONCHIAL/ENDBRONCHIALBRONC	0	999	10/1/2020	12/31/9999	1	489.35
31626	BRONCHOSCOPY W/MARKERS	0	999	10/1/2020	12/31/9999	1	1,516.71
31627	NAVIGATIONAL BRONCHOSCOPY	0	999	10/1/2012	12/31/9999	1	0.00
31628	BRNCHSCPY; TRNSBRNCH LUNG BX 1 LOBEBRNCH	0	999	10/1/2020	12/31/9999	1	990.17
31629	BRNCHSCPY;NABX TRACH STEM&/BRNCH BRNCH	0	999	10/1/2020	12/31/9999	1	990.17
31630	BRONCHOSCOPY DILATE/FX REPR	0	999	10/1/2020	12/31/9999	1	990.17
31631	BRONCHOSCOPY, DILATE W/STENT	0	999	10/1/2020	12/31/9999	1	1,516.71
31632	BRNCHSCPY; W/TBLB EA ADD LOBE BRNCH	0	999	10/1/2014	12/31/9999	4	0.00
31633	BRNCHSCPY; W/TBNA BX EA ADD LOBE BRNCH	0	999	10/1/2014	12/31/9999	5	0.00
31634	BRONCH W/BALLOON OCCLUSION	0	999	10/1/2020	12/31/9999	2	1,516.71
31635	BRNCHSCPY W/WO FLOURO; W/REMV FB BRONC	0	999	10/1/2020	12/31/9999	1	489.35
31636	BRONCHOSCOPY, BRONCH STENTS	0	999	10/1/2020	12/31/9999	1	2,219.39
31637	BRONCHOSCOPY, STENT ADD-ON	0	999	10/1/2014	12/31/9999	4	0.00
31638	BRONCHOSCOPY, REVISE STENT	0	999	10/1/2020	12/31/9999	5	1,516.71
31640	BRONCHOSCOPY; W/EXCISION OF TUMOR BRONC	0	999	10/1/2020	12/31/9999	1	990.17
31641	BRONCHOSCOPY, TREAT BLOCKAGE	0	999	10/1/2020	12/31/9999	1	990.17
31643	DIAG BRONCHOSCOPE/CATHETER	0	999	10/1/2020	12/31/9999	1	489.35
31645	BRONCHOSCOPY, CLEAR AIRWAYS	0	999	10/1/2020	12/31/9999	1	489.35
31646	BRONCHOSCOPY, RECLEAR AIRWAY	0	999	10/1/2020	12/31/9999	1	152.76
31647	BRNCHSCP INSRV BRONC VALVE INITIAL LOBE	0	999	10/1/2020	12/31/9999	1	1,977.05
31648	BRNCHSCP REMOV BRONC VALVE INITIAL LOBE	0	999	10/1/2020	12/31/9999	1	990.17
31649	BRNCHSCP REMOV BRONC VALVE EA ADDL LOBE	0	999	10/1/2020	12/31/9999	4	489.35
31651	BRNCHSCP W/BALLOON OCCL EA ADDL LOBE	0	999	10/1/2014	12/31/9999	4	0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	0	999	10/1/2020	12/31/9999	1	990.17
31653	BRONCH EBUS SAMPLNG 3/> NODE	0	999	10/1/2020	12/31/9999	1	990.17
31654	BRONCH EBUS PERIPHERAL	0	999	1/1/2016	12/31/9999	1	0.00
31717	CATHETERIZATION WITH BRONCHI	0	999	10/1/2020	12/31/9999	1	152.76
31720	CATHETER ASPIRATION (SEPARAT	0	999	10/1/2015	12/31/9999	1	0.00
31730	TRANSTRACHEAL (PERCUTANEOUS) I	0	999	10/1/2020	12/31/9999	1	489.35
31750	TRACHEOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
31755	TRACHEOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
31820	SURGICAL CLOSURE TRACHEOSTOM	0	999	10/1/2020	12/31/9999	1	844.05
31825	SURGICAL CLOSURE TRACHEOSTOM	0	999	10/1/2020	12/31/9999	1	844.05
31830	REVISION OF TRACHEOSTOMY SCA	0	999	10/1/2020	12/31/9999	1	844.05
32400	*BIOPSY, PLEURA;	0	999	10/1/2020	12/31/9999	1	461.11
32408	CORE NDL BX LNG/MED PERQ	0	999	1/1/2021	12/31/9999	1	477.78
32550	INSERT INDWELL TUNNELED PLEURAL CATH W/C	0	999	10/1/2020	12/31/9999	1	1,101.77

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
32552	REMOVE LUNG CATHETER	0	999	10/1/2020	12/31/9999	1	254.87
32553	INS MARK THOR FOR RT PERQ	0	999	10/1/2020	12/31/9999	1	503.41
32554	THORACENTESIS W/O IMAGING GUID	0	999	10/1/2020	12/31/9999	1	254.87
32555	THORACENTESIS W/IMAGING GUID	0	999	10/1/2020	12/31/9999	1	254.87
32556	PLEURAL DRAIN, PERCU W/O IMAGING	0	999	10/1/2020	12/31/9999	1	530.45
32557	PLEURAL DRAIN, PERCU W/IMAGING	0	999	10/1/2020	12/31/9999	1	463.93
32960	*PNEUMOTHORAX, THERAPEUTIC, I	0	999	10/1/2020	12/31/9999	1	254.87
32998	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM	0	999	10/1/2020	12/31/9999	1	1,755.26
33016	PERICARDIOCENTESIS W/IMAGING	0	999	1/1/2020	12/31/9999	1	463.93
33206	INSERTION OR REPLACEMENT OF PE	0	999	10/1/2020	12/31/9999	1	5,908.66
33207	INSERTION OF PERMANENT PACEMAK	0	999	10/1/2020	12/31/9999	1	6,107.17
33208	INSERTION OR REPLACEMENT OF PE	0	999	10/1/2020	12/31/9999	1	6,253.74
33210	INSERTION OR REPLACEMENT OF TE	0	999	10/1/2020	12/31/9999	1	3,041.98
33211	INSERTION OR REPLACEMENT OF TE	0	999	10/1/2020	12/31/9999	1	4,693.45
33212	INSERTION OR REPLACEMENT OF PA	0	999	10/1/2020	12/31/9999	1	4,961.20
33213	INSERTION OR REPLACEMENT OF PA	0	999	10/1/2020	12/31/9999	1	6,168.77
33214	UPGRADE OF IMPLANTED PACEMAKER	0	999	10/1/2020	12/31/9999	1	6,052.99
33215	REPOSITION ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,072.98
33216	INSERT ELECTRODE PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	4,375.66
33217	INSERT 2 ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	5,338.85
33218	REPAIR SINGLE ELECTRODE PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,206.22
33220	REPAIR 2 ELECTRODES PACEMKR/DEFIB	0	999	10/1/2020	12/31/9999	1	1,701.53
33221	INSERT PACEMKR PULSE GEN ONLY	0	999	10/1/2020	12/31/9999	1	9,382.47
33222	REVISION OR RELOCATION OF SKIN	0	999	10/1/2020	12/31/9999	1	655.96
33223	RELOCATE SKIN POCKET FOR DEFIB	0	999	10/1/2020	12/31/9999	1	655.96
33224	INSERT PACING ELECTRODE	0	999	10/1/2020	12/31/9999	1	6,270.43
33225	INSERT PACING ELECTRODE DEFIB/PCMKR	0	999	10/1/2015	12/31/9999	1	0.00
33226	REPOSITION L VENTRIC LEAD	0	999	10/1/2020	12/31/9999	1	1,072.98
33227	REMOV PERM PACEMKR PULSE GEN SNGL LEAD	0	999	10/1/2020	12/31/9999	1	4,849.51
33228	REMOV PERM PACEMKR PULSE GEN DUAL LEAD	0	999	10/1/2020	12/31/9999	1	6,107.91
33229	REMOV PERM PACEMKR PULSE GEN MULTI LEAD	0	999	10/1/2020	12/31/9999	1	9,446.56
33230	INSERT DEFIB ONLY EXISTING MULTI LEADS	0	999	10/1/2020	12/31/9999	1	15,960.86
33231	INSERT DEFIB ONLY EXISTING DUAL LEADS	0	999	10/1/2020	12/31/9999	1	21,313.90
33233	REMOVAL OF PERMANENT PACEMAKER	0	999	10/1/2020	12/31/9999	1	4,282.44
33234	REMOVAL OF PACEMAKER SYSTEM	0	999	10/1/2020	12/31/9999	1	1,206.22
33235	REMOVAL PACEMAKER ELECTRODE	0	999	10/1/2020	12/31/9999	1	1,561.23
33240	INSERT DEFIB ONLY EXISTING SINGLE LEAD	0	999	10/1/2020	12/31/9999	1	15,794.07
33241	REMOVE DEFIB ONLY	0	999	10/1/2020	12/31/9999	1	1,206.22
33249	INSERT/REPL DEFIB SYS SNGL/DUAL	0	999	10/1/2020	12/31/9999	1	21,361.39
33262	REM DEFIB W/REPLAC SNGL LEAD SYS	0	999	10/1/2020	12/31/9999	1	15,603.21
33263	REM DEFIB W/REPLAC DUAL LEAD SYS	0	999	10/1/2020	12/31/9999	1	15,823.50
33264	REM DEFIB W/REPLAC MULTI LEAD SYS	0	999	10/1/2020	12/31/9999	1	21,392.26
33270	INS/REPL SUBQ DEFIB SYS	0	999	10/1/2020	12/31/9999	1	21,170.24
33271	INSERT SUBQ DEFIB ELECTRODE	0	999	10/1/2020	12/31/9999	1	5,007.96
33273	REPOSITION SUBQ DEFIB ELECTRODE	0	999	10/1/2020	12/31/9999	1	1,206.22
33285	INSJ SUBQ CAR RHYTHM MNTR	0	999	10/1/2020	12/31/9999	1	5,324.86
33286	RMVL SUBQ CAR RHYTHM MNTR	0	999	10/1/2020	12/31/9999	1	246.58
33419	MITRAL VALVE REPAIR W/ADDL PROSTH	0	999	1/1/2015	12/31/9999	1	0.00
33508	ENDOSCOPIC VEIN HARVEST	0	999	10/1/2012	12/31/9999	1	0.00
34490	THROMBECTOMY, DIRECT OR WITH	0	999	10/1/2020	12/31/9999	1	1,072.98
34713	PERCUTANEOUS DELV OF ENDOGRAFT	0	999	1/1/2018	12/31/9999	2	0.00
34714	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL	0	999	1/1/2018	12/31/9999	2	0.00
34715	OPEN EXPOSURE FOR DELV OF ENDOVASC PROS,	0	999	1/1/2018	12/31/9999	2	0.00
34716	OPEN EXPOSURE W/CREATION CONDUIT ENDOVAS	0	999	1/1/2018	12/31/9999	2	0.00
35188	REPAIR, ACQUIRED OR TRAUMATIC	0	999	10/1/2020	12/31/9999	1	1,857.45
35207	REPAIR BLOOD VESSEL, DIRECT; HA	0	999	10/1/2020	12/31/9999	1	1,072.98
35572	HARVEST FEMOROPOPLITEAL VEIN	0	999	10/1/2012	12/31/9999	1	0.00

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
35875	REMOVAL OF CLOT IN GRAFT	0	999	10/1/2020	12/31/9999	1	1,857.45
35876	THROMBECTOMY OF ARTERIAL OR VE	0	999	10/1/2020	12/31/9999	1	1,857.45
36000	INTRODUCTION OF NEEDLE OR INTR	0	999	10/1/2012	12/31/9999	2	0.00
36002	PSEUDOANEURYSM INJECTION TRT	0	999	10/1/2020	12/31/9999	1	254.87
36005	INJECTION EXT VENOGRAPHY	0	999	10/1/2012	12/31/9999	1	0.00
36010	INTRODUCTION OF CATHETER, SUPE	0	999	10/1/2012	12/31/9999	1	0.00
36011	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36012	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36013	INTRODUCTION OF CATHETER, RIGH	0	999	10/1/2012	12/31/9999	1	0.00
36014	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36015	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36100	INTRODUCTION OF NEEDLE OR INTR	0	999	10/1/2012	12/31/9999	1	0.00
36140	INTRODUCT NEEDLE OR INTRACATHETER	0	999	10/1/2012	12/31/9999	1	0.00
36160	INTRODUCTION OF NEEDLE OR IN	0	999	10/1/2012	12/31/9999	2	0.00
36200	INTRODUCTION OF CATHETER, AORT	0	999	10/1/2012	12/31/9999	1	0.00
36215	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	2	0.00
36216	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	2	0.00
36217	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	2	0.00
36218	PLACE CATHETER IN ARTERY	0	999	10/1/2012	12/31/9999	4	0.00
36221	NON-SEL CATH, THORACIC AORTA	0	999	10/1/2013	12/31/9999	2	0.00
36222	SELECT CATH, COMMON CAROTID	0	999	10/1/2013	12/31/9999	1	0.00
36223	SELECT CATH, COMMON CAROTID	0	999	10/1/2013	12/31/9999	1	0.00
36224	SELECT CATH, INTERNAL CAROTID	0	999	10/1/2013	12/31/9999	1	0.00
36225	SELECT CATH, SUBCLAVIAN OR INNOMATE	0	999	10/1/2013	12/31/9999	1	0.00
36226	SELECT CATH, VETEBRAL ARTERY	0	999	10/1/2013	12/31/9999	1	0.00
36227	SELECT CATH, EXTERNAL CAROTID	0	999	10/1/2013	12/31/9999	1	0.00
36228	SELECT CATH, INTERN CAROTID/VERTEBRAL AR	0	999	10/1/2013	12/31/9999	1	0.00
36245	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36246	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36247	SELECTIVE CATHETER PLACEMENT,	0	999	10/1/2012	12/31/9999	1	0.00
36248	PLACE CATHETER IN ARTERY	0	999	10/1/2012	12/31/9999	4	0.00
36251	1ST RENAL ANGIOGRAPHY UNILAT	0	999	10/1/2012	12/31/9999	10	0.00
36252	1ST RENAL ANGIOGRAPHY BILAT	0	999	10/1/2012	12/31/9999	10	0.00
36253	2ND RENAL ANGIOGRAPHY UNILAT	0	999	10/1/2012	12/31/9999	10	0.00
36254	2ND RENAL ANGIOGRAPHY BILAT	0	999	10/1/2012	12/31/9999	10	0.00
36260	INSERTION OF IMPLANTABLE INTRA	0	999	10/1/2020	12/31/9999	1	1,857.45
36261	REVISION OF IMPLANTED INTRAVEN	0	999	10/1/2020	12/31/9999	1	2,102.59
36262	REMOVAL OF IMPLANTED INTRAVENO	0	999	10/1/2020	12/31/9999	1	1,206.22
36400	VENIPUNCT UND AGE 3 YR; FEM/JUGULARVENIP	0	2	10/1/2012	12/31/9999	1	0.00
36405	VENIPUNCT UNDER AGE 3 YR; SCLP VEINVENIP	0	2	10/1/2012	12/31/9999	1	0.00
36406	VENIPUNCT UNDER AGE 3 YR; OTH VEIN VENIP	0	2	10/1/2012	12/31/9999	1	0.00
36410	VENIPUNCT AGE 3 MD SKILL SEP PROC VENIP	3	999	10/1/2012	12/31/9999	1	0.00
36416	CAPILLARY BLOOD DRAW	0	999	10/1/2018	12/31/9999	3	0.00
36420	VENIPUNCTURE, CUTDOWN;	0	1	10/1/2015	12/31/9999	1	0.00
36425	VENIPUNCTURE, CUTDOWN;	1	999	10/1/2015	12/31/9999	1	0.00
36430	TRANSFUSION, BLOOD OR BLOOD	0	999	10/1/2020	12/31/9999	1	28.01
36440	*PUSH TRANSFUSION, BLOOD, 2 Y	0	999	10/1/2020	12/31/9999	1	156.86
36450	EXCHANGE TRANSFUSION, BLOOD;	0	1	10/1/2020	12/31/9999	1	156.86
36455	EXCHANGE TRANSFUSION, BLOOD;	1	999	10/1/2020	12/31/9999	1	156.86
36473	ENDO ABLATION THERAPY INCOMP VEIN, FIRST	0	999	10/1/2020	12/31/9999	1	1,046.60
36474	ENDO ABLATION THERAPY INCOMP VEIN, SUBSE	0	999	1/1/2017	12/31/9999	1	0.00
36475	ENDOVENOUS RF, 1ST VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98
36476	ENDOVENOUS RF VEIN ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
36478	ENDOVENOUS LASER, 1ST VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98
36479	ENDOVENOUS LASER VEIN ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
36481	INSERTION OF CATHETER, VEIN	0	999	10/1/2012	12/31/9999	1	0.00
36482	ENDOVENOUS ABLATION THERAPY, 1ST VEIN	0	999	10/1/2020	12/31/9999	1	1,439.54

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36483	ENDOVENOUS ABLATION THERAPY, SUBSE VEIN	0	999	1/1/2018	12/31/9999	2	0.00
36500	VENOUS CATHETERIZATION FOR S	0	999	10/1/2012	12/31/9999	2	0.00
36510	*CATHETERIZATION OF UMBILICAL	0	1	10/1/2012	12/31/9999	1	0.00
36511	APHERESIS WBC	0	999	10/1/2020	12/31/9999	1	535.05
36512	APHERESIS RBC	0	999	10/1/2020	12/31/9999	1	535.05
36513	APHERESIS PLATELETS	0	999	10/1/2020	12/31/9999	1	156.86
36514	APHERESIS PLASMA	0	999	10/1/2020	12/31/9999	1	535.05
36516	APHERESIS, SELECTIVE	0	999	10/1/2020	12/31/9999	1	1,543.50
36522	PHOTOPHERESIS, EXTRACORPOREAL	0	999	10/1/2020	12/31/9999	1	1,543.50
36555	INSRT NON-TUNNL CNTRL CVC; <5 YR INSRT	0	4	10/1/2020	12/31/9999	1	463.93
36556	INSRT NON-TUNNL CNTRL CVC; 5/> INSRT	5	999	10/1/2020	12/31/9999	1	463.93
36557	INSRT TUNNL CVC NO PORT/PUMP;<5 YR INSRT	0	4	10/1/2020	12/31/9999	1	1,857.45
36558	INSRT TUNNL CVC NO PORT/PUMP;5 YR/>INSRT	5	999	10/1/2020	12/31/9999	1	1,072.98
36560	INSRT TUNNL CNTRL CVAD PORT; <5 YR INSRT	0	4	10/1/2020	12/31/9999	1	1,072.98
36561	INSRT TUNNL CNTRL CVAD PORT; 5 YR/>INSRT	5	999	10/1/2020	12/31/9999	1	1,072.98
36563	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP INSRT	0	999	10/1/2020	12/31/9999	1	1,857.45
36565	INSRT TUNL CVAD 2 CATH-SITE;NO PORTINSRT	0	999	10/1/2020	12/31/9999	1	1,072.98
36566	INSRT TUNNL CVAD 2 CATH-2 SITE;PORTINSRT	0	999	10/1/2020	12/31/9999	1	1,857.45
36568	INSERT PICC W/O PORT/PUMP; < 5 YR INSER	0	999	10/1/2020	12/31/9999	1	254.87
36569	INSERT PICC W/O PORT/PUMP; 5 YR/> INSER	5	999	10/1/2020	12/31/9999	1	463.93
36570	INSRT PERIPH INSRT CVAD W/PORT;<5YRINSER	0	4	10/1/2020	12/31/9999	1	1,072.98
36571	INSRT PERIPH INSRT CVAD PORT; 5YR/>INSER	5	999	10/1/2020	12/31/9999	1	1,072.98
36572	INSJ PICC RS&I <5 YR	0	4	10/1/2020	12/31/9999	1	254.87
36573	INSJ PICC RS&I 5 YR+	5	999	10/1/2020	12/31/9999	1	463.93
36575	REP CV ACSS CATH W/O PORT/PUMP REP C	0	999	10/1/2020	12/31/9999	1	254.87
36576	REP CVAD W/PORT/PUMP CNTRL/PERIPH REP C	0	999	10/1/2020	12/31/9999	1	463.93
36578	REPL CATH ONLY CVAD SUBQ PORT/PUMP REPL	0	999	10/1/2020	12/31/9999	1	1,072.98
36580	REPL NON-TUNNLD CVC W/O PORT/PUMP REPL	0	999	10/1/2020	12/31/9999	1	463.93
36581	REPL TUNNLD CNTRL CVC W/O PORT/PUMPREPL	0	999	10/1/2020	12/31/9999	1	1,072.98
36582	REPL TUNNLD CNTRL CVAD W/SUBQ PORT REPL	0	999	10/1/2020	12/31/9999	1	1,072.98
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP REPL	0	999	10/1/2020	12/31/9999	1	3,349.58
36584	REPL PICC W/O PORT/PUMP SAME ACSS REPL	0	999	10/1/2020	12/31/9999	1	463.93
36585	REPL PERIPH INSRT CVAD W/SUBQ PORT REPL	0	999	10/1/2020	12/31/9999	1	1,072.98
36589	REMV TUNNLD CVC W/O SUBQ PORT/PUMP REMOV	0	999	10/1/2020	12/31/9999	1	254.87
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUMP REMV	0	999	10/1/2020	12/31/9999	1	254.87
36593	DECLOT THROMB AGENT IMPLN VAD OR CATH	0	999	10/1/2020	12/31/9999	1	25.12
36595	MECH REMV PERICATH MATL SEP ACSS MECH	0	999	10/1/2020	12/31/9999	1	1,072.98
36596	MECH REMV INTRALUMNLD OBST MATL-LUMNMECH	0	999	10/1/2020	12/31/9999	1	463.93
36597	REPSTN PREV PLCD CVC FLUORO GUID REPST	0	999	10/1/2020	12/31/9999	1	463.93
36598	INJ W/FLUOR, EVAL CV DEVICE	0	999	10/1/2020	12/31/9999	1	74.27
36600	*ARTERIAL PUNCTURE, WITHDRAWA	0	999	10/1/2012	12/31/9999	5	0.00
36620	ARTERIAL CATHETERIZATION OR	0	999	10/1/2012	12/31/9999	1	0.00
36625	ARTERIAL CATHETERIZATION OR	0	999	10/1/2012	12/31/9999	1	0.00
36640	ARTERIAL CATHETERIZATION FOR	0	999	10/1/2020	12/31/9999	1	1,072.98
36680	PLACEMENT OF NEEDLE FOR INTRAO	0	999	10/1/2015	12/31/9999	1	0.00
36800	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,857.45
36810	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,072.98
36815	INSERTION OF CANNULA FOR HEM	0	999	10/1/2020	12/31/9999	1	1,857.45
36818	AV FUSE, UPPR ARM, CEPHALIC	0	999	10/1/2020	12/31/9999	1	1,857.45
36819	AV FUSION/UPPR ARM VEIN	0	999	10/1/2020	12/31/9999	1	1,857.45
36820	AV FUSION/FOREARM VEIN	0	999	10/1/2020	12/31/9999	1	1,857.45
36821	AV FUSION DIRECT ANY SITE	0	999	10/1/2020	12/31/9999	1	1,072.98
36825	ARTERIOVENOUS FISTULA;	0	999	10/1/2020	12/31/9999	1	1,857.45
36830	ARTERY-VEIN NONAUTOGRAFT	0	999	10/1/2020	12/31/9999	1	1,857.45
36831	AV FISTULA EXCISION, OPEN	0	999	10/1/2020	12/31/9999	1	1,857.45
36832	AV FISTULA REVISION, OPEN	0	999	10/1/2020	12/31/9999	1	1,857.45
36833	AV FISTULA REVISION	0	999	10/1/2020	12/31/9999	1	1,857.45

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
36835	THOMAS SHUNT	0	999	10/1/2020	12/31/9999	1	1,599.72
36860	EXTERNAL CANNULA DECLOTTING	0	999	10/1/2020	12/31/9999	1	254.87
36861	CANNULA DECLOTTING;	0	999	10/1/2020	12/31/9999	1	1,857.45
36901	INTRO CATH W/DIAG ANGIO	0	999	10/1/2020	12/31/9999	1	458.77
36902	INTRO CATH W/TRAN BALLON ANGIO	0	999	10/1/2020	12/31/9999	1	1,713.39
36903	INTRO CATH W/DIAG ANGIO W/TRNSCATH PLACE	0	999	10/1/2020	12/31/9999	1	5,055.28
36904	PERCUTANEOUS TRANSLUMINAL INFUSIONS	0	999	10/1/2020	12/31/9999	1	2,300.19
36905	PERCUT TRANS INFUS W/TRANS BALLON ANGIO	0	999	10/1/2020	12/31/9999	1	3,346.35
36906	PERCUTAN TRANS INFUS W/TRANSCATHETER PLA	0	999	10/1/2020	12/31/9999	1	8,145.79
36907	TRANS BALLON ANGIO DIALYSIS	0	999	1/1/2017	12/31/9999	1	0.00
36908	TRANSCATHETER PLACE STENT	0	999	1/1/2017	12/31/9999	1	0.00
36909	DIALYSIS CIRCUIT PER VAS EMBO	0	999	1/1/2017	12/31/9999	1	0.00
37184	PRIM ART M-THRMBC 1ST VSL	0	999	10/1/2020	12/31/9999	1	5,143.74
37185	PRIM ART M-THRMBC SBSQ VSL	0	999	10/1/2014	12/31/9999	1	0.00
37186	SEC ART THROMBECTOMY ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
37187	VENOUS MECH THROMBECTOMY	0	999	10/1/2020	12/31/9999	1	2,482.38
37188	VENOUS M-THROMBECTOMY ADD-ON	0	999	10/1/2020	12/31/9999	1	1,072.98
37197	REMOV INTRANS FOREIGN BODY	0	999	10/1/2020	12/31/9999	2	1,072.98
37200	TRANSCATHETER BIOPSY	0	999	10/1/2020	12/31/9999	1	1,857.45
37211	THROMBOLYTIC ART THERAPY	0	999	10/1/2020	12/31/9999	1	1,857.45
37212	THROMBOLYTIC VENOUS THERAPY	0	999	10/1/2020	12/31/9999	1	1,072.98
37220	ILIAC REVASC	0	999	10/1/2020	12/31/9999	1	1,713.39
37221	ILIAC REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	4,943.89
37222	ILIAC REVASC ADD-ON	0	999	10/1/2015	12/31/9999	1	0.00
37223	ILIAC REVASC W/STENT ADD-ON	0	999	10/1/2015	12/31/9999	1	0.00
37224	FEM/POPL REVAS W/TLA	0	999	10/1/2020	12/31/9999	1	2,495.96
37225	FEM/POPL REVAS W/ATHER	0	999	10/1/2020	12/31/9999	1	5,340.32
37226	FEM/POPL REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	5,155.86
37227	FEM/POPL REVASC STNT & ATHER	0	999	10/1/2020	12/31/9999	1	8,753.35
37228	TIB/PER REVASC W/TLA	0	999	10/1/2020	12/31/9999	1	4,536.31
37229	TIB/PER REVASC W/ATHER	0	999	10/1/2020	12/31/9999	1	8,229.39
37230	TIB/PER REVASC W/STENT	0	999	10/1/2020	12/31/9999	1	8,081.36
37231	TIB/PER REVASC STENT & ATHER	0	999	10/1/2020	12/31/9999	1	8,519.59
37232	TIB/PER REVASC ADD-ON	0	999	10/1/2015	12/31/9999	1	0.00
37233	TIBPER REVASC W/ATHER ADD-ON	0	999	10/1/2015	12/31/9999	1	0.00
37234	REVSC OPN/PRQ TIB/PERO STENT	0	999	10/1/2015	12/31/9999	1	0.00
37235	TIB/PER REVASC STNT & ATHER	0	999	10/1/2015	12/31/9999	1	0.00
37236	STENT PLACEMT CERVICAL CAROTID INITIAL	0	999	10/1/2020	12/31/9999	1	4,756.15
37237	STENT PLACEMT CERVICAL CAROTID EA ADDL	0	999	10/1/2015	12/31/9999	1	0.00
37238	TRANSVSC STENT OPEN/PERQ INITIAL VEIN	0	999	10/1/2020	12/31/9999	1	4,955.35
37239	TRANSVSC STENT OPEN/PERQ EA ADDL VEIN	0	999	10/1/2015	12/31/9999	2	0.00
37241	VASC EMBOLIZ OR OCCLUSN VENOUS	0	999	10/1/2020	12/31/9999	1	3,346.35
37242	VASC EMBOLIZ OR OCCLUSN ARTERY	0	999	10/1/2020	12/31/9999	1	4,877.38
37243	VASC EMBOLIZ OR OCCLUSN TUMORS	0	999	10/1/2020	12/31/9999	1	3,346.35
37246	TRANS BALLON ANGIOPLASTY; INITIAL ARTERY	0	999	10/1/2020	12/31/9999	1	1,713.39
37247	TRANS BALLON ANGIOPLASTY; EACH ADD ARTER	0	999	1/1/2017	12/31/9999	1	0.00
37248	TRANS BALLON ANGIO WITNIN SAME VEIN, INI	0	999	10/1/2020	12/31/9999	1	1,713.39
37249	TRANS BALLON ANGIO WITNIN SAME VEIN, EAC	0	999	1/1/2017	12/31/9999	1	0.00
37252	INTRVASC US NONCORONARY 1ST	0	999	1/1/2016	12/31/9999	1	0.00
37253	INTRVASC US NONCORONARY ADDL	0	999	1/1/2016	12/31/9999	4	0.00
37500	ENDOSCOPY LIGATE PERF VEINS	0	999	10/1/2020	12/31/9999	1	1,857.45
37607	LIGATION OR BANDING OF ANGIOAC	0	999	10/1/2020	12/31/9999	1	1,072.98
37609	LIGATION OR BIOPSY, TEMPORAL	0	999	10/1/2020	12/31/9999	1	461.11
37650	INTERRUPTION, PARTIAL OR COMPL	0	999	10/1/2020	12/31/9999	1	1,072.98
37700	LIGATION AND DIVISION OF LONG	0	999	10/1/2020	12/31/9999	1	1,072.98
37718	LIGATE/STRIP SHORT LEG VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98
37722	LIGATE/STRIP LONG LEG VEIN	0	999	10/1/2020	12/31/9999	1	1,072.98

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
MEDICAID

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
37735	LIGATION AND DIVISION AND COMP	0	999	10/1/2020	12/31/9999	1	1,072.98
37760	LIGATE LEG VEINS RADICAL	0	999	10/1/2020	12/31/9999	1	1,072.98
37761	LIGATE LEG VEINS OPEN	0	999	10/1/2020	12/31/9999	1	463.93
37765	STAB PHLEBECT VV 1 EXT; 10-20 INCI STAB	0	999	10/1/2020	12/31/9999	1	198.35
37766	STAB PHLEBECT VV 1 EXT; >20 INCI STAB	0	999	10/1/2020	12/31/9999	1	218.56
37780	LIGATION AND DIVISION OF SHORT	0	999	10/1/2020	12/31/9999	1	463.93
37785	LIG &/ EXC VARICOSE VN CLUSTR 1 LEGLIGAT	0	999	10/1/2020	12/31/9999	1	1,072.98
37790	PENILE VENOUS OCCLUSIVE PROCED	0	999	10/1/2020	12/31/9999	1	1,101.58
38200	INJECTION PROCEDURE FOR SPLE	0	999	10/1/2012	12/31/9999	1	0.00
38220	DX BONE MARROW ASPIRATION(S)	0	999	10/1/2020	12/31/9999	1	97.87
38221	BONE MARROW BIOPSY(IES)	0	999	10/1/2020	12/31/9999	1	89.50
38222	DIAG BONE MARROW	0	999	10/1/2020	12/31/9999	1	795.47
38241	BONE MARROW TRANSPLANTATION; A	0	999	10/1/2020	12/31/9999	1	535.05
38242	LYMPHOCYTE INFUSE TRANSPLANT	0	999	10/1/2020	12/31/9999	1	535.05
38243	TRANSPLT HEMATOPOIETIC BOOST	0	999	10/1/2020	12/31/9999	1	535.05
38300	*DRAINAGE OF LYMPH NODE ABSCE	0	999	10/1/2020	12/31/9999	1	795.47
38305	DRAINAGE OF LYMPH NODE ABSCE	0	999	10/1/2020	12/31/9999	1	795.47
38308	LYMPHANGIOTOMY OR OTHER OPER	0	999	10/1/2020	12/31/9999	1	894.75
38500	BIOPSY/REMOVAL, LYMPH NODES	0	999	10/1/2020	12/31/9999	1	894.75
38505	BIOPSY OR EXCISION OF LYMPH NO	0	999	10/1/2020	12/31/9999	1	461.11
38510	BIOPSY/REMOVAL, LYMPH NODES	0	999	10/1/2020	12/31/9999	1	894.75
38520	BIOPSY/REMOVAL, LYMPH NODES	0	999	10/1/2020	12/31/9999	1	894.75
38525	BIOPSY/REMOVAL, LYMPH NODES	0	999	10/1/2020	12/31/9999	1	894.75
38530	BIOPSY/REMOVAL, LYMPH NODES	0	999	10/1/2020	12/31/9999	1	894.75
38542	DISSECTION;	0	999	10/1/2020	12/31/9999	1	1,755.26
38550	EXCISION OF CYSTIC HYGROMA,	0	999	10/1/2020	12/31/9999	1	894.75
38555	EXCISION OF CYSTIC HYGROMA,	0	999	10/1/2020	12/31/9999	1	1,754.62
38570	LAPAROSCOPY, LYMPH NODE BIOP	0	999	10/1/2020	12/31/9999	1	1,755.26
38571	LAPAROSCOPY, LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	2,870.86
38572	LAPAROSCOPY, LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	2,870.86
38573	LAPAROSCOPY, SURGICAL; BILATERAL	0	999	10/1/2020	12/31/9999	1	2,870.86
38700	SUPRAHYOID LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	1,754.62
38740	AXILLARY LYMPHADENECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26
38745	AXILLARY LYMPHADENECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26
38760	INGUINFEMORAL LYMPHADENECTOMY	0	999	10/1/2020	12/31/9999	1	1,754.62
38790	INJECTION FOR LYMPHATIC XRAY	0	999	10/1/2012	12/31/9999	1	0.00
38792	IDENTIFY SENTINEL NODE	0	999	10/1/2012	12/31/9999	1	0.00
38794	CANNULATION, THORACIC DUCT	0	999	10/1/2012	12/31/9999	1	0.00
38900	IO MAP OF SENT LYMPH NODE	0	999	10/1/2012	12/31/9999	1	0.00
40490	BIOPSY LIP	0	999	10/1/2020	12/31/9999	1	64.10
40500	VERMILIONECTOMY (LIP SHAVE),	0	999	10/1/2020	12/31/9999	1	844.05
40510	EXCISION LIP;	0	999	10/1/2020	12/31/9999	1	844.05
40520	EXCISION LIP;	0	999	10/1/2020	12/31/9999	1	844.05
40525	EXCISION OF LIP; TRANSVERSE WE	0	999	10/1/2020	12/31/9999	1	844.05
40527	EXCISION OF LIP; TRANSVERSE WE	0	999	10/1/2020	12/31/9999	1	1,797.24
40530	RESECTION LIP, MORE THAN ONE	0	999	10/1/2020	12/31/9999	1	844.05
40650	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	178.55
40652	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	178.55
40654	REPAIR LIP, FULL THICKNESS;	0	999	10/1/2020	12/31/9999	1	429.28
40700	PLASTIC REPAIR OF CLEFT LIP/NA	0	999	10/1/2020	12/31/9999	1	1,797.24
40701	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24
40702	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24
40720	PLASTIC REPAIR OF CLEFT LIP/NA	0	999	10/1/2020	12/31/9999	1	844.05
40761	PLASTIC REPAIR OF CLEFT LIP;	0	999	10/1/2020	12/31/9999	1	1,797.24
40800	DRAINAGE OF ABSCESS, CYST, H	0	999	10/1/2020	12/31/9999	1	133.10
40801	DRAINAGE OF ABSCESS, CYST, H	0	999	10/1/2020	12/31/9999	1	178.55
40804	*REMOVAL OF EMBEDDED FOREIGN	0	999	10/1/2015	12/31/9999	1	0.00

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

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40805	REMOVAL OF EMBEDDED FOREIGN	0	999	10/1/2020	12/31/9999	1	157.35
40806	INCISION OF LABIAL FRENUM (F	0	999	10/1/2020	12/31/9999	1	71.60
40808	BIOPSY, VESTIBULE OF MOUTH	0	999	10/1/2020	12/31/9999	1	97.58
40810	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	129.63
40812	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	160.53
40814	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	844.05
40816	EXCISION OF LESION OF MUCOSA	0	999	10/1/2020	12/31/9999	1	844.05
40818	EXCISION OF MUCOSA AS DONOR	0	999	10/1/2020	12/31/9999	1	178.55
40819	EXCISION OF FRENUM, LABIAL O	0	999	10/1/2020	12/31/9999	1	429.28
40820	DESTRUCTION OF LESION OR SCA	0	999	10/1/2020	12/31/9999	1	171.78
40830	CLOSURE OF LACERATION;	0	999	10/1/2020	12/31/9999	1	82.31
40831	CLOSURE OF LACERATION;	0	999	10/1/2020	12/31/9999	1	178.55
40840	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
40842	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
40843	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
40844	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
40845	VESTIBULOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,797.24
41000	*INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	87.77
41005	*INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	82.31
41006	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	429.28
41007	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	429.28
41008	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	844.05
41009	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	178.55
41010	INCISION OF LINGUAL FRENUM (	0	999	10/1/2020	12/31/9999	1	429.28
41015	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	178.55
41016	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	1,797.24
41017	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	844.05
41018	INCISION AND DRAINAGE OF EXT	0	999	10/1/2020	12/31/9999	1	429.28
41019	PLACE NEEDLES H&N FOR RT	0	999	10/1/2020	12/31/9999	1	1,797.24
41100	BIOPSY TONGUE;	0	999	10/1/2020	12/31/9999	1	98.16
41105	BIOPSY TONGUE;	0	999	10/1/2020	12/31/9999	1	98.16
41108	BIOPSY, FLOOR OF MOUTH	0	999	10/1/2020	12/31/9999	1	92.39
41110	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	130.50
41112	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	844.05
41113	EXCISION LESION OF TONGUE;	0	999	10/1/2020	12/31/9999	1	844.05
41114	EXCISION OF LESION OF TONGUE W	0	999	10/1/2020	12/31/9999	1	844.05
41115	EXCISION OF LINGUAL FRENUM (	0	999	10/1/2020	12/31/9999	1	150.42
41116	EXCISION LESION OF FLOOR OF	0	999	10/1/2020	12/31/9999	1	844.05
41120	GLOSSECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
41250	*REPAIR LACERATION UP TO 2 CM	0	999	10/1/2016	12/31/9999	1	0.00
41251	*REPAIR LACERATION UP TO 2 CM	0	999	10/1/2020	12/31/9999	1	82.31
41252	*REPAIR LACERATION OF TONGUE,	0	999	10/1/2020	12/31/9999	1	82.31
41510	SUTURE TONGUE TO LIP FOR MIC	0	999	10/1/2020	12/31/9999	1	844.05
41520	FRENOPLASTY (SURGICAL REVISI	0	999	10/1/2020	12/31/9999	1	844.05
41800	*DRAINAGE ABSCESS, CYST, HEMA	0	999	10/1/2016	12/31/9999	1	0.00
41805	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	201.82
41806	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	242.23
41820	GINGIVECTOMY, EXCISION GINGIVA	0	999	10/1/2020	12/31/9999	1	844.05
41821	OPERCULECTOMY, EXCISION PERICO	0	999	10/1/2020	12/31/9999	1	429.28
41822	EXCISION OF FIBROUS TUBEROSITI	0	999	10/1/2020	12/31/9999	1	203.26
41823	EXCISION OF OSSEOUS TUBEROSITI	0	999	10/1/2020	12/31/9999	1	292.47
41825	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	134.26
41826	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	181.89
41827	EXCISION OF LESION OR TUMOR (E	0	999	10/1/2020	12/31/9999	1	1,797.24
41828	EXCISION OF HYPERPLASTIC ALVEO	0	999	10/1/2020	12/31/9999	1	181.02
41830	ALVEOLECTOMY, INCLUDING CURETT	0	999	10/1/2020	12/31/9999	4	260.42
41850	DESTRUCTION OF LESION (EXCEPT	0	999	10/1/2020	12/31/9999	1	429.28

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
41870	PERIODONTAL MUCOSAL GRAFTING	0	999	10/1/2020	12/31/9999	1	429.28
41872	GINGIVOPLASTY	0	999	10/1/2020	12/31/9999	1	267.93
41874	ALVEOPLASTY	0	999	10/1/2020	12/31/9999	4	222.02
41899	UNLISTED PROCEDURE, DENTOALV	0	999	4/1/2021	12/31/9999	1	490.65
42000	*DRAINAGE OF ABSCESS OF PALAT	0	999	10/1/2020	12/31/9999	1	82.31
42100	BIOPSY OF PALATE, UVULA	0	999	10/1/2020	12/31/9999	1	77.95
42104	EXCISION LESION OF PALATE, U	0	999	10/1/2020	12/31/9999	1	123.86
42106	EXCISION LESION OF PALATE, U	0	999	10/1/2020	12/31/9999	1	151.29
42107	EXCISION, LESION OF PALATE, UV	0	999	10/1/2020	12/31/9999	1	1,797.24
42120	RESECTION PALATE OR EXTENSIV	0	999	10/1/2020	12/31/9999	1	1,797.24
42140	UVULECTOMY, EXCISION OF UVUL	0	999	10/1/2020	12/31/9999	1	844.05
42145	REPAIR, PALATE,PHARYNX/UVULA	0	999	10/1/2020	12/31/9999	1	1,797.24
42160	DESTRUCTION OF LESION, PALAT	0	999	10/1/2020	12/31/9999	1	133.38
42180	REPAIR LACERATION OF PALATE;	0	999	10/1/2020	12/31/9999	1	178.55
42182	REPAIR LACERATION OF PALATE;	0	999	10/1/2020	12/31/9999	1	1,797.24
42200	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24
42205	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	844.05
42210	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24
42215	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24
42220	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24
42225	PALATOPLASTY FOR CLEFT PALAT	0	999	10/1/2020	12/31/9999	1	1,797.24
42226	LENGTHENING OF PALATE, AND PHA	0	999	10/1/2020	12/31/9999	1	1,797.24
42227	LENGTHENING OF PALATE, WITH IS	0	999	10/1/2020	12/31/9999	1	1,797.24
42235	REPAIR ANTERIOR PALATE, INCL	0	999	10/1/2020	12/31/9999	1	1,797.24
42260	REPAIR NASOLABIAL FISTULA	0	999	10/1/2020	12/31/9999	1	1,797.24
42280	MAXILLARY IMPRESSION FOR PALAT	0	999	10/1/2020	12/31/9999	1	97.01
42281	INSERTION OF PIN-RETAINED PALA	0	999	10/1/2020	12/31/9999	1	1,797.24
42300	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	429.28
42305	DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	844.05
42310	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	178.55
42320	*DRAINAGE ABSCESS;	0	999	10/1/2020	12/31/9999	1	178.55
42330	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	117.50
42335	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	221.74
42340	SIALOLITHOTOMY;	0	999	10/1/2020	12/31/9999	1	844.05
42400	*BIOPSY SALIVARY GLAND;	0	999	10/1/2020	12/31/9999	1	60.06
42405	BIOPSY SALIVARY GLAND;	0	999	10/1/2020	12/31/9999	1	429.28
42408	EXCISION SUBLINGUAL SALIVARY	0	999	10/1/2020	12/31/9999	1	844.05
42409	MARSUPIALIZATION SUBLINGUAL	0	999	10/1/2020	12/31/9999	1	844.05
42410	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24
42415	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24
42420	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24
42425	EXCISION PAROTID TUMOR OR PA	0	999	10/1/2020	12/31/9999	1	1,797.24
42440	EXCISION SUBMANDIBULAR (SUBM	0	999	10/1/2020	12/31/9999	1	1,797.24
42450	EXCISION SUBLINGUAL GLAND	0	999	10/1/2020	12/31/9999	1	1,797.24
42500	PLASTIC REPAIR SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	1,797.24
42505	PLASTIC REPAIR SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	1,797.24
42507	PAROTID DUCT DIVERSION, BILA	0	999	10/1/2020	12/31/9999	1	1,797.24
42509	PAROTID DUCT DIVERSION, BILA	0	999	10/1/2020	12/31/9999	1	1,797.24
42510	PAROTID DUCT DIVERSION, BILATE	0	999	10/1/2020	12/31/9999	1	844.05
42550	INJECTION PROCEDURE FOR SIAL	0	999	10/1/2012	12/31/9999	1	0.00
42600	CLOSURE SALIVARY FISTULA	0	999	10/1/2020	12/31/9999	1	844.05
42650	*DILATION SALIVARY DUCT	0	999	10/1/2020	12/31/9999	1	39.55
42660	*DILATION AND CATHETERIZATION	0	999	10/1/2020	12/31/9999	1	60.34
42665	LIGATION SALIVARY DUCT, INTR	0	999	10/1/2020	12/31/9999	6	844.05
42700	*INCISION AND DRAINAGE ABSCES	0	999	10/1/2020	12/31/9999	1	82.31
42720	INCISION AND DRAINAGE ABSCES	0	999	10/1/2020	12/31/9999	1	844.05
42725	INCISION AND DRAINAGE ABSCES	0	999	10/1/2020	12/31/9999	1	1,797.24

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
42800	BIOPSY;	0	999	10/1/2020	12/31/9999	1	82.58
42804	BIOPSY;	0	999	10/1/2020	12/31/9999	1	844.05
42806	BIOPSY;	0	999	10/1/2020	12/31/9999	1	844.05
42808	EXCISION OR DESTRUCTION OF LES	0	999	10/1/2020	12/31/9999	1	844.05
42809	REMOVAL OF FOREIGN BODY FROM	0	999	10/1/2015	12/31/9999	1	0.00
42810	EXCISION BRANCHIAL CLEFT CYS	0	999	10/1/2020	12/31/9999	1	844.05
42815	EXCISION BRANCHIAL CLEFT CYS	0	999	10/1/2020	12/31/9999	1	1,797.24
42820	TONSILLECTOMY AND ADENOIDECT	0	11	10/1/2020	12/31/9999	1	1,797.24
42821	TONSILLECTOMY AND ADENOIDECT	12	999	10/1/2020	12/31/9999	1	844.05
42825	TONSILLECTOMY, PRIMARY OR SE	0	11	10/1/2020	12/31/9999	1	1,797.24
42826	TONSILLECTOMY, PRIMARY OR SE	12	999	10/1/2020	12/31/9999	1	844.05
42830	ADENOIDECTOMY, PRIMARY;	0	11	10/1/2020	12/31/9999	1	844.05
42831	ADENOIDECTOMY, PRIMARY;	12	999	10/1/2020	12/31/9999	1	844.05
42835	ADENOIDECTOMY, SECONDARY;	0	11	10/1/2020	12/31/9999	1	844.05
42836	ADENOIDECTOMY, SECONDARY;	12	999	10/1/2020	12/31/9999	1	844.05
42860	EXCISION OF TONSIL TAGS	0	999	10/1/2020	12/31/9999	1	844.05
42870	EXCISION OR DESTRUCTION LINGUA	0	999	10/1/2020	12/31/9999	1	1,797.24
42890	LIMITED PHARYNGECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
42892	RESECTION OF LATERAL PHARYNGEA	0	999	10/1/2020	12/31/9999	1	1,797.24
42900	SUTURE PHARYNX FOR WOUND OR	0	999	10/1/2020	12/31/9999	1	429.28
42950	PHARYNGOPLASTY (PLASTIC OR R	0	999	10/1/2020	12/31/9999	1	1,797.24
42955	PHARYNGOSTOMY (FISTULIZATION	0	999	10/1/2020	12/31/9999	1	429.28
42960	CONTROL OROPHARYNGEAL HEMORR	0	999	10/1/2020	12/31/9999	1	178.55
42962	CONTROL OROPHARYNGEAL HEMORR	0	999	10/1/2020	12/31/9999	1	844.05
42970	CONTROL NOSE/THROAT BLEEDING	0	999	10/1/2020	12/31/9999	1	82.31
42972	CONTROL OF NASOPHARYNGEAL HE	0	999	10/1/2020	12/31/9999	1	844.05
43030	CRICOPHARYNGEAL MYOTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24
43130	DIVERTICULECTOMY HYPOPHARYNX	0	999	10/1/2020	12/31/9999	1	1,797.24
43180	ESOPHAGOSCOPY RIGID TRNSO	0	999	10/1/2020	12/31/9999	1	1,797.24
43191	ESOPHSCOP RIGID TRANSORAL DIAG	0	999	10/1/2020	12/31/9999	1	530.45
43192	ESOPHSCOP RIGID TRANSORAL SUBMUSOCAL INJ	0	999	10/1/2020	12/31/9999	1	530.45
43193	ESOPHSCOP RIGID TRANSORAL W/BIOPSY 1+	0	999	10/1/2020	12/31/9999	1	530.45
43194	ESOPHAGOSCP RIG TRNSO REM FB	0	999	10/1/2020	12/31/9999	1	530.45
43195	ESOPHSCOP RIGID TRANSORAL BALLOON DIL	0	999	10/1/2020	12/31/9999	1	1,044.91
43196	ESOPHSCOP RIGID TRANSORAL INSERT WIRE	0	999	10/1/2020	12/31/9999	1	1,044.91
43197	ESOPHAGOSCOPY FLEX DIAG	0	999	10/1/2020	12/31/9999	1	108.27
43198	ESOPHSCOP FLEX TRANSNASAL W/BIOPSY 1+	0	999	10/1/2020	12/31/9999	1	115.49
43200	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	317.70
43201	ESOPH SCOPE W/SUBMUCOUS INJ	0	999	10/1/2020	12/31/9999	1	530.45
43202	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43204	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43205	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43206	ESOPHAGUS ENDOSCOPY/LESION	0	999	10/1/2020	12/31/9999	1	530.45
43211	ESOPHSCOP FLEX TRANSORAL W/MUCOSAL RES	0	999	10/1/2020	12/31/9999	1	530.45
43212	ESOPHSCOP FLEX TRANSORAL PLACE STENT	0	999	10/1/2020	12/31/9999	1	2,499.66
43213	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	0	999	10/1/2020	12/31/9999	1	530.45
43214	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	0	999	10/1/2020	12/31/9999	1	530.45
43215	ESOPHAGOSCOPY FLEX REMOVE FB	0	999	10/1/2020	12/31/9999	1	530.45
43216	ESOPHAGOSCOPY FLEX REM TUMOR	0	999	10/1/2020	12/31/9999	1	530.45
43217	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43220	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43226	ESOPHAGOSCOPY, RIGID OR FLEXIB	0	999	10/1/2020	12/31/9999	1	530.45
43227	ESOPH ENDOSCOPY, REPAIR	0	999	10/1/2020	12/31/9999	1	530.45
43229	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	1,044.91
43231	ESOPH ENDOSCOPY W/US EXAM	0	999	10/1/2020	12/31/9999	1	530.45
43232	ESOPH ENDOSCOPY W/US FN BX	0	999	10/1/2020	12/31/9999	1	530.45
43233	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	530.45

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43235	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	317.70
43236	UPPR GI SCOPE W/SUBMUC INJ	0	999	10/1/2020	12/31/9999	1	317.70
43237	UP GI ENDO; ENDO US EXAM LTD ESOPH UPER	0	999	10/1/2020	12/31/9999	1	530.45
43238	UP GI ENDO; TRNSNDO US FNA/BX ESOPHUP GI	0	999	10/1/2020	12/31/9999	1	530.45
43239	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	317.70
43240	ESOPH ENDOSCOPE W/DRAIN CYST	0	999	10/1/2020	12/31/9999	1	1,574.03
43241	UPPER GI ENDOSCOPY WITH TUBE	0	999	10/1/2020	12/31/9999	1	530.45
43242	UGI ENDO; W/US GUID ASPIR/BX UGI E	0	999	10/1/2020	12/31/9999	1	530.45
43243	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45
43244	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45
43245	OPERATIVE UPPER GI ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	530.45
43246	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45
43247	EGD REMOVE FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	317.70
43248	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	317.70
43249	ESOPHAGUS ENDOSCOPY,DILATION	0	999	10/1/2020	12/31/9999	1	530.45
43250	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE	0	999	10/1/2020	12/31/9999	1	530.45
43251	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45
43252	UPPER GI OPTICL ENDOMICRSOCOPY	0	999	10/1/2020	12/31/9999	1	1,044.91
43253	ESOPHSCOP FLEX TRANSORAL ULTRASND DIAG	0	999	10/1/2020	12/31/9999	1	530.45
43254	ESOPHSCOP FLEX TRANSORAL MUCOSAL RESEC	0	999	10/1/2020	12/31/9999	1	530.45
43255	UPPER GASTROINTESTINAL ENDOSCO	0	999	10/1/2020	12/31/9999	1	530.45
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM UGI E	0	999	10/1/2020	12/31/9999	1	530.45
43260	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91
43261	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91
43262	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91
43263	ENDOSCOPIC RETROGRADE CHOLANGI	0	999	10/1/2020	12/31/9999	1	1,044.91
43264	ENDO CHOLANGIOPANCREATOGRAPH	0	999	10/1/2020	12/31/9999	1	1,044.91
43265	ENDO CHOLANGIOPANCREATOGRAPH	0	999	10/1/2020	12/31/9999	1	1,568.46
43266	ESOPHSCOP FLEX TRANSORAL STENT	0	999	10/1/2020	12/31/9999	1	2,532.22
43270	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	0	999	10/1/2020	12/31/9999	1	530.45
43273	ENDO CANN PAPIA VIS BILE DUCTS	0	999	10/1/2014	12/31/9999	1	0.00
43274	ECRP STENT	0	999	10/1/2020	12/31/9999	1	1,568.46
43275	ECRP RMV FOREIGN BODY OR STENT	0	999	10/1/2020	12/31/9999	1	1,044.91
43276	ECRP RMV OR EXCHG STENT	0	999	10/1/2020	12/31/9999	1	1,568.46
43277	ECRP DIL AMPULLA EA DUCT	0	999	10/1/2020	12/31/9999	1	1,044.91
43278	ECRP ABL TUMOR W/GUIDE WIRE	0	999	10/1/2020	12/31/9999	1	1,044.91
43284	LAPARO, SUGICAL, ESOP SPHIN	0	999	10/1/2020	12/31/9999	1	4,097.49
43285	REM ESPH SPHIN AGUM DEVICE	0	999	10/1/2020	12/31/9999	1	1,755.26
43450	DILATION OF ESOPHAGUS, BY UNGU	0	999	10/1/2020	12/31/9999	1	317.70
43453	DILATION OF ESOPHAGUS, OVER GU	0	999	10/1/2020	12/31/9999	1	530.45
43653	LAPAROSCOPY, GASTROSTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26
43752	NASO/ORO-GAS TUBE PLC MD SKLL&FLORONASO/	0	999	10/1/2020	12/31/9999	1	146.98
43753	TX GASTRO INTUB W/ASP	0	999	10/1/2015	12/31/9999	1	0.00
43754	DX GASTR INTUB W/ASP SPEC	0	999	10/1/2015	12/31/9999	1	0.00
43755	DX GASTR INTUB W/ASP SPECS	0	999	10/1/2020	12/31/9999	1	55.93
43756	DX DUOD INTUB W/ASP SPEC	0	999	10/1/2020	12/31/9999	1	317.70
43757	DX DUOD INTUB W/ASP SPECS	0	999	10/1/2020	12/31/9999	1	317.70
43761	REPOSITION GASTROSTOMY TUBE	0	999	10/1/2020	12/31/9999	1	94.95
43870	CLOSURE OF GASTROSTOMY, SURG	0	999	10/1/2020	12/31/9999	1	1,044.91
44100	BIOPSY OF INTESTINE BY CAPSU	0	999	10/1/2020	12/31/9999	1	317.70
44312	REVISION OF ILEOSTOMY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,203.50
44340	REVISION OF COLOSTOMY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,203.50
44360	SMALL INTESTINE ENDOSCOPY INTEROSCOPY	0	999	10/1/2020	12/31/9999	1	530.45
44361	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44363	SMALL BOWEL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	530.45
44364	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44365	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45

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
44366	SMALL BOWEL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	530.45
44369	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44370	SMALL BOWEL ENDOSCOPY/STENT	0	999	10/1/2020	12/31/9999	1	2,534.83
44372	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44373	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44376	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44377	SMALL INTESTINAL ENDOSCOPY, EN	0	999	10/1/2020	12/31/9999	1	530.45
44378	SMALL BOWEL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	530.45
44379	S BOWEL ENDOSCOPE W/STENT	0	999	10/1/2020	12/31/9999	1	1,568.46
44380	SMALL BOWEL ENDOSCOPY BR/WA	0	999	10/1/2020	12/31/9999	1	317.70
44381	SMALL BOWEL ENDOSCOPY BR/WA	0	999	10/1/2020	12/31/9999	1	530.45
44382	ILEOSCOPY, THROUGH STOMA; WITH	0	999	10/1/2020	12/31/9999	1	317.70
44384	SMALL BOWEL ENDOSCOPY	0	999	10/1/2020	12/31/9999	1	1,044.91
44385	ENDOSCOPIC EVAL SMALL INTEST POUCH	0	999	10/1/2020	12/31/9999	1	308.78
44386	ENDOSCOPY BOWEL POUCH/BIOP	0	999	10/1/2020	12/31/9999	1	308.78
44388	COLONOSCOPY THRU STOMA SPX	0	999	10/1/2020	12/31/9999	1	308.78
44389	COLONOSCOPY THROUGH STOMA; WIT	0	999	10/1/2020	12/31/9999	1	405.94
44390	COLONOSCOPY FOR FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	308.78
44391	COLONOSCOPY FOR BLEEDING	0	999	10/1/2020	12/31/9999	1	405.94
44392	COLONOSCOPY & POLYPECTOMY	0	999	10/1/2020	12/31/9999	1	405.94
44394	COLONOSCOPY THROUGH STOMA; WIT	0	999	10/1/2020	12/31/9999	1	405.94
44401	COLONOSCOPY WITH ABLATION	0	999	10/1/2020	12/31/9999	1	405.94
44402	COLONOSCOPY W/STENT PLCMT	0	999	10/1/2020	12/31/9999	1	2,354.86
44403	COLONOSCOPY W/RESECTION	0	999	10/1/2020	12/31/9999	1	405.94
44404	COLONOSCOPY W/INJECTION	0	999	10/1/2020	12/31/9999	1	405.94
44405	COLONOSCOPY W/DILATION	0	999	10/1/2020	12/31/9999	1	405.94
44406	COLONOSCOPY W/ULTRASOUND	0	999	10/1/2020	12/31/9999	1	405.94
44407	COLONOSCOPY W/NDL ASPIR/BX	0	999	10/1/2020	12/31/9999	1	405.94
44408	COLONOSCOPY W/DECOMPRESSION	0	999	10/1/2020	12/31/9999	1	308.78
44500	INTRODUCTION OF LONG GASTROINT	0	999	10/1/2020	12/31/9999	1	317.70
45000	TRANSRECTAL DRAINAGE OF PELV	0	999	10/1/2020	12/31/9999	1	405.94
45005	INCISION AND DRAINAGE OF SUB	0	999	10/1/2020	12/31/9999	1	405.94
45020	INCISION AND DRAINAGE OF DEE	0	999	10/1/2020	12/31/9999	1	880.16
45100	BIOPSY OF ANORECTAL WALL, AN	0	999	10/1/2020	12/31/9999	1	880.16
45108	ANORECTAL MYOMECTOMY	0	999	10/1/2020	12/31/9999	1	880.16
45150	DIVISION OF STRICTURE OF REC	0	999	10/1/2020	12/31/9999	1	405.94
45160	EXCISION OF RECTAL TUMOR BY	0	999	10/1/2020	12/31/9999	1	880.16
45171	EXC RECT TUM TRANSANAL PART	0	999	10/1/2020	12/31/9999	1	880.16
45172	EXC RECT TUM TRANSANAL FULL	0	999	10/1/2020	12/31/9999	1	880.16
45190	DESTRUCTION, RECTAL TUMOR	0	999	10/1/2020	12/31/9999	1	880.16
45300	PROCTOSIGMOIDOSCOPY, RIGID; DI	0	999	10/1/2020	12/31/9999	1	75.35
45303	PROCTOSIGMOIDOSCOPY DILATE	0	999	10/1/2020	12/31/9999	1	405.94
45305	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94
45307	PROCTOSIGMOIDOSCOPY; WITH REMO	0	999	10/1/2020	12/31/9999	1	880.16
45308	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	880.16
45309	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94
45315	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	405.94
45317	PROCTOSIGMOIDOSCOPY BLEED	0	999	10/1/2020	12/31/9999	1	405.94
45320	PROCTOSIGMOIDOSCOPY, RIGID; WI	0	999	10/1/2020	12/31/9999	1	880.16
45321	PROCTOSIGMOIDOSCOPY; WITH DECO	0	999	10/1/2020	12/31/9999	1	880.16
45327	PROCTOSIGMOIDOSCOPY W/STENT	0	999	10/1/2020	12/31/9999	1	2,029.92
45330	SIGMOIDOSCOPY, FLEXIBLE INCL SPECIMEN	0	999	10/1/2020	12/31/9999	1	116.35
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH	0	999	10/1/2020	12/31/9999	1	308.78
45332	SIGMOIDOSCOPY W/FB REMOVAL	0	999	10/1/2020	12/31/9999	1	405.94
45333	SIGMOIDOSCOPY FLEX REMOV TUMOR, POLYP, L	0	999	10/1/2020	12/31/9999	1	308.78
45334	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING	0	999	10/1/2020	12/31/9999	1	405.94
45335	SIGMOIDOSCOPE W/SUBMUC INJ	0	999	10/1/2020	12/31/9999	1	308.78

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45337	SIGMOIDOSCOPY FLEXIBLE COMPRESS	0	999	10/1/2020	12/31/9999	1	308.78
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH	0	999	10/1/2020	12/31/9999	1	405.94
45340	SIGMOIDOSCOPY FLEXIBLE BALLOON DIL	0	999	10/1/2020	12/31/9999	1	405.94
45341	SIGMOIDOSCOPY W/ULTRASOUND	0	999	10/1/2020	12/31/9999	1	308.78
45342	SIGMOIDOSCOPY W/US GUIDE BX	0	999	10/1/2020	12/31/9999	1	405.94
45346	SIGMOIDOSCOPY W/ABLATION	0	999	10/1/2020	12/31/9999	1	405.94
45347	SIGMOIDOSCOPY W/PLCMT STENT	0	999	10/1/2020	12/31/9999	1	2,597.79
45349	SIGMOIDOSCOPY W/RESECTION	0	999	10/1/2020	12/31/9999	1	880.16
45350	SGMDCS W/BAND LIGATION	0	999	10/1/2020	12/31/9999	1	405.94
45378	IEEBSPD DIAG BRUSH/WASH	0	999	10/1/2020	12/31/9999	1	308.78
45379	SIEEBSPD DIAG W/ILEUM	0	999	10/1/2020	12/31/9999	1	405.94
45380	COLONOSC DIAG COLL SPEC	0	999	10/1/2020	12/31/9999	1	405.94
45381	COLONOSC DIAG COLL SPEC	0	999	10/1/2020	12/31/9999	1	405.94
45382	COLONOSC CONTROL BLEEDING	0	999	10/1/2020	12/31/9999	1	405.94
45384	COLONCS REM TUMOR POLYP LESION	0	999	10/1/2020	12/31/9999	1	405.94
45385	COLONCS REM TUMOR SNARE TECH	0	999	10/1/2020	12/31/9999	1	405.94
45386	COLONCS W/TRANENDOSCOPIC BALN DIL	0	999	10/1/2020	12/31/9999	1	405.94
45388	COLONOSCOPY W/ABLATION	0	999	10/1/2020	12/31/9999	1	405.94
45389	COLONOSCOPY W/STENT PLCMT	0	999	10/1/2020	12/31/9999	1	2,506.12
45390	COLONOSCOPY W/RESECTION	0	999	10/1/2020	12/31/9999	1	880.16
45391	COLONOSCOPY W/ENDOSCOPE US	0	999	10/1/2020	12/31/9999	1	405.94
45392	COLONOSCOPY W/ENDOSCOPIC FNB	0	999	10/1/2020	12/31/9999	1	405.94
45393	COLONOSCOPY W/DECOMPRESSION	0	999	10/1/2020	12/31/9999	1	405.94
45398	COLONOSCOPY W/BAND LIGATION	0	999	10/1/2020	12/31/9999	1	405.94
45500	PROCTOPLASTY;	0	999	10/1/2020	12/31/9999	1	880.16
45505	PROCTOPLASTY;	0	999	10/1/2020	12/31/9999	1	880.16
45520	PERIRECTAL INJECTION OF SCLERO	0	999	10/1/2016	12/31/9999	1	0.00
45541	PROCTOPEXY FOR PROLAPSE;	0	999	10/1/2020	12/31/9999	1	880.16
45560	REPAIR OF RECTOCELE (SEPARAT	0	999	10/1/2020	12/31/9999	1	880.16
45900	*REDUCTION OF PROCIDENTIA (SE	0	999	10/1/2020	12/31/9999	1	308.78
45905	*DILATION OF ANAL SPHINCTER (	0	999	10/1/2020	12/31/9999	1	405.94
45910	DILATION OF RECTAL STRICTURE	0	999	10/1/2020	12/31/9999	1	405.94
45915	*REMOVAL OF FECAL IMPACTION O	0	999	10/1/2020	12/31/9999	1	405.94
45990	SURG DX EXAM, ANORECTAL	0	999	10/1/2020	12/31/9999	1	880.16
46020	PLACEMENT OF SETON	0	999	10/1/2020	12/31/9999	1	880.16
46030	*REMOVAL OF SETON, OTHER MARK	0	999	10/1/2020	12/31/9999	1	405.94
46040	INCISION AND DRAINAGE OF ISC	0	999	10/1/2020	12/31/9999	1	405.94
46045	INCISION AND DRAINAGE OF INT	0	999	10/1/2020	12/31/9999	1	880.16
46050	*INCISION AND DRAINAGE, PERIA	0	999	10/1/2020	12/31/9999	1	308.78
46060	INCISION AND DRAINAGE OF ISCHI	0	999	10/1/2020	12/31/9999	1	880.16
46070	INCISION, ANAL SEPTUM (INFAN	0	1	10/1/2020	12/31/9999	1	880.16
46080	*SPHINCTEROTOMY, ANAL, DIVISI	0	999	10/1/2020	12/31/9999	1	880.16
46083	INCISION OF THROMBOSED HEMORRH	0	999	10/1/2020	12/31/9999	1	94.95
46200	REMOVAL OF ANAL FISSURE	0	999	10/1/2020	12/31/9999	1	880.16
46220	EXCISE ANAL EXT TAG/PAPILLA	0	999	10/1/2020	12/31/9999	1	405.94
46221	LIGATION OF HEMORRHOID(S)	0	999	10/1/2020	12/31/9999	1	148.98
46230	REMOVAL OF ANAL TAGS	0	999	10/1/2020	12/31/9999	1	880.16
46250	REMOVE EXT HEM GROUPS = 2	0	999	10/1/2020	12/31/9999	1	880.16
46255	REMOVE INT/EXT HEM 1 GROUP	0	999	10/1/2020	12/31/9999	1	880.16
46257	HEMORRHOIDECTOMY INTERNAL AN	0	999	10/1/2020	12/31/9999	1	880.16
46258	REMOVE IN/EX HEM GRP W/FISTU	0	999	10/1/2020	12/31/9999	1	880.16
46260	REMOVE IN/EX HEM GROUPS = 2	0	999	10/1/2020	12/31/9999	1	880.16
46261	HEMORRHOIDECTOMY, INTERNAL A	0	999	10/1/2020	12/31/9999	1	880.16
46262	REMOVE IN/EX HEM GRPS W/FIST	0	999	10/1/2020	12/31/9999	1	880.16
46270	SURGICAL TREATMENT OF ANAL FIS	0	999	10/1/2020	12/31/9999	1	880.16
46275	REMOVE ANAL FIST INTER	0	999	10/1/2020	12/31/9999	1	880.16
46280	REMOVE ANAL FIST COMPLEX	0	999	10/1/2020	12/31/9999	1	880.16

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
46285	FISTULECTOMY;	0	999	10/1/2020	12/31/9999	1	880.16
46288	REPAIR ANAL FISTULA	0	999	10/1/2020	12/31/9999	1	880.16
46320	REMOVAL OF HEMORRHOID CLOT	0	999	10/1/2020	12/31/9999	1	107.69
46500	*INJECTION OF SCLEROSING SOLU	0	999	10/1/2020	12/31/9999	1	188.54
46505	CHEMODENERVATION ANAL MUSC	0	999	10/1/2020	12/31/9999	1	405.94
46600	ANOSCOPY; DIAGNOSTIC, WITH OR	0	999	10/1/2015	12/31/9999	1	0.00
46601	DIAGNOSTIC ANOSCOPY	0	999	1/1/2015	12/31/9999	1	0.00
46604	ANOSCOPY AND DILATION	0	999	10/1/2020	12/31/9999	1	405.94
46606	ANOSCOPY; WITH BIOPSY, SINGLE	0	999	10/1/2020	12/31/9999	1	170.92
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	0	999	10/1/2020	12/31/9999	1	405.94
46608	ANOSCOPY; WITH REMOVAL OF FORE	0	999	10/1/2020	12/31/9999	1	308.78
46610	ANOSCOPY; WITH REMOVAL OF SING	0	999	10/1/2020	12/31/9999	1	880.16
46611	ANOSCOPY; WITH REMOVAL OF SING	0	999	10/1/2020	12/31/9999	1	308.78
46612	ANOSCOPY; WITH REMOVAL OF MULT	0	999	10/1/2020	12/31/9999	1	880.16
46614	ANOSCOPY/CONTROL BLEEDING	0	999	10/1/2020	12/31/9999	1	88.34
46615	ANOSCOPY; WITH ABLATION OF TUM	0	999	10/1/2020	12/31/9999	1	880.16
46700	ANOPLASTY, PLASTIC OPERATION	14	999	10/1/2020	12/31/9999	1	880.16
46706	REPR OF ANAL FISTULA W/GLUE	0	999	10/1/2020	12/31/9999	1	880.16
46707	REPAIR ANORECTAL FIST W/PLUG	0	999	10/1/2020	12/31/9999	1	880.16
46750	SPHINCTEROPLASTY, ANAL, FOR	14	999	10/1/2020	12/31/9999	1	880.16
46753	GRAFT (THIERSCH OPERATION) F	0	999	10/1/2020	12/31/9999	1	880.16
46754	REMOVAL OF THIERSCH WIRE OR	0	999	10/1/2020	12/31/9999	1	880.16
46760	SPHINCTEROPLASTY, ANAL, FOR	0	999	10/1/2020	12/31/9999	1	880.16
46761	SPHINCTEROPLASTY, ANAL, FOR IN	0	999	10/1/2020	12/31/9999	1	880.16
46900	*CHEMOSURGERY OF CONDYLOMATA,	0	999	10/1/2020	12/31/9999	5	129.16
46910	*ELECTRODESICCATION OF CONDYL	0	999	10/1/2020	12/31/9999	1	149.55
46916	DESTRUCTION OF LESION(S), ANUS	0	999	10/1/2020	12/31/9999	1	70.63
46917	DESTRUCTION OF LESION(S), ANUS	0	999	10/1/2020	12/31/9999	1	880.16
46922	DESTRUCTION OF LESION(S), ANUS	0	999	10/1/2020	12/31/9999	1	880.16
46924	DESTRUCTION, ANAL LESION(S)	0	999	10/1/2020	12/31/9999	1	880.16
46930	DESTR INTERN HEMROIDS THERM ENERGY	0	999	10/1/2020	12/31/9999	1	123.86
46940	TREATMENT OF ANAL FISSURE	0	999	10/1/2020	12/31/9999	1	126.46
46942	CURETTAGE OR CAUTERIZATION O	0	999	10/1/2020	12/31/9999	1	126.17
46945	HEMORRHOIDECTOMY, SINGLE COLUMN/GROUP	0	999	10/1/2020	12/31/9999	1	880.16
46946	HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROU	0	999	10/1/2020	12/31/9999	1	880.16
46947	HEMORRHOIDOPEXY BY STAPLING	0	999	10/1/2020	12/31/9999	1	880.16
46948	INT HRHC TRANAL DARTLZJ 2+	0	999	1/1/2020	12/31/9999	1	880.16
47000	*BIOPSY OF LIVER, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	461.11
47001	NEEDLE BIOPSY, LIVER ADD-ON	0	999	10/1/2012	12/31/9999	3	0.00
47382	PERCUT ABLATE LIVER RF	0	999	10/1/2020	12/31/9999	1	1,755.26
47383	PERQ ABLTJ LVR CRYOABLATION	0	999	10/1/2020	12/31/9999	1	2,482.02
47531	INJECTION FOR CHOLANGIOGRAM	0	999	1/1/2016	12/31/9999	1	0.00
47532	INJECTION FOR CHOLANGIOGRAM	0	999	1/1/2016	12/31/9999	1	0.00
47533	PLMT BILIARY DRAINAGE CATH	0	999	10/1/2020	12/31/9999	1	1,101.77
47534	PLMT BILIARY DRAINAGE CATH	0	999	10/1/2020	12/31/9999	1	1,101.77
47535	CONVERSION EXT BIL DRG CATH	0	999	10/1/2020	12/31/9999	1	1,101.77
47536	EXCHANGE BILIARY DRG CATH	0	999	10/1/2020	12/31/9999	1	1,101.77
47537	REMOVAL BILIARY DRG CATH	0	999	10/1/2020	12/31/9999	1	317.70
47538	PERQ OLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	2,663.50
47539	PERQ PLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	1,755.26
47540	PERQ PLMT BILE DUCT STENT	0	999	10/1/2020	12/31/9999	1	2,495.43
47541	PLMT ACCESS BIL TREE SM BWL	0	999	10/1/2020	12/31/9999	1	1,101.77
47542	DILATE BILIARY DUCT/AMPULLA	0	999	1/1/2016	12/31/9999	1	0.00
47543	ENDOLUMINAL BX BILIARY TREE	0	999	1/1/2016	12/31/9999	1	0.00
47544	REMOVAL DUCT GLBLDR CALCULI	0	999	1/1/2016	12/31/9999	1	0.00
47552	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77
47553	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
47554	BILIARY ENDOSCOPY THRU SKIN	0	999	10/1/2020	12/31/9999	1	1,755.26
47555	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	1,101.77
47556	BILIARY ENDOSCOPY, PERCUTANEOU	0	999	10/1/2020	12/31/9999	1	2,601.63
47562	LAPAROSCOPIC CHOLECYSTECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26
47563	LAPARO CHOLECYSTECTOMY/GRAPH	0	999	10/1/2020	12/31/9999	1	1,755.26
47564	LAPARO CHOLECYSTECTOMY/EXPLR	0	999	10/1/2020	12/31/9999	1	1,755.26
48102	*BIOPSY OF PANCREAS, PERCUTAN	0	999	10/1/2020	12/31/9999	1	461.11
49082	ABDOMINAL PARACENTESIS WO IMAG	0	999	10/1/2020	12/31/9999	1	317.70
49083	ABDOMINAL PARACENTESIS W IMAG	0	999	10/1/2020	12/31/9999	1	317.70
49084	PERITONEAL LAVAGE INCL IMAG GUIDE	0	999	10/1/2020	12/31/9999	1	317.70
49180	*BIOPSY, ABDOMINAL OR RETROPE	0	999	10/1/2020	12/31/9999	1	461.11
49250	UMBILECTOMY, OMPHALECTOMY, E	0	999	10/1/2020	12/31/9999	1	1,101.77
49320	DIAG LAPARO SEPARATE PROC	0	999	10/1/2020	12/31/9999	1	1,755.26
49321	LAPAROSCOPY, BIOPSY	0	999	10/1/2020	12/31/9999	1	1,755.26
49322	LAPAROSCOPY, ASPIRATION	0	999	10/1/2020	12/31/9999	1	1,755.26
49324	LAP INSERT TUNNEL IP CATH	0	999	10/1/2020	12/31/9999	1	1,755.26
49325	LAP SURG W/REV PREV INTRAPERITONEAL CATH	0	999	10/1/2020	12/31/9999	1	1,755.26
49326	LAP SURG W/OMENTOPEXY	0	999	10/1/2014	12/31/9999	1	0.00
49327	LAP INS DEVICE FOR RT	0	999	10/1/2014	12/31/9999	1	0.00
49400	INJECTION OF AIR OR CONTRAST I	0	999	10/1/2012	12/31/9999	1	0.00
49402	REM PERITONEAL FOREIGN BODY	0	999	10/1/2020	12/31/9999	1	1,101.77
49406	IMAGE FLUID COLL/PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	461.11
49407	FLUID COLL/VAGINAL/TRANSRECTAL	0	999	10/1/2020	12/31/9999	1	461.11
49411	INS MARK ABD/PEL FOR RT PERQ	0	999	10/1/2020	12/31/9999	1	290.16
49418	INSERT TUN IP CATH PERC	0	999	10/1/2020	12/31/9999	2	1,101.77
49419	INSERT TUN IP CATH W/PORT	0	999	10/1/2020	12/31/9999	1	1,857.45
49421	INS TUN IP CATH FOR DIAL OPN	0	999	10/1/2020	12/31/9999	1	1,101.77
49422	REMOVE TUNNELED IP CATH	0	999	10/1/2020	12/31/9999	1	1,072.98
49423	EXCHANGE DRAINAGE CATH	0	999	10/1/2020	12/31/9999	1	530.45
49424	ASSESS CYST, CONTRAST INJECT	0	999	10/1/2012	12/31/9999	1	0.00
49426	REVISION OF PERITONEAL-VENOUS	0	999	10/1/2020	12/31/9999	1	1,101.77
49427	INJECTION PROCEDURE (EG, CONTR	0	999	10/1/2012	12/31/9999	1	0.00
49429	REMOVAL OF SHUNT	0	999	10/1/2020	12/31/9999	1	1,072.98
49435	INS SUBCU EXT INTRAPERITONEAL CATH W/REM	0	999	10/1/2015	12/31/9999	1	0.00
49436	DELAYED CREAT EXIT SITE INTRAPERITONEAL	0	999	10/1/2020	12/31/9999	1	530.45
49440	PLACE GASTROSTOMY TUBE PERC	0	999	10/1/2020	12/31/9999	1	530.45
49441	PLACE DUOD/JEJ TUBE PERC	0	999	10/1/2020	12/31/9999	1	530.45
49442	PLACE CECOSTOMY TUBE PERC	0	999	10/1/2020	12/31/9999	1	405.94
49446	CHANGE G-TUBE TO G-J PERC	0	999	10/1/2020	12/31/9999	1	530.45
49450	REPLACE G/C TUBE PERC	0	999	10/1/2020	12/31/9999	1	317.70
49451	REPLACE DUOD/JEJ TUBE PERC	0	999	10/1/2020	12/31/9999	1	317.70
49452	REPLACE G-J TUBE PERC	0	999	10/1/2020	12/31/9999	1	317.70
49460	FIX G/COLON TUBE W/DEVICE	0	999	10/1/2020	12/31/9999	1	317.70
49465	FLUORO EXAM OF G/COLON TUBE	0	999	10/1/2020	12/31/9999	1	94.20
49495	RPR ING HERNIA BABY, REDUC	0	1	10/1/2020	12/31/9999	1	1,101.77
49496	REPAIR INITIAL INGUINAL HERNIA	0	1	10/1/2020	12/31/9999	1	1,101.77
49500	REPAIR INITIAL INGUINAL HERNIA	0	4	10/1/2020	12/31/9999	1	1,101.77
49501	REP INITIAL INGUINAL HERNIA, A	0	4	10/1/2020	12/31/9999	1	1,101.77
49505	REPAIR INITIAL INGUINAL HERNIA	5	999	10/1/2020	12/31/9999	1	1,101.77
49507	REPAIR INITIAL INGUINAL HERNIA	5	999	10/1/2020	12/31/9999	1	1,101.77
49520	REPAIR RECURRENT INGUINAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77
49521	REPAIR RECURRENT INGUINAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77
49525	REPAIR INGUINAL HERNIA, SLIDIN	0	999	10/1/2020	12/31/9999	1	1,101.77
49540	REPAIR LUMBAR HERNIA	0	999	10/1/2020	12/31/9999	1	1,755.26
49550	REPAIR INITIAL FEMORAL HERNIA,	0	999	10/1/2020	12/31/9999	1	1,101.77
49553	REPAIR INITIAL FEMORAL HERNIA	0	999	10/1/2020	12/31/9999	1	1,101.77
49555	REPAIR RECURRENT FEMORAL HERNI	0	999	10/1/2020	12/31/9999	1	1,101.77

Mississippi Division of Medicaid
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49557	REPAIR RECURRENT FEMORAL HERNI	0	999	10/1/2020	12/31/9999	1	1,101.77
49560	REPAIR ABDOMINAL HERNIA	0	999	10/1/2020	12/31/9999	2	1,101.77
49561	REPAIR INITIAL INCISIONAL HERN	0	999	10/1/2020	12/31/9999	1	1,101.77
49565	REREPAIR ABDOMINAL HERNIA	0	999	10/1/2020	12/31/9999	1	1,755.26
49566	REPAIR RECURRENT INCISIONAL HE	0	999	10/1/2020	12/31/9999	1	1,755.26
49568	IMPLANT MESH/OTH PROSTH HERNIA REPAIR	0	999	10/1/2014	12/31/9999	1	0.00
49570	REPAIR EPIGASTRIC HERNIA (EG,	0	999	10/1/2020	12/31/9999	1	1,101.77
49572	REPAIR EPIGASTRIC HERNIA (EG,	0	999	10/1/2020	12/31/9999	1	1,101.77
49580	REPAIR UMBILICAL HERNIA, UNDER	0	4	10/1/2020	12/31/9999	1	1,101.77
49582	REPAIR UMBILICAL HERNIA, UNDER	0	4	10/1/2020	12/31/9999	1	1,101.77
49585	REPAIR UMBILICAL HERNIA, AGE 5	5	999	10/1/2020	12/31/9999	1	1,101.77
49587	REPAIR UMBILICAL HERNIA, AGE 5	5	999	10/1/2020	12/31/9999	1	1,101.77
49590	REPAIR SPIGELIAN HERNIA	0	999	10/1/2020	12/31/9999	1	1,101.77
49600	REPAIR OF SMALL OMPHALOCELE, W	0	999	10/1/2020	12/31/9999	1	1,101.77
49650	LAPARO HERNIA REPAIR INITIAL	0	999	10/1/2020	12/31/9999	1	1,755.26
49651	LAPARO HERNIA REPAIR RECUR	0	999	10/1/2020	12/31/9999	1	1,755.26
49652	LAP VNTRL UMBIL, SPIG, EPIG HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	1,755.26
49653	LAP VNTRL UMBIL,SPIG,EPIG HRNIA STRG	0	999	10/1/2020	12/31/9999	1	1,755.26
49654	LAP INC HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	2,870.86
49655	LAP INC HRNIA STRANG	0	999	10/1/2020	12/31/9999	1	2,870.86
49656	LAP RECURR INC HRNIA REDUC	0	999	10/1/2020	12/31/9999	1	2,870.86
49657	LAP RECURR INC HRNIA STRANG	0	999	10/1/2020	12/31/9999	1	2,870.86
50080	PERCUTANEOUS NEPHROSTOLITHOTOM	0	999	10/1/2020	12/31/9999	1	3,196.52
50081	PERCUTANEOUS NEPHROSTOLITHOTOM	0	999	10/1/2020	12/31/9999	1	3,196.52
50200	RENAL BIOPSY PERQ	0	999	10/1/2020	12/31/9999	1	461.11
50382	CHANGE URETER STENT, PERCUT	0	999	10/1/2020	12/31/9999	1	631.77
50384	REMOVE URETER STENT, PERCUT	0	999	10/1/2020	12/31/9999	1	631.77
50385	CHANGE STENT VIA TRANSURETH	0	999	10/1/2020	12/31/9999	1	631.77
50386	REMOVE STENT VIA TRANSURETH	0	999	10/1/2020	12/31/9999	1	511.61
50387	CHANGE NEPHROURETERAL CATH	0	999	10/1/2020	12/31/9999	1	631.77
50389	REMOVE RENAL TUBE W/FLUORO	0	999	10/1/2020	12/31/9999	1	224.97
50390	*ASPIRATION AND/OR INJECTION	0	999	10/1/2020	12/31/9999	1	246.58
50391	PREP RENAL GRAFT/URETERAL	0	999	10/1/2020	12/31/9999	1	39.26
50396	MANOMETRIC STUDIES THROUGH N	0	999	10/1/2020	12/31/9999	1	224.97
50430	NJX PX NFROSGRM &/URTRGRM	0	999	1/1/2016	12/31/9999	1	0.00
50431	NJX PX NFROSGRM &/URTRGRM	0	999	1/1/2016	12/31/9999	1	0.00
50432	PLMT NEPHROSTOMY CATHETER	0	999	10/1/2020	12/31/9999	1	631.77
50433	PLMT NEPHROURETERAL CATHETER	0	999	10/1/2020	12/31/9999	1	1,101.58
50434	CONVERT NEPHROSTOMY CATHETER	0	999	10/1/2020	12/31/9999	1	846.41
50435	EXCHANGE NEPHROSTOMY CATH	0	999	10/1/2020	12/31/9999	1	631.77
50436	DILAT XST TRC NDURLGC PX	0	999	10/1/2020	12/31/9999	1	631.77
50437	DILAT XST TRC NEW ACCESS RCS	0	999	10/1/2020	12/31/9999	1	1,101.58
50551	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02
50553	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02
50555	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	3,196.52
50557	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	3,196.52
50561	RENAL ENDOSCOPY THROUGH ESTA	0	999	10/1/2020	12/31/9999	1	1,581.02
50562	RENAL SCOPE W/TUMOR RESECT	0	999	10/1/2020	12/31/9999	1	3,196.52
50570	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,101.58
50572	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	224.97
50574	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	631.77
50575	RENAL ENDOSCOPY THROUGH NEPHRO	0	999	10/1/2020	12/31/9999	1	1,581.02
50576	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,581.02
50580	RENAL ENDOSCOPY THROUGH NEPH	0	999	10/1/2020	12/31/9999	1	1,581.02
50590	LITHOTRIPSY, EXTRACORPOREAL SH	0	999	10/1/2020	12/31/9999	1	1,101.58
50592	PERC RF ABLATE RENAL TUMOR	0	999	10/1/2020	12/31/9999	1	1,755.26
50593	PERC CRYO ABLATE RENAL TUM	0	999	10/1/2020	12/31/9999	1	3,933.34

Mississippi Division of Medicaid
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50606	ENDOLUMINAL BX URTR RNL PLVS	0	999	1/1/2016	12/31/9999	1	0.00
50684	INJECTION PROCEDURE FOR URETER	0	999	10/1/2012	12/31/9999	1	0.00
50686	MANOMETRIC STUDIES THROUGH U	0	999	10/1/2020	12/31/9999	1	55.93
50688	CHANGE OF URETER TUBE/STENT	0	999	10/1/2020	12/31/9999	1	631.77
50690	INJECTION PROCEDURE FOR VISUAL	0	999	10/1/2012	12/31/9999	1	0.00
50693	PLMT URETERAL STENT PRQ	0	999	10/1/2020	12/31/9999	1	1,101.58
50694	PLMT URETERAL STENT PRQ	0	999	10/1/2020	12/31/9999	1	1,101.58
50695	PLMT URETERAL STENT PRQ	0	999	10/1/2020	12/31/9999	1	1,101.58
50705	URETERAL EMBOLIZATION/OCCL	0	999	1/1/2016	12/31/9999	1	0.00
50706	BALLOON DILATE URTRL STRIX	0	999	1/1/2016	12/31/9999	1	0.00
50727	REVISION OF URINARY-CUTANEOUS	0	999	10/1/2020	12/31/9999	1	1,101.58
50947	LAPARO NEW URETER/BLADDER	0	999	10/1/2020	12/31/9999	1	1,755.26
50948	LAPARO NEW URETER/BLADDER	0	999	10/1/2020	12/31/9999	1	2,870.86
50951	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,101.58
50953	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,101.58
50955	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02
50957	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02
50961	URETERAL ENDOSCOPY THROUGH E	0	999	10/1/2020	12/31/9999	1	1,581.02
50970	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,101.58
50972	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,101.58
50974	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02
50976	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02
50980	URETERAL ENDOSCOPY THROUGH U	0	999	10/1/2020	12/31/9999	1	1,581.02
51020	CYSTOTOMY OR CYSTOSTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58
51030	CYSTOTOMY OR CYSTOSTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58
51040	CYSTOSTOMY, CYSTOTOMY WITH D	0	999	10/1/2020	12/31/9999	1	631.77
51045	CYSTOTOMY, WITH INSERTION OF	0	999	10/1/2020	12/31/9999	1	631.77
51050	CYSTOLITHOTOMY, CYSTOTOMY WI	0	999	10/1/2020	12/31/9999	1	1,581.02
51065	REMOVE URETER CALCULUS	0	999	10/1/2020	12/31/9999	1	1,101.58
51080	DRAINAGE OF PERIVESICAL OR P	0	999	10/1/2020	12/31/9999	1	795.47
51100	ASP BLADDER/NEEDLE	0	999	10/1/2020	12/31/9999	1	31.18
51101	ASP BLADDER/TROCAR OR INTRACATH	0	999	10/1/2020	12/31/9999	1	84.30
51102	ASP BLADDER/SUPRAPUBIC CATH	0	999	10/1/2020	12/31/9999	1	631.77
51500	EXCISION OF URACHAL CYST OR	0	999	10/1/2020	12/31/9999	1	1,755.26
51520	CYSTOTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58
51535	CYSTOTOMY FOR EXCISION, INCISI	0	999	10/1/2020	12/31/9999	1	1,101.58
51600	*INJECTION PROCEDURE FOR CYST	0	999	10/1/2012	12/31/9999	1	0.00
51605	INJECTION PROCEDURE AND PLAC	0	999	10/1/2012	12/31/9999	1	0.00
51610	INJECTION PROCEDURE FOR RETR	0	999	10/1/2012	12/31/9999	1	0.00
51700	*BLADDER IRRIGATION, SIMPLE,	0	999	10/1/2020	12/31/9999	1	41.86
51701	INSERT BLADDER CATHETER	0	999	10/1/2015	12/31/9999	1	0.00
51702	INSERT TEMP BLADDER CATH	0	999	10/1/2015	12/31/9999	1	0.00
51703	INSERT BLADDER CATH, COMPLEX	0	999	10/1/2020	12/31/9999	1	55.93
51705	*CHANGE OF CYSTOSTOMY TUBE;	0	999	10/1/2020	12/31/9999	1	49.08
51710	*CHANGE OF CYSTOSTOMY TUBE;	0	999	10/1/2020	12/31/9999	1	224.97
51715	ENDOSCOPIC INJECTION OF IMPLAN	0	999	10/1/2020	12/31/9999	1	1,460.94
51720	BLADDER INST ANTICARCINOGENIC	0	999	10/1/2020	12/31/9999	1	41.00
51725	SIMPLE CYSTOMETROGRAM (EG, S	0	999	10/1/2020	12/31/9999	1	94.95
51726	COMPLEX CYSTOMETROGRAM	0	999	10/1/2020	12/31/9999	1	94.95
51727	CYSTOMETROGRAM W/UP	0	999	10/1/2020	12/31/9999	1	195.75
51728	CYSTOMETROGRAM W/VP	0	999	10/1/2020	12/31/9999	1	200.94
51729	CYSTOMETROGRAM W/VP&UP	0	999	10/1/2020	12/31/9999	1	201.82
51736	SIMPLE UROFLOWMETRY (EG, STO	0	999	10/1/2015	12/31/9999	1	0.00
51741	ELECTRONIC UROFLOWMETRY (EG,	0	999	10/1/2016	12/31/9999	1	0.00
51784	ANAL/URINARY MUSCLE STUDY	0	999	10/1/2020	12/31/9999	1	23.38
51785	NEEDLE ELECTROMYOGRAPHY STUDIE	0	999	10/1/2020	12/31/9999	1	94.95
51792	STIMULUS EVOKED RESPONSE (EG	0	999	10/1/2016	12/31/9999	1	0.00

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51797	INTRAABDOMINAL PRESSURE TEST	0	999	10/1/2014	12/31/9999	1	0.00
51798	US URINE CAPACITY MEASURE	0	999	10/1/2015	12/31/9999	1	0.00
51880	CLOSURE OF CYSTOSTOMY (SEPAR	0	999	10/1/2020	12/31/9999	1	1,101.58
51992	LAPARO SLING OPERATION	0	999	10/1/2020	12/31/9999	1	2,339.22
52000	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	224.97
52001	CYSTOSCOPY, REMOVAL OF CLOTS	0	999	10/1/2020	12/31/9999	1	1,101.58
52005	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	631.77
52007	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	1,101.58
52010	CYSTOURETHROSCOPY (SEPARATE	0	999	10/1/2020	12/31/9999	1	224.97
52204	CYSTOURETHROSCOPY WITH BIOPSY	0	999	10/1/2020	12/31/9999	1	631.77
52214	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	631.77
52224	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	631.77
52234	CYSTOSCOPY AND TREATMENT	0	999	10/1/2020	12/31/9999	1	1,101.58
52235	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	1,101.58
52240	CYSTOURETHROSCOPY, WITH FULG	0	999	10/1/2020	12/31/9999	1	1,581.02
52260	CYSTOURETHROSCOPY, WITH DILA	0	999	10/1/2020	12/31/9999	1	631.77
52265	CYSTOURETHROSCOPY, WITH DILA	0	999	10/1/2020	12/31/9999	1	217.40
52270	CYSTOURETHROSCOPY, WITH INTE	0	999	10/1/2020	12/31/9999	1	631.77
52275	CYSTOURETHROSCOPY, WITH INTE	0	999	10/1/2020	12/31/9999	1	631.77
52276	CYSTOURETHROSCOPY WITH DIREC	0	999	10/1/2020	12/31/9999	1	631.77
52277	CYSTOURETHROSCOPY, WITH RESE	0	999	10/1/2020	12/31/9999	1	1,101.58
52281	CYSTOSCOPY AND TREATMENT	0	999	10/1/2020	12/31/9999	1	631.77
52282	CYSTOSCOPY, IMPLANT STENT	0	999	10/1/2020	12/31/9999	1	1,101.58
52283	CYSTOURETHROSCOPY, WITH STER	0	999	10/1/2020	12/31/9999	1	631.77
52285	CYSTOURETHROSCOPY FOR TREATM	0	999	10/1/2020	12/31/9999	1	224.97
52287	CYSYOSCOPY CHEMODENERVATION	0	999	10/1/2020	12/31/9999	1	631.77
52290	CYSTOURETHROSCOPY;	0	999	10/1/2020	12/31/9999	1	631.77
52300	CYSTOSCOPY AND TREATMENT	0	999	10/1/2020	12/31/9999	1	1,101.58
52301	CYSTOSCOPY AND TREATMENT	0	20	10/1/2020	12/31/9999	1	1,101.58
52305	CYSTOURETHROSCOPY;	0	999	10/1/2020	12/31/9999	1	1,581.02
52310	CYSTOURETHROSCOPY, WITH REMO	0	999	10/1/2020	12/31/9999	1	631.77
52315	CYSTOSCOPY AND TREATMENT	0	999	10/1/2020	12/31/9999	1	631.77
52317	LITHOLAPAXY; CRUSHING OR FRAGM	0	999	10/1/2020	12/31/9999	1	1,101.58
52318	LITHOLAPAXY; CRUSHING OR FRAGM	0	999	10/1/2020	12/31/9999	1	1,101.58
52320	CYSTOURETHROSCOPY (INCLUDING U	0	999	10/1/2020	12/31/9999	1	1,101.58
52325	CYSTOURETHROSCOPY (INCLUDING U	0	999	10/1/2020	12/31/9999	1	1,581.02
52327	CYSTOSCOPY, INJECT MATERIAL	0	999	10/1/2020	12/31/9999	1	2,150.34
52330	CYSTOURETHROSCOPY;	0	999	10/1/2020	12/31/9999	1	1,101.58
52332	CYSTOURETHROSCOPY, WITH INSE	0	999	10/1/2020	12/31/9999	1	1,101.58
52334	CYSTOURETHROSCOPY WITH INSERTI	0	999	10/1/2020	12/31/9999	1	1,101.58
52341	CYSTO W/URETER STRICTURE TX	0	999	10/1/2020	12/31/9999	1	1,101.58
52342	CYSTO W/UP STRICTURE TX	0	999	10/1/2020	12/31/9999	1	1,101.58
52343	CYSTO W/RENAL STRICTURE TX	0	999	10/1/2020	12/31/9999	1	631.77
52344	CYSTO/URETERO, STONE REMOVE	0	999	10/1/2020	12/31/9999	1	1,101.58
52345	CYSTO/URETERO W/UP STRICTURE	0	999	10/1/2020	12/31/9999	1	1,101.58
52346	CYSTOURETERO W/RENAL STRICT	0	999	10/1/2020	12/31/9999	1	1,581.02
52351	CYSTOURETRO & OR PYELOSCOPE	0	999	10/1/2020	12/31/9999	1	1,101.58
52352	CYSTOURETRO W/STONE REMOVE	0	999	10/1/2020	12/31/9999	1	1,101.58
52353	CYSTOURETERO W/LITHOTRIPSY	0	999	10/1/2020	12/31/9999	1	1,581.02
52354	CYSTOURETERO W/BIOPSY	0	999	10/1/2020	12/31/9999	1	1,581.02
52355	CYSTOURETERO W/EXCISE TUMOR	0	999	10/1/2020	12/31/9999	1	1,581.02
52356	CYSOUR W/LITHOTRIPSY	0	999	10/1/2020	12/31/9999	1	1,581.02
52400	CYSTOURETERO W/CONGEN REPR	0	999	10/1/2020	12/31/9999	1	1,101.58
52402	CYSTOURETHRO CUT EJACUL DUCT	0	999	10/1/2020	12/31/9999	1	1,101.58
52450	TRANSURETHRAL INCISION OF PROS	0	999	10/1/2020	12/31/9999	1	1,101.58
52500	TRANSURETHRAL RESECTION OF B	0	999	10/1/2020	12/31/9999	1	1,101.58
52601	TRANSURETHRAL RESECTION OF P	0	999	10/1/2020	12/31/9999	1	1,581.02

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

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MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
52630	TRANSURETHRAL RESECTION;	0	999	10/1/2020	12/31/9999	1	1,581.02
52640	TRANSURETHRAL RESECTION;	0	999	10/1/2020	12/31/9999	1	1,101.58
52647	LASER SURGERY OF PROSTATE	0	999	10/1/2020	12/31/9999	1	1,581.02
52648	LASER SURGERY OF PROSTATE	0	999	10/1/2020	12/31/9999	1	1,581.02
52649	PROSTATE LASER ENUCLEATION	0	999	10/1/2020	12/31/9999	1	1,581.02
52700	TRANSURETHRAL DRAINAGE OF PR	0	999	10/1/2020	12/31/9999	1	1,101.58
53000	URETHROTOMY OR URETHROSTOMY,	0	999	10/1/2020	12/31/9999	1	631.77
53010	URETHROTOMY OR URETHROSTOMY,	0	999	10/1/2020	12/31/9999	1	1,581.02
53020	MEATOTOMY, CUTTING OF MEATUS	1	999	10/1/2020	12/31/9999	1	631.77
53025	MEATOTOMY, CUTTING OF MEATUS	0	1	10/1/2020	12/31/9999	1	631.77
53040	DRAINAGE OF DEEP PERIURETHRA	0	999	10/1/2020	12/31/9999	1	631.77
53060	DRAINAGE OF SKENE'S GLAND AB	0	999	10/1/2020	12/31/9999	1	65.54
53080	DRAINAGE OF PERINEAL URINARY	0	999	10/1/2020	12/31/9999	1	224.97
53085	DRAINAGE OF PERINEAL URINARY	0	999	10/1/2020	12/31/9999	1	631.77
53200	BIOPSY OF URETHRA	0	999	10/1/2020	12/31/9999	1	631.77
53210	URETHRECTOMY, TOTAL, INCLUDI	0	999	10/1/2020	12/31/9999	1	1,101.58
53215	URETHRECTOMY, TOTAL, INCLUDI	0	999	10/1/2020	12/31/9999	1	1,581.02
53220	EXCISION OR FULGURATION OF C	0	999	10/1/2020	12/31/9999	1	1,101.58
53230	EXCISION OF URETHRAL DIVERTI	0	999	10/1/2020	12/31/9999	1	1,581.02
53235	EXCISION OF URETHRAL DIVERTI	0	999	10/1/2020	12/31/9999	1	1,581.02
53240	MARSUPIALIZATION OF URETHRAL	0	999	10/1/2020	12/31/9999	1	1,101.58
53250	EXCISION OF BULBOURETHRAL GL	0	999	10/1/2020	12/31/9999	1	1,101.58
53260	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77
53265	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77
53270	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77
53275	EXCISION OR FULGURATION;	0	999	10/1/2020	12/31/9999	1	631.77
53400	URETHROPLASTY;	0	999	10/1/2020	12/31/9999	1	1,581.02
53405	URETHROPLASTY;	0	999	10/1/2020	12/31/9999	1	1,581.02
53410	URETHROPLASTY, ONE-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02
53420	URETHROPLASTY, TWO-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02
53425	URETHROPLASTY, TWO-STAGE REC	0	999	10/1/2020	12/31/9999	1	1,581.02
53430	URETHROPLASTY, RECONSTRUCTIO	0	999	10/1/2020	12/31/9999	1	1,581.02
53431	RECONSTRUCT URETHRA/BLADDER	0	999	10/1/2020	12/31/9999	1	1,581.02
53440	MALE SLING PROCEDURE	0	999	10/1/2020	12/31/9999	1	5,237.35
53442	REMOVE/REVISE MALE SLING	0	999	10/1/2020	12/31/9999	1	1,581.02
53444	INSERT TANDEM CUFF	0	999	10/1/2020	12/31/9999	1	10,960.90
53445	INSERT URO/VES NCK SPHINCTER	0	999	10/1/2020	12/31/9999	1	11,949.86
53446	REMOVE URO SPHINCTER	0	999	10/1/2020	12/31/9999	1	1,581.02
53447	REMOVE/REPLACE UR SPHINCTER	0	999	10/1/2020	12/31/9999	1	11,586.74
53449	REPAIR URO SPHINCTER	0	999	10/1/2020	12/31/9999	1	1,581.02
53450	URETHRAL MEATOPLASTY, WITH M	0	999	10/1/2020	12/31/9999	1	1,101.58
53460	URETHRAL MEATOPLASTY, WITH P	0	999	10/1/2020	12/31/9999	1	1,101.58
53502	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,101.58
53505	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02
53510	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02
53515	URETHRORRHAPHY, SUTURE OF UR	0	999	10/1/2020	12/31/9999	1	1,581.02
53520	CLOSURE OF URETHROSTOMY OR U	0	999	10/1/2020	12/31/9999	1	1,581.02
53600	DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	31.47
53601	*DILATION OF URETHRAL STRICTU	0	999	10/1/2016	12/31/9999	1	0.00
53605	DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	631.77
53620	*DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	69.87
53621	*DILATION OF URETHRAL STRICTU	0	999	10/1/2020	12/31/9999	1	71.60
53660	*DILATION OF FEMALE URETHRA I	0	999	10/1/2020	12/31/9999	1	35.22
53661	*DILATION OF FEMALE URETHRA I	0	999	10/1/2016	12/31/9999	1	0.00
53665	DILATION OF FEMALE URETHRA I	0	999	10/1/2020	12/31/9999	1	631.77
53850	PROSTATIC MICROWAVE THERMOTX	0	999	10/1/2020	12/31/9999	1	1,101.58
53852	PROSTATIC RF THERMOTX	0	999	10/1/2020	12/31/9999	1	1,051.22

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
53854	TRURL DSTRJ PRST8 TISS RF WV	18	999	10/1/2020	12/31/9999	1	631.77
53855	INSERT PROST URETHRAL STENT	0	999	10/1/2020	12/31/9999	1	556.07
53860	TRANSURETHRAL RF TREATMENT	0	999	10/1/2020	12/31/9999	1	631.77
54001	SLITTING OF PREPUCE, DORSAL	1	999	10/1/2020	12/31/9999	1	631.77
54015	INCISION AND DRAINAGE OF PEN	0	999	10/1/2020	12/31/9999	1	461.11
54050	*DESTRUCTION OF CONDYLOMATA,	0	999	10/1/2016	12/31/9999	1	0.00
54055	*DESTRUCTION OF CONDYLOMATA,	0	999	10/1/2020	12/31/9999	1	63.81
54056	DESTRUCTION OF LESION(S), PENI	0	999	10/1/2015	12/31/9999	1	0.00
54057	DESTRUCTION OF LESION(S), PENI	0	999	10/1/2020	12/31/9999	1	655.96
54060	*DESTRUCTION OF CONDYLOMATA,	0	999	10/1/2020	12/31/9999	1	655.96
54065	DESTRUCTION, PENIS LESION(S)	0	999	10/1/2020	12/31/9999	1	655.96
54100	BIOPSY OF PENIS	0	999	10/1/2020	12/31/9999	1	461.11
54105	BIOPSY OF PENIS;	0	999	10/1/2020	12/31/9999	1	795.47
54110	EXCISION OF PENILE PLAQUE (P	0	999	10/1/2020	12/31/9999	1	1,101.58
54112	EXCISION OF PENILE PLAQUE (PEY	0	999	10/1/2020	12/31/9999	1	3,196.52
54115	REMOVAL FOREIGN BODY FROM DE	0	999	10/1/2020	12/31/9999	1	795.47
54120	AMPUTATION OF PENIS;	0	999	10/1/2020	12/31/9999	1	1,101.58
54161	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT	0	999	10/1/2020	12/31/9999	1	631.77
54162	LYSIS PENIL CIRCUMCIS LESION	0	999	10/1/2020	12/31/9999	1	631.77
54163	REPAIR OF CIRCUMCISION	0	999	10/1/2020	12/31/9999	1	631.77
54164	FRENULOTOMY OF PENIS	0	999	10/1/2020	12/31/9999	1	631.77
54200	*INJECTION PROCEDURE FOR PEYR	0	999	10/1/2020	12/31/9999	1	56.01
54205	INJECTION PROCEDURE FOR PEYR	0	999	10/1/2020	12/31/9999	1	1,581.02
54220	IRRIGATION OF CORPORA CAVERN	0	999	10/1/2020	12/31/9999	1	94.95
54230	INJECTION PROCEDURE FOR CORP	0	999	10/1/2012	12/31/9999	1	0.00
54231	DYNAMIC CAVERNOSOMETRY, INCLUD	0	999	10/1/2020	12/31/9999	1	51.68
54240	PENILE PLETHYSMOGRAPHY	0	999	10/1/2020	12/31/9999	1	30.31
54300	PLASTIC OPERATION OF PENIS F	0	999	10/1/2020	12/31/9999	1	1,101.58
54304	PLASTIC OPERATION ON PENIS FOR	0	999	10/1/2020	12/31/9999	1	1,101.58
54308	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,581.02
54312	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,101.58
54316	URETHROPLASTY FOR SECOND STAGE	0	999	10/1/2020	12/31/9999	1	1,581.02
54318	URETHROPLASTY FOR THIRD STAGE	0	999	10/1/2020	12/31/9999	1	1,101.58
54322	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58
54324	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58
54326	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	631.77
54328	ONE STAGE DISTAL HYPOSPADIAS R	0	999	10/1/2020	12/31/9999	1	1,101.58
54340	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,101.58
54344	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,581.02
54348	REPAIR OF HYPOSPADIAS COMPLICA	0	999	10/1/2020	12/31/9999	1	1,581.02
54352	REPAIR OF HYPOSPADIAS CRIPPLE	0	999	10/1/2020	12/31/9999	1	1,581.02
54360	PLASTIC OPERATION ON PENIS T	0	999	10/1/2020	12/31/9999	1	1,101.58
54380	PLASTIC OPERATION ON PENIS F	0	999	10/1/2020	12/31/9999	1	631.77
54385	PLASTIC OPERATION ON PENIS F	0	999	10/1/2020	12/31/9999	1	631.77
54420	CORPORA CAVERNOSA-SAPHENOUS	0	999	10/1/2020	12/31/9999	1	631.77
54435	CORPORA CAVERNOSA-GLANS PENI	0	999	10/1/2020	12/31/9999	1	1,101.58
54437	REPAIR CORPOREAL TEAR	0	999	10/1/2020	12/31/9999	1	1,101.58
54440	PLASTIC OPERATION OF PENIS F	0	999	10/1/2020	12/31/9999	1	1,101.58
54450	FORESKIN MANIPULATION INCLUD	0	999	10/1/2020	12/31/9999	1	94.95
54500	BIOPSY OF TESTIS, NEEDLE (SE	0	999	10/1/2020	12/31/9999	1	795.47
54505	BIOPSY OF TESTIS, INCISIONAL (	0	999	10/1/2020	12/31/9999	1	1,101.58
54512	EXCISE LESION TESTIS	0	999	10/1/2020	12/31/9999	1	1,101.58
54520	ORCHIECTOMY, SIMPLE (INCLUDING	0	999	10/1/2020	12/31/9999	1	1,101.58
54522	ORCHIECTOMY, PARTIAL	0	999	10/1/2020	12/31/9999	1	1,101.58
54530	ORCHIECTOMY, RADICAL, FOR TU	0	999	10/1/2020	12/31/9999	1	1,101.77
54550	EXPLORATION FOR UNDESCENDED TE	0	999	10/1/2020	12/31/9999	1	1,101.77
54560	EXPLORATION FOR UNDESCENDED TE	0	999	10/1/2020	12/31/9999	1	631.77

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
54600	REDUCTION OF TORSION OF TEST	0	999	10/1/2020	12/31/9999	1	1,101.58
54620	FIXATION OF CONTRALATERAL TE	0	999	10/1/2020	12/31/9999	1	1,101.58
54640	ORCHIOPEXY, INGUINAL, SCROTAL APPROACH	0	999	10/1/2020	12/31/9999	1	1,101.77
54670	SUTURE OR REPAIR OF TESTICUL	0	999	10/1/2020	12/31/9999	1	631.77
54680	TRANSPLANTATION OF TESTIS(ES)	0	999	10/1/2020	12/31/9999	1	1,101.58
54690	LAPAROSCOPY, ORCHIECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26
54692	LAPAROSCOPY, ORCHIOPEXY	0	999	10/1/2020	12/31/9999	1	1,755.26
54700	INCISION AND DRAINAGE OF EPI	0	999	10/1/2020	12/31/9999	1	631.77
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	0	999	10/1/2020	12/31/9999	1	461.11
54830	EXCISION OF LOCAL LESION OF	0	999	10/1/2020	12/31/9999	1	631.77
54840	EXCISION OF SPERMATOCELE, WI	0	999	10/1/2020	12/31/9999	1	631.77
54860	EPIDIDYMECTOMY;	0	999	10/1/2020	12/31/9999	1	631.77
54861	EPIDIDYMECTOMY;	0	999	10/1/2020	12/31/9999	1	1,101.58
54865	EXPLOR EPIDIDYMIS W OR W/O BIOPSY	0	999	10/1/2020	12/31/9999	1	1,101.58
54900	EPIDIDYMOVASOSTOMY, ANASTOMO	0	999	10/1/2020	12/31/9999	1	631.77
54901	EPIDIDYMOVASOSTOMY, ANASTOMO	0	999	10/1/2020	12/31/9999	1	1,101.58
55000	*PUNCTURE ASPIRATION OF HYDRO	0	999	10/1/2020	12/31/9999	1	51.39
55040	EXCISION OF HYDROCELE;	0	999	10/1/2020	12/31/9999	1	1,101.77
55041	EXCISION OF HYDROCELE;	0	999	10/1/2020	12/31/9999	1	1,101.77
55060	REPAIR OF HYDROCELE (BOTTLE	0	999	10/1/2020	12/31/9999	1	1,101.58
55100	*DRAINAGE OF SCROTAL WALL ABS	0	999	10/1/2020	12/31/9999	1	461.11
55110	SCROTAL EXPLORATION	0	999	10/1/2020	12/31/9999	1	1,101.58
55120	REMOVAL OF FOREIGN BODY IN S	0	999	10/1/2020	12/31/9999	1	631.77
55150	RESECTION OF SCROTUM	0	999	10/1/2020	12/31/9999	1	1,101.58
55175	SCROTOPLASTY; SIMPLE	0	999	10/1/2020	12/31/9999	1	1,101.58
55180	SCROTOPLASTY; COMPLICATED	0	999	10/1/2020	12/31/9999	1	1,581.02
55200	VASOTOMY, CANNULIZATION WITH	0	999	10/1/2020	12/31/9999	1	1,101.58
55250	VASE, UNILAT /BILT, INCLUDE POST-OP SEM	21	999	10/1/2020	12/31/9999	1	631.77
55400	VASOVASOSTOMY, VASOVASORRHAPHY	0	999	10/1/2020	12/31/9999	1	1,101.58
55500	EXCISION OF HYDROCELE OF SPE	0	999	10/1/2020	12/31/9999	1	1,101.58
55520	EXCISION OF LESION OF SPERMA	0	999	10/1/2020	12/31/9999	1	1,101.58
55530	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.58
55535	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.77
55540	EXCISION OF VARICOCELE OR LI	0	999	10/1/2020	12/31/9999	1	1,101.77
55550	LAPARO LIGATE SPERMATIC VEIN	0	999	10/1/2020	12/31/9999	1	1,755.26
55600	VESICULOTOMY;	0	999	10/1/2020	12/31/9999	1	631.77
55680	EXCISION OF MULLERIAN DUCT C	0	999	10/1/2020	12/31/9999	1	1,101.58
55700	BIOPSY, PROSTATE;	0	999	10/1/2020	12/31/9999	1	631.77
55705	BIOPSY, PROSTATE;	0	999	10/1/2020	12/31/9999	1	631.77
55706	BIOP PROSTATE NEEDLE TRANSPER	0	999	10/1/2020	12/31/9999	1	1,101.58
55720	PROSTATOTOMY, EXTERNAL DRAIN	0	999	10/1/2020	12/31/9999	1	631.77
55725	PROSTATOTOMY, EXTERNAL DRAIN	0	999	10/1/2020	12/31/9999	1	1,101.58
55860	EXPOSURE OF PROSTATE, ANY APPR	0	999	10/1/2020	12/31/9999	1	1,581.02
55873	CRYOABLATE PROSTATE	0	999	10/1/2020	12/31/9999	1	4,955.69
55874	TRANSPERINEAL PLAC OF BIO MATERIAL	0	999	10/1/2020	12/31/9999	1	1,581.02
55875	TRANSP PLC CATH PROSTATE FOR RADIOELE AP	0	999	10/1/2020	12/31/9999	1	1,581.02
55876	PLACE RT DEVICE/MARKER PROS	0	999	10/1/2020	12/31/9999	1	64.96
55920	PLACE NEEDLES PERVIC FOR RT	0	999	10/1/2020	12/31/9999	1	1,453.09
56405	INCISION AND DRAINAGE OF VULVA	0	999	10/1/2020	12/31/9999	1	56.01
56420	INCISION AND DRAINAGE OF BARTH	0	999	10/1/2020	12/31/9999	1	67.12
56440	MARSUPIALIZATION OF BARTHOLI	0	999	10/1/2020	12/31/9999	1	988.25
56441	LYSIS OF LABIAL ASHESIONS	0	999	10/1/2020	12/31/9999	1	988.25
56442	HYMENOTOMY SIMPLE INCISION	0	999	10/1/2020	12/31/9999	1	988.25
56501	DESTROY, VULVA LESIONS, SIMP	0	999	10/1/2020	12/31/9999	1	82.86
56515	DESTROY VULVA LESION/S COMPL	0	999	10/1/2020	12/31/9999	1	655.96
56605	BIOPSY OF VULVA OR PERINEUM (S	0	999	10/1/2020	12/31/9999	1	38.11
56606	BIOPSY OF VULVA/PERINEUM	0	999	10/1/2014	12/31/9999	5	0.00

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
56620	BIOPSY OF VULVA OR PERINEUM (S	0	999	10/1/2020	12/31/9999	1	988.25
56625	BIOPSY OF VULVA OR PERINEUM (S	0	999	10/1/2020	12/31/9999	1	988.25
56700	PARTIAL HYMNECTOMY OR REVISIO	0	999	10/1/2020	12/31/9999	1	988.25
56740	EXCISION OF BARTHOLIN'S GLAN	0	999	10/1/2020	12/31/9999	1	988.25
56800	PLASTIC REPAIR OF INTROITUS	0	999	10/1/2020	12/31/9999	1	988.25
56810	PERINEOPLASTY, REPAIR OF PERIN	0	999	10/1/2020	12/31/9999	1	988.25
56820	EXAM OF VULVA W/SCOPE	0	999	10/1/2020	12/31/9999	1	48.79
56821	EXAM/BIOPSY OF VULVA W/SCOPE	0	999	10/1/2020	12/31/9999	1	63.52
57000	COLPOTOMY;	0	999	10/1/2020	12/31/9999	1	988.25
57010	COLPOTOMY;	0	999	10/1/2020	12/31/9999	1	988.25
57020	*COLPOCENTESIS (SEPARATE PROC	0	999	10/1/2020	12/31/9999	1	1,453.09
57022	I & D VAGINAL HEMATOMA, PP	9	60	10/1/2020	12/31/9999	1	795.47
57023	I & D VAG HEMATOMA, TRAUMA	0	999	10/1/2020	12/31/9999	1	795.47
57061	DESTROY VAG LESIONS, SIMPLE	0	999	10/1/2020	12/31/9999	1	73.34
57065	DESTROY VAG LESIONS, COMPLEX	0	999	10/1/2020	12/31/9999	1	988.25
57100	*BIOPSY OF VAGINAL MUCOSA;	0	999	10/1/2020	12/31/9999	1	39.84
57105	BIOPSY OF VAGINAL MUCOSA;	0	999	10/1/2020	12/31/9999	1	988.25
57120	COLPOCLEISIS (LE FORT TYPE)	0	999	10/1/2020	12/31/9999	1	1,453.09
57130	EXCISION OF VAGINAL SEPTUM	0	999	10/1/2020	12/31/9999	1	988.25
57135	EXCISION OF VAGINAL CYST OR	0	999	10/1/2020	12/31/9999	1	988.25
57150	IRRIGATION OF VAGINA AND/OR AP	0	999	10/1/2016	12/31/9999	1	0.00
57155	INSERT UTERI TANDEMS/OVOIDS	0	999	10/1/2020	12/31/9999	1	1,453.09
57156	INS VAG BRACHYTX DEVICE	0	999	10/1/2020	12/31/9999	1	109.43
57160	INSERTION OF PESSARY/DEVICE	0	999	10/1/2020	12/31/9999	1	27.14
57170	DIAPHRAGM OR CERVICAL CAP FITT	0	999	10/1/2020	12/31/9999	1	28.30
57180	INTRODUCTION OF ANY HEMOSTATIC	0	999	10/1/2020	12/31/9999	1	67.12
57200	COLPORRHAPHY, SUTURE OF INJU	0	999	10/1/2020	12/31/9999	1	988.25
57210	COLPOPERINEORRHAPHY, SUTURE	0	999	10/1/2020	12/31/9999	1	988.25
57220	PLASTIC OPERATION ON URETHRAL	0	999	10/1/2020	12/31/9999	1	1,453.09
57230	PLASTIC REPAIR OF URETHROCELE	0	999	10/1/2020	12/31/9999	1	988.25
57240	ANTERIOR COLPORRHAPHY, REPAIR	0	999	10/1/2020	12/31/9999	1	1,453.09
57250	POSTERIOR COLPORRHAPHY, REPAIR	0	999	10/1/2020	12/31/9999	1	1,453.09
57260	COMBINED ANTEROPOSTERIOR COL	0	999	10/1/2020	12/31/9999	1	1,453.09
57265	COMBINED ANTEROPOSTERIOR COL	0	999	10/1/2020	12/31/9999	1	1,453.09
57267	INSERT MESH/PELVIC FLR ADDON	0	999	10/1/2014	12/31/9999	2	0.00
57268	REPAIR OF ENTEROCELE, VAGINA	0	999	10/1/2020	12/31/9999	1	1,453.09
57287	REVISE/REMOVE SLING REPAIR	0	999	10/1/2020	12/31/9999	1	988.25
57288	SLING OPERATION FOR STRESS I	0	999	10/1/2020	12/31/9999	1	1,961.42
57289	PEREYRA PROCEDURE, INCLUDING	0	999	10/1/2020	12/31/9999	1	2,184.26
57291	CONSTRUCTION OF ARTIFICIAL V	0	999	10/1/2020	12/31/9999	1	1,453.09
57295	CHANGE VAGINAL GRAFT	0	999	10/1/2020	12/31/9999	1	988.25
57300	CLOSURE OF RECTOVAGINAL FIST	0	999	10/1/2020	12/31/9999	1	988.25
57310	CLOSURE OF URETHROVAGINAL FI	0	999	10/1/2020	12/31/9999	1	2,184.26
57320	CLOSURE OF VESICOVAGINAL FIS	0	999	10/1/2020	12/31/9999	1	1,453.09
57400	*DILATION OF VAGINA UNDER ANE	0	999	10/1/2020	12/31/9999	1	988.25
57410	*PELVIC EXAMINATION UNDER ANE	0	999	10/1/2020	12/31/9999	1	988.25
57415	REMOVAL OF IMPACTED VAGINAL FO	0	999	10/1/2020	12/31/9999	1	988.25
57420	EXAM OF VAGINA W/SCOPE	0	999	10/1/2020	12/31/9999	1	50.53
57421	EXAM/BIOPSY OF VAG W/SCOPE	0	999	10/1/2020	12/31/9999	1	66.70
57426	REVISE PROSTH VAG GRAFT LAP	0	999	10/1/2020	12/31/9999	1	2,184.26
57452	EXAM OF CERVIX W/SCOPE	0	999	10/1/2020	12/31/9999	1	49.37
57454	BX/CURETT OF CERVIX W/SCOPE	0	999	10/1/2020	12/31/9999	1	58.03
57455	BIOPSY OF CERVIX W/SCOPE	0	999	10/1/2020	12/31/9999	1	61.78
57456	ENDOCERV CURETTAGE W/SCOPE	0	999	10/1/2020	12/31/9999	1	58.90
57460	BX OF CERVIX W/SCOPE, LEEP	0	999	10/1/2020	12/31/9999	1	159.08
57461	CONZ OF CERVIX W/SCOPE, LEEP	0	999	10/1/2020	12/31/9999	1	169.77
57500	BIOP CERVIX SINGL/MULTI OR EXC LESION	0	999	10/1/2020	12/31/9999	1	78.53

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
57505	ENDOCERVICAL CURETTAGE (NOT DO	0	999	10/1/2020	12/31/9999	1	66.98
57510	CAUTERIZATION OF CERVIX	0	999	10/1/2020	12/31/9999	1	61.50
57511	*CAUTERIZATION OF CERVIX;	0	999	10/1/2020	12/31/9999	1	79.11
57513	CAUTERIZATION OF CERVIX; LASER	0	999	10/1/2020	12/31/9999	1	988.25
57520	CONIZATION OF CERVIX, WITH OR	0	999	10/1/2020	12/31/9999	1	988.25
57522	CONIZATION OF CERVIX	0	999	10/1/2020	12/31/9999	1	988.25
57530	TRACHELECTOMY (CERVICECTOMY)	0	999	10/1/2020	12/31/9999	1	1,453.09
57550	EXCISION OF CERVICAL STUMP,	0	999	10/1/2020	12/31/9999	1	1,453.09
57556	EXCISION OF CERVICAL STUMP,	0	999	10/1/2020	12/31/9999	1	1,453.09
57558	DIL & CUR OF CERVIC STUMP	0	999	10/1/2020	12/31/9999	1	988.25
57700	CERCLAGE OF UTERINE CERVIX, NO	0	999	10/1/2020	12/31/9999	1	988.25
57720	TRACHELORRHAPHY, PLASTIC REP	0	999	10/1/2020	12/31/9999	1	988.25
57800	*DILATION OF CERVICAL CANAL,	0	999	10/1/2020	12/31/9999	1	32.34
58100	ENDOMETRIAL AND/OR ENDOCERVICA	0	999	10/1/2020	12/31/9999	1	40.42
58110	BX DONE W/COLPOSCOPY ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00
58120	DILATION AND CURETTAGE, DIAG	0	999	10/1/2020	12/31/9999	1	988.25
58145	MYOMECTOMY, EXCISION OF FIBR	0	999	10/1/2020	12/31/9999	1	988.25
58260	VAG HYST, UTER 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	1,453.09
58262	VAG HYST, UTER 250 G OR LESS; REML TUB/	0	999	10/1/2020	12/31/9999	1	1,453.09
58301	REMOVAL OF INTRAUTERINE DEVICE	0	999	10/1/2020	12/31/9999	1	41.86
58340	CATH&INTRO SALINE/CONTRAST SIS/HSG CATH	0	999	10/1/2012	12/31/9999	1	0.00
58345	TRANSCERVICAL INTRODUCTION OF	0	999	10/1/2020	12/31/9999	1	988.25
58346	INSERT HEYMAN UTERI CAPSULE	0	999	10/1/2020	12/31/9999	1	1,453.09
58350	*HYDROTUBATION OF OVIDUCT, IN	0	999	10/1/2020	12/31/9999	1	1,453.09
58353	ENDOMETR ABLATE, THERMAL	0	999	10/1/2020	12/31/9999	1	1,453.09
58356	ENDOMETRIAL CRYOABLATION	0	999	10/1/2020	12/31/9999	1	1,288.26
58541	LAP SURG SUPCER HYST, UTER <250	0	999	10/1/2020	12/31/9999	1	1,755.26
58542	LAP SURG SUPCER HYS UTE <250 W REM TUB/O	0	999	10/1/2020	12/31/9999	1	2,870.86
58543	LAP SURG, SUPCER HYST, UTER > 250G	0	999	10/1/2020	12/31/9999	1	2,870.86
58544	LAP SURG, SUPCER HYST, UTER > 250G; REM	0	999	10/1/2020	12/31/9999	1	2,870.86
58545	LAPAROSCOPIC MYOMECTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26
58546	LAPARO-MYOMECTOMY, COMPLEX	0	999	10/1/2020	12/31/9999	1	2,870.86
58550	LAP SURG W VAG HYS UTER =<250G	0	999	10/1/2020	12/31/9999	1	1,755.26
58552	LAP SURG W VAG HYS UTER =<250G REM TUB/O	0	999	10/1/2020	12/31/9999	1	2,870.86
58553	LAP SURG W VAG HYS UTER > 250G	0	999	10/1/2020	12/31/9999	1	2,870.86
58554	LAP SURG W VAG HYS UTER > 250G; REM TUB/	0	999	10/1/2020	12/31/9999	1	2,870.86
58555	HYSTEROSCOPY, DX, SEP PROC	0	999	10/1/2020	12/31/9999	1	988.25
58558	HYSTEROSCOPY, BIOPSY	0	999	10/1/2020	12/31/9999	1	988.25
58559	HYSTEROSCOPY, LYSIS	0	999	10/1/2020	12/31/9999	1	1,453.09
58560	HYSTEROSCOPY, RESECT SEPTUM	0	999	10/1/2020	12/31/9999	1	1,453.09
58561	HYSTEROSCOPY, REMOVE MYOMA	0	999	10/1/2020	12/31/9999	1	1,453.09
58562	HYSTEROSCOPY, REMOVE FB	0	999	10/1/2020	12/31/9999	1	988.25
58563	HYSTEROSCOPY, ABLATION	0	999	10/1/2020	12/31/9999	1	1,453.09
58565	HYS-SCOPE BIL TUB CANN INDU OCC PERM IMP	21	999	10/1/2020	12/31/9999	1	1,453.09
58570	TLH, UTERUS 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	2,870.86
58571	TLH W/T/O 250 G OR LESS	0	999	10/1/2020	12/31/9999	1	2,870.86
58572	TLH, UTERUS OVER 250 G	0	999	10/1/2020	12/31/9999	1	2,870.86
58573	TLH W/T/O UTERUS OVER 250 G	0	999	10/1/2020	12/31/9999	1	2,870.86
58600	LIG/TRAN TUB ABDM/VAG UNIL/BILA	21	999	10/1/2020	12/31/9999	1	988.25
58615	OCC TUB DEVC VAG/ SUPRPUB	21	999	10/1/2020	12/31/9999	1	988.25
58660	LAPAROSCOPY, LYSIS	0	999	10/1/2020	12/31/9999	1	1,755.26
58661	LAPSCP SURG REM ADNEXAL STRUC	0	999	10/1/2020	12/31/9999	1	1,755.26
58662	LAPAROSCOPY, EXCISE LESIONS	0	999	10/1/2020	12/31/9999	1	1,755.26
58670	LAPSCP SURG FULG OVIDCTS	0	999	10/1/2020	12/31/9999	1	1,755.26
58671	LAPSCP SURG OCCL OVIDT DEVICE	0	999	10/1/2020	12/31/9999	1	1,755.26
58672	LAPAROSCOPY, FIMBRIOPLASTY	0	999	10/1/2020	12/31/9999	1	1,755.26
58673	LAPAROSCOPY, SALPINGOSTOMY	0	999	10/1/2020	12/31/9999	1	1,755.26

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58674	LAPARO, SUGICAL, UTERINE FIBROIDS	0	999	10/1/2020	12/31/9999	1	2,870.86
58800	DRAINAGE OF OVARIAN CYST(S),	0	999	10/1/2020	12/31/9999	1	988.25
58805	DRAINAGE OF OVARIAN CYST(S),	0	999	10/1/2020	12/31/9999	1	988.25
58820	OPEN DRAIN OVARY ABSCESS	0	999	10/1/2020	12/31/9999	1	988.25
58900	BIOPSY OF OVARY, UNILATERAL	0	999	10/1/2020	12/31/9999	1	988.25
59000	AMNIOCENTESIS, DIAGNOSTIC	9	60	10/1/2020	12/31/9999	1	52.54
59001	AMNIOCENTESIS, THERAPEUTIC	0	999	10/1/2020	12/31/9999	1	109.43
59012	CORDOCENTESIS (INTRAUTERINE),	9	60	10/1/2020	12/31/9999	1	109.43
59015	CHORIONIC VILLUS SAMPLING, ANY	9	60	10/1/2020	12/31/9999	1	49.37
59020	FETAL CONTRACTION STRESS TEST	9	60	10/1/2020	12/31/9999	4	26.56
59025	FETAL NON-STRESS TEST	9	60	10/1/2020	12/31/9999	2	15.02
59070	TRANSABD AMNIOINFUS INCL US GUID TRANS	0	999	10/1/2020	12/31/9999	1	109.43
59072	FETAL UMB CORD OCCL INCL US GUID FETAL	0	999	10/1/2020	12/31/9999	1	152.98
59074	FETAL FL DRAIN INCL ULTRASOUND GUIDFETAL	0	999	10/1/2020	12/31/9999	1	109.43
59076	FETAL SHNT PLCMT INCL US GUID FETAL	0	999	10/1/2020	12/31/9999	1	109.43
59100	HYSTEROTOMY ABDOMINAL	9	60	10/1/2020	12/31/9999	1	1,453.09
59150	LAPAROSCOPIC TREATMENT OF ECTO	9	60	10/1/2020	12/31/9999	1	1,755.26
59151	LAP TRTMT ECT PREG; SALP/OOPHR	9	60	10/1/2020	12/31/9999	1	1,755.26
59160	D&C AFTER DELIVERY	9	60	10/1/2020	12/31/9999	1	988.25
59300	EPISIOTOMY OR VAGINAL REPAIR,	9	60	10/1/2020	12/31/9999	1	89.50
59320	CERCLAGE OF CERVIX, DURING PRE	9	60	10/1/2020	12/31/9999	1	988.25
59412	EXTERNAL CEPHALIC VERSION, WIT	9	60	10/1/2020	12/31/9999	1	988.25
59414	DELIVERY OF PLACENTA (SEPARATE	9	60	10/1/2020	12/31/9999	1	988.25
59812	TREATMENT OF INCOMPLETE ABORTI	9	60	10/1/2020	12/31/9999	1	988.25
59820	TREATMENT OF MISSED ABORTION,	9	60	10/1/2020	12/31/9999	1	988.25
59821	TREATMENT OF MISSED ABORTION,	9	60	10/1/2020	12/31/9999	1	988.25
59840	INDU ABORT, DIL/CURET	9	60	10/1/2020	12/31/9999	1	988.25
59841	INDU ABORT, DIL/EVACU	9	60	10/1/2020	12/31/9999	1	988.25
59870	UTERINE EVACUATION AND CURETTA	9	60	10/1/2020	12/31/9999	1	988.25
59871	REMOVE CERCLAGE SUTURE	9	60	10/1/2020	12/31/9999	1	988.25
60000	DRAIN THYROID/TONGUE CYST	0	999	10/1/2020	12/31/9999	1	429.28
60100	*BIOPSY THYROID, PERCUTANEOUS	0	999	10/1/2020	12/31/9999	1	43.02
60200	EXCISION OF CYST OR ADENOMA	0	999	10/1/2020	12/31/9999	1	1,755.26
60210	PARTIAL EXCISION THYROID	0	999	10/1/2020	12/31/9999	1	1,755.26
60212	PARTIAL THYROID EXCISION	0	999	10/1/2020	12/31/9999	1	1,755.26
60220	TOTAL THYROID LOBECTOMY, UNI	0	999	10/1/2020	12/31/9999	1	1,755.26
60225	TOTAL THYROID LOBECTOMY, UNI	0	999	10/1/2020	12/31/9999	1	1,755.26
60240	THYROIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,755.26
60280	EXCISION OF THYROGLOSSAL DUC	0	999	10/1/2020	12/31/9999	1	1,755.26
60281	EXCISION OF THYROGLOSSAL DUCT	0	999	10/1/2020	12/31/9999	1	1,755.26
60300	ASP &/OR INJ THYROID CYST	0	999	10/1/2020	12/31/9999	1	62.94
60500	PARATHYROIDECTOMY OR EXPLORA	0	999	10/1/2020	12/31/9999	1	1,797.24
61000	*SUBDURAL TAP THROUGH FONTANE	0	1	10/1/2020	12/31/9999	1	252.66
61001	*SUBDURAL TAP THROUGH FONTANE	0	1	10/1/2020	12/31/9999	1	252.66
61020	VENTRICULAR PUNCTURE THROUGH	0	999	10/1/2020	12/31/9999	1	328.26
61026	INJECTION INTO BRAIN CANAL	0	999	10/1/2020	12/31/9999	1	252.66
61050	CISTERNAL OR LATERAL CERVICAL	0	999	10/1/2020	12/31/9999	1	105.82
61055	CISTERNL/LAT CERV PUNCTURE	0	999	10/1/2020	12/31/9999	1	105.82
61070	*PUNCTURE OF SHUNT TUBING OR	0	999	10/1/2020	12/31/9999	1	252.66
61215	INSERTION OF SUBCUTANEOUS RESE	0	999	10/1/2020	12/31/9999	1	1,736.19
61330	DECOMPRESSION OF ORBIT ONLY, T	0	999	10/1/2020	12/31/9999	1	844.05
61770	INCISE SKULL FOR TREATMENT	0	999	10/1/2020	12/31/9999	1	1,736.19
61781	SCAN PROC CRANIAL INTRA	0	999	10/1/2012	12/31/9999	1	0.00
61782	SCAN PROC CRANIAL EXTRA	0	999	10/1/2012	12/31/9999	1	0.00
61783	SCAN PROC SPINAL	0	999	10/1/2012	12/31/9999	1	0.00
61790	STEREOTACTIC LESION OF GASSE	0	999	10/1/2020	12/31/9999	1	637.43
61791	CREATION OF LESION BY STEREOTA	0	999	10/1/2020	12/31/9999	1	637.43

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
61880	REVISION OR REMOVAL OF INTRACR	0	999	10/1/2020	12/31/9999	1	1,476.76
61885	INSRT/REDO NEUROSTIM 1 ARRAY	0	999	10/1/2020	12/31/9999	1	13,846.14
61886	IMPLANT NEUROSTIM ARRAYS	0	999	10/1/2020	12/31/9999	1	18,849.65
61888	REVISION OR REMOVAL OF CRANIAL	0	999	10/1/2020	12/31/9999	1	3,582.98
62160	NEUROENDOSCOPY ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00
62194	REPLACEMENT OR IRRIGATION, S	0	999	10/1/2020	12/31/9999	1	637.43
62225	REPLACEMENT OR IRRIGATION, V	0	999	10/1/2020	12/31/9999	1	1,736.19
62230	REPLACE/REVISE BRAIN SHUNT	0	999	10/1/2020	12/31/9999	1	1,736.19
62252	CSF SHUNT REPROGRAM	0	999	10/1/2020	12/31/9999	1	28.01
62263	EPIDURAL LYSIS MULT SESSIONS	0	999	10/1/2020	12/31/9999	1	328.26
62264	EPIDURAL LYSIS ON SINGLE DAY	0	999	10/1/2020	12/31/9999	1	328.26
62267	PERCUT ASP INTERV DISC/DIAGNOSTIC	0	999	10/1/2020	12/31/9999	1	246.58
62268	PERCUTANEOUS ASPIRATION, SPINA	0	999	10/1/2020	12/31/9999	1	328.26
62269	BIOPSY OF SPINAL CORD, PERCUTA	0	999	10/1/2020	12/31/9999	1	461.11
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC.	0	999	10/1/2020	12/31/9999	2	252.66
62272	SPINAL PUNCTURE, THERAPEUTIC, DRAINAGE	0	999	10/1/2020	12/31/9999	2	252.66
62273	TREAT EPIDURAL SPINE LESION	0	999	10/1/2020	12/31/9999	1	252.66
62280	TREAT SPINAL CORD LESION	0	999	10/1/2020	12/31/9999	1	328.26
62281	INJECTION OF NEUROLYTIC SUBSTA	0	999	10/1/2020	12/31/9999	1	328.26
62282	TREAT SPINAL CANAL LESION	0	999	10/1/2020	12/31/9999	1	328.26
62284	INJECTION FOR MYELOGRAM	0	999	10/1/2012	12/31/9999	1	0.00
62287	DECOMPRESSION PROC OF DISC	0	999	10/1/2020	12/31/9999	1	637.43
62290	INJECTION PROCEDURE FOR DISKOG	0	999	10/1/2012	12/31/9999	6	0.00
62291	INJECT FOR SPINE DISK X-RAY	0	999	10/1/2012	12/31/9999	12	0.00
62292	INJECTION PROCEDURE FOR CHEM	0	999	10/1/2020	12/31/9999	1	637.43
62294	INJECTION PROCEDURE, ARTERIA	0	999	10/1/2020	12/31/9999	1	328.26
62302	MYELOGRAPHY LUMBAR INJ CERVICAL	0	999	1/1/2015	12/31/9999	1	0.00
62303	MYELOGRAPHY LUMBAR INJ THORACIC	0	999	1/1/2015	12/31/9999	1	0.00
62304	MYELOGRAPHY LUMBAR INJ LUMBOSACRAL	0	999	1/1/2015	12/31/9999	1	0.00
62305	MYELOGRAPHY LUMBAR INJECTION	0	999	1/1/2015	12/31/9999	1	0.00
62320	INJ DIAG/THER W/O GUIDE CERVICAL/THORACI	0	999	10/1/2020	12/31/9999	1	252.66
62321	INJ DIAG/THER W GUIDE CERVICAL/THORACIC	0	999	10/1/2020	12/31/9999	1	252.66
62322	INJ DIAG/THER W/O GUIDE LUMBAR/SACRAL	0	999	10/1/2020	12/31/9999	1	252.66
62323	INJ DIAG/THER W GUIDE LUMBAR/SACRAL	0	999	10/1/2020	12/31/9999	1	252.66
62324	INJ CERV/THOR W/O IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26
62325	INJ CERV/THOR W/ IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26
62326	INJ CERV/THOR W/CATH W/O IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26
62327	INJ CERV/THOR W/CATH W/IMAG GUID	0	999	10/1/2020	12/31/9999	1	328.26
62328	DX LMBR SPI PNXR W/FLUOR/CT	0	999	1/1/2020	12/31/9999	1	252.66
62329	THER SPI PNXR CSF FLUOR/CT	0	999	1/1/2020	12/31/9999	1	252.66
62350	IMPLANT SPINAL CANAL CATH	0	999	10/1/2020	12/31/9999	1	2,318.39
62355	REMOVE SPINAL CANAL CATHETER	0	999	10/1/2020	12/31/9999	1	637.43
62360	INSERT SPINE INFUSION DEVICE	0	999	10/1/2020	12/31/9999	1	11,059.97
62361	IMPLANT SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	11,393.59
62362	IMPLANT SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	10,934.18
62365	REMOVE SPINE INFUSION DEVICE	0	999	10/1/2020	12/31/9999	1	1,736.19
62367	ANALYZE SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	10.97
62368	ANALYZE SPINE INFUSION PUMP	0	999	10/1/2020	12/31/9999	1	15.30
62369	PROGRAM IMPL INTRATH PUMP W REFILL	0	999	10/1/2020	12/31/9999	1	56.88
62370	PROG IMPL INTRATH PUMP W REFILL PHY	0	999	10/1/2020	12/31/9999	1	53.12
62380	ENOD DECOMPRESS SPINAL CORD 1 SPACE LUMB	0	999	10/1/2020	12/31/9999	5	2,242.69
63001	LAMINECTOMY WITH EXPLORATION A	0	999	10/1/2020	12/31/9999	1	2,242.69
63003	LAMINECTOMY FOR DECOMPRESSION	0	999	10/1/2020	12/31/9999	1	2,242.69
63005	LAMINECTOMY FOR DECOMPRESSION	0	999	10/1/2020	12/31/9999	1	2,242.69
63020	LAMINOTOMY (HEMILAMINECTOMY),	0	999	10/1/2020	12/31/9999	1	2,242.69
63030	LOW BACK DISK SURGERY	0	999	10/1/2020	12/31/9999	1	2,242.69
63042	LAMINOTOMY (HEMILAMINECTOMY)	0	999	10/1/2020	12/31/9999	1	2,242.69

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
63044	LAMINOTOMY, ADDL LUMBAR	0	999	10/1/2015	12/31/9999	1	0.00
63045	LAMINECTOMY, FACETECTOMY AND F	0	999	10/1/2020	12/31/9999	1	2,242.69
63046	LAMINECTOMY, INCLUDING UNILATE	0	999	10/1/2020	12/31/9999	1	2,242.69
63047	LAMINECTOMY, INCLUDING UNILATE	0	999	10/1/2020	12/31/9999	1	2,242.69
63055	TRANSPEDICULAR APPROACH WITH D	0	999	10/1/2020	12/31/9999	1	2,242.69
63056	DECOMPRESS SPINAL CORD	0	999	10/1/2020	12/31/9999	1	2,242.69
63600	STEREOTACTIC LESION OF SPINA	0	999	10/1/2020	12/31/9999	1	637.43
63610	STEREOTACTIC STIMULATION OF	0	999	10/1/2020	12/31/9999	1	942.06
63650	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,611.89
63655	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	12,754.90
63661	REMOVE SPINE ELTRD PERQ ARAY	0	999	10/1/2020	12/31/9999	1	637.43
63662	REMOVE SPINE ELTRD PLATE	0	999	10/1/2020	12/31/9999	1	1,476.76
63663	REVISE SPINE ELTRD PERQ ARAY	0	999	10/1/2020	12/31/9999	1	3,530.79
63664	REVISE SPINE ELTRD PLATE	0	999	10/1/2020	12/31/9999	1	11,618.82
63685	INSRT/REDO SPINE N GENERATOR	0	999	10/1/2020	12/31/9999	1	18,774.59
63688	REVISION OR REMOVAL OF IMPLANT	0	999	10/1/2020	12/31/9999	1	1,476.76
63744	REPLACEMENT, IRRIGATION OR R	0	999	10/1/2020	12/31/9999	1	1,736.19
63746	REMOVAL OF ENTIRE LUMBOSUBAR	0	999	10/1/2020	12/31/9999	1	637.43
64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	61.21
64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	26.56
64408	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	32.62
64415	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64416	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64417	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64418	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	34.65
64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	252.66
64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64425	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	60.06
64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64435	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	35.51
64445	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	71.60
64446	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64447	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	38.69
64448	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64449	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	328.26
64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	38.69
64451	NJX AA&/STRD NRV NRV TG SI JT	0	999	1/1/2020	12/31/9999	1	252.66
64454	NJX AA&/STRD GNCLR NRV BRNCH	0	999	1/1/2020	12/31/9999	1	126.46
64455	INJ ANES/STEROID PLAN COM DIG NERVE	0	999	10/1/2020	12/31/9999	1	16.46
64461	PVB THORACIC SINGLE INJ SITE	0	999	10/1/2020	12/31/9999	1	252.66
64462	PVB THORACIC 2ND+ INJ SITE	0	999	1/1/2016	12/31/9999	1	0.00
64463	PVB THORACIC CONT INFUSION	0	999	10/1/2020	12/31/9999	1	252.66
64479	INJ FORAMEN EPIDURAL C/T	0	999	10/1/2020	12/31/9999	1	328.26
64480	INJ FORAMEN EPIDURAL ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64483	INJ FORAMEN EPIDURAL L/S	0	999	10/1/2020	12/31/9999	1	328.26
64484	INJ FORAMEN EPIDURAL ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	0	999	10/1/2020	12/31/9999	1	328.26
64491	INJ PARAVERT F JNT C/T 2 LEV	0	999	10/1/2014	12/31/9999	1	0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	0	999	10/1/2014	12/31/9999	1	0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	0	999	10/1/2020	12/31/9999	1	328.26
64494	INJ PARAVERT F JNT L/S 2 LEV	0	999	10/1/2014	12/31/9999	1	0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	0	999	10/1/2014	12/31/9999	1	0.00
64505	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	57.17
64510	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26
64517	INJ ANES AGT; SUP HYPOGASTR PLEXUS INJEC	0	999	10/1/2020	12/31/9999	1	328.26
64520	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26
64530	*INJECTION, ANESTHETIC AGENT;	0	999	10/1/2020	12/31/9999	1	328.26

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64553	PERCUTANEOUS IMPLANTATION OF	0	999	10/1/2020	12/31/9999	1	4,130.40
64555	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,748.92
64561	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,747.03
64566	NEUROELTRD STIM POST TIBIAL	0	999	10/1/2020	12/31/9999	1	83.73
64568	INC FOR VAGUS N ELECT IMPL	0	999	10/1/2020	12/31/9999	1	19,157.89
64569	REVISE/REPL VAGUS N ELTRD	0	999	10/1/2020	12/31/9999	1	4,372.26
64570	REMOVE VAGUS N ELTRD	0	999	10/1/2020	12/31/9999	1	1,736.19
64575	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	12,537.98
64580	INCISION FOR IMPLANTATION OF	0	999	10/1/2020	12/31/9999	1	13,631.42
64581	IMPLANT NEUROELECTRODES	0	999	10/1/2020	12/31/9999	1	3,875.37
64585	REVISION OR REMOVAL OF PERIP	0	999	10/1/2020	12/31/9999	1	1,476.76
64590	INS/REPLC PERIPH/GASTRIC NEUROSTIM PULSE	0	999	10/1/2020	12/31/9999	1	13,834.38
64595	REV/REM PERIPH/GASTRIC NEUROSTIM PULSE G	0	999	10/1/2020	12/31/9999	1	1,476.76
64600	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	328.26
64605	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	637.43
64610	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	637.43
64612	DESTROY NERVE, FACE MUSCLE	0	999	10/1/2020	12/31/9999	1	61.78
64615	CHEMODENERV MUSCL MIGRAINE	0	999	10/1/2020	12/31/9999	1	54.57
64616	CHEMODENERV MUSCLES NECK	0	999	10/1/2020	12/31/9999	1	52.26
64617	CHEMODENERV MUSCLES LARYNX	0	999	10/1/2020	12/31/9999	1	71.02
64620	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	1	328.26
64624	DSTRJ NULYT AGT GNCLR NR	0	999	10/1/2020	12/31/9999	1	254.94
64625	RF ABLTJ NRV NRVTG SI JT	0	999	1/1/2020	12/31/9999	1	637.43
64630	INJECTION TREATMENT OF NERVE	0	999	10/1/2020	12/31/9999	1	328.26
64632	DESTR PLANTAR COMM DIG NERVE	0	999	10/1/2020	12/31/9999	1	34.07
64633	DESTR PARAVERTEBRAL CERV SNGL	0	999	10/1/2020	12/31/9999	1	637.43
64634	DESTR PARAVERTEBRAL CERV EA ADD	0	999	10/1/2014	12/31/9999	1	0.00
64635	DESTR PARAVERTEBRAL LUMB SNGL	0	999	10/1/2020	12/31/9999	1	637.43
64636	DESTR PARAVERTEBRAL LUMB EA ADD	0	999	10/1/2014	12/31/9999	1	0.00
64640	DESTRUCTION BY NEUROLYTIC AG	0	999	10/1/2020	12/31/9999	5	141.18
64642	CHEMODENERV ONE EXTR 1-4 MUSCLES	0	999	10/1/2020	12/31/9999	1	63.23
64643	CHEMODENERV EA ADDL EXTR 1-4 MUSCLES	0	999	1/1/2014	12/31/9999	3	0.00
64644	CHEMODENERV ONE EXTR 5+	0	999	10/1/2020	12/31/9999	1	77.95
64645	CHEMODENERV EA ADDL EXTR 5+ MUSCLES	0	999	1/1/2014	12/31/9999	3	0.00
64646	CHEMODENERV TRUNK 1-5 MUSCLES	0	999	10/1/2020	12/31/9999	1	63.52
64647	CHEMODENERV TRUNK 6+ MUSCLES	0	999	10/1/2020	12/31/9999	1	69.87
64650	CHEMODENERV ECCRINE GLANDS	0	999	10/1/2020	12/31/9999	1	43.02
64653	CHEMODENERV ECCRINE GLANDS	0	999	10/1/2020	12/31/9999	1	49.66
64680	DESTRCT W/WO RAD MON; CELIAC PLEXUSDESTR	0	999	10/1/2020	12/31/9999	1	328.26
64681	DESTRUC NEURLYT;SUP HYPOGASTRC PLEXDESTR	0	999	10/1/2020	12/31/9999	1	328.26
64702	NEUROLYSIS;	0	999	10/1/2020	12/31/9999	1	637.43
64704	NEUROLYSIS;	0	999	10/1/2020	12/31/9999	1	637.43
64708	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43
64712	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43
64713	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43
64714	NEUROLYSIS, MAJOR PERIPHERAL	0	999	10/1/2020	12/31/9999	1	637.43
64716	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43
64718	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43
64719	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43
64721	NEUROLYSIS AND/OR TRANSPOSIT	0	999	10/1/2020	12/31/9999	1	637.43
64722	DECOMPRESSION;	0	999	10/1/2020	12/31/9999	1	637.43
64726	DECOMPRESSION;	0	999	10/1/2020	12/31/9999	1	637.43
64727	INTERNAL NEUROLYSIS BY DISSE	0	999	10/1/2014	12/31/9999	1	0.00
64732	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64734	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64736	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64738	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43

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

Print Date: JULY 1, 2021



MISSISSIPPI DIVISION OF
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
64740	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64742	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64744	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64746	TRANSECTION OR AVULSION OF;	0	999	10/1/2020	12/31/9999	1	637.43
64763	TRANSECTION OR AVULSION OF OBT	0	999	10/1/2020	12/31/9999	1	637.43
64766	TRANSECTION OR AVULSION OF OBT	0	999	10/1/2020	12/31/9999	1	637.43
64771	TRANSECTION OR AVULSION OF O	0	999	10/1/2020	12/31/9999	1	637.43
64772	TRANSECTION OR AVULSION OF O	0	999	10/1/2020	12/31/9999	1	637.43
64774	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	637.43
64776	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	637.43
64778	DIGIT NERVE SURGERY ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00
64782	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	637.43
64783	LIMB NERVE SURGERY ADD-ON	0	999	10/1/2014	12/31/9999	2	0.00
64784	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	2	637.43
64786	EXCISION OF NEUROMA;	0	999	10/1/2020	12/31/9999	1	1,736.19
64787	INSERTION OF PLASTIC CAP ON	0	999	10/1/2014	12/31/9999	1	0.00
64788	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	2	637.43
64790	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	1	637.43
64792	EXCISION OF NEUROFIBROMA OR	0	999	10/1/2020	12/31/9999	1	1,736.19
64795	BIOPSY OF NERVE	0	999	10/1/2020	12/31/9999	1	637.43
64802	SYMPATHECTOMY, CERVICAL	0	999	10/1/2020	12/31/9999	1	637.43
64820	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	637.43
64821	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	1,029.01
64822	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	1,029.01
64823	REMOVE SYMPATHETIC NERVES	0	999	10/1/2020	12/31/9999	1	1,029.01
64831	SUTURE OF DIGITAL NERVE, HAN	0	999	10/1/2020	12/31/9999	1	637.43
64832	REPAIR NERVE ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64834	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19
64835	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19
64836	SUTURE OF ONE NERVE, HAND OR	0	999	10/1/2020	12/31/9999	1	1,736.19
64837	REPAIR NERVE ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64840	SUTURE OF POSTERIOR TIBIAL N	0	999	10/1/2020	12/31/9999	1	1,736.19
64856	SUTURE OF MAJOR PERIPHERAL N	0	999	10/1/2020	12/31/9999	5	1,736.19
64857	SUTURE OF MAJOR PERIPHERAL N	0	999	10/1/2020	12/31/9999	1	1,736.19
64858	SUTURE OF SCIATIC NERVE	0	999	10/1/2020	12/31/9999	1	637.43
64859	NERVE SURGERY	0	999	10/1/2014	12/31/9999	1	0.00
64861	SUTURE OF;	0	999	10/1/2020	12/31/9999	1	637.43
64862	SUTURE OF;	0	999	10/1/2020	12/31/9999	1	1,736.19
64864	SUTURE OF FACIAL NERVE;	0	999	10/1/2020	12/31/9999	1	1,736.19
64865	SUTURE OF FACIAL NERVE;	0	999	10/1/2020	12/31/9999	1	1,736.19
64872	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00
64874	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00
64876	SUTURE OF NERVE;	0	999	10/1/2014	12/31/9999	1	0.00
64885	NERVE GRAFT (INCLUDES OBTAININ	0	999	10/1/2020	12/31/9999	1	1,736.19
64886	NERVE GRAFT (INCLUDES OBTAININ	0	999	10/1/2020	12/31/9999	1	1,736.19
64890	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64891	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	2,263.14
64892	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64893	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64895	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64896	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64897	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64898	NERVE GRAFT (INCLUDES OBTAIN	0	999	10/1/2020	12/31/9999	1	1,736.19
64901	NERVE GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64902	NERVE GRAFT ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
64905	NERVE PEDICLE TRANSFER;	0	999	10/1/2020	12/31/9999	1	1,736.19
64907	NERVE PEDICLE TRANSFER;	0	999	10/1/2020	12/31/9999	1	1,736.19

Mississippi Division of Medicaid
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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
64910	NERVE REP W/SYN OR VEIN EA NERVE	0	999	10/1/2020	12/31/9999	10	2,506.22
64912	NERVE REPAIR, EACH NERVE, 1ST STRAND	0	999	10/1/2020	12/31/9999	3	2,737.58
64913	NERVE REPAIR, EACH NERVE, ADDITIONAL STR	0	999	1/1/2018	12/31/9999	2	0.00
65091	EVISCKERATION OCULAR CONTENTS	0	999	10/1/2020	12/31/9999	1	1,084.50
65093	EVISCKERATION OCULAR CONTENTS	0	999	10/1/2020	12/31/9999	1	1,084.50
65101	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50
65103	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50
65105	ENUCLEATION EYE;	0	999	10/1/2020	12/31/9999	1	1,084.50
65110	EXENTERATION ORBIT(DOES NOT	0	999	10/1/2020	12/31/9999	1	1,084.50
65112	EXENTERATION ORBIT(DOES NOT	0	999	10/1/2020	12/31/9999	1	1,084.50
65114	EXENTERATION OF ORBIT (DOES NO	0	999	10/1/2020	12/31/9999	1	1,084.50
65125	MODIFICATION OF OCULAR IMPLANT	0	999	10/1/2020	12/31/9999	1	669.55
65130	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50
65135	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50
65140	INSERTION OCULAR IMPLANT SEC	0	999	10/1/2020	12/31/9999	1	1,084.50
65150	REINSERTION OCULAR IMPLANT;	0	999	10/1/2020	12/31/9999	1	1,084.50
65155	REINSERTION OCULAR IMPLANT;	0	999	10/1/2020	12/31/9999	1	1,084.50
65175	REMOVAL OCULAR IMPLANT	0	999	10/1/2020	12/31/9999	1	1,084.50
65205	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00
65210	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00
65220	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00
65222	*REMOVAL FOREIGN BODY, EXTERN	0	999	10/1/2015	12/31/9999	1	0.00
65235	REMOVE FOREIGN BODY FROM EYE	0	999	10/1/2020	12/31/9999	1	810.18
65260	REMOVAL FOREIGN BODY INTRAOC	0	999	10/1/2020	12/31/9999	1	810.18
65265	REMOVAL FOREIGN BODY INTRAOC	0	999	10/1/2020	12/31/9999	1	810.18
65270	*REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	669.55
65272	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	669.55
65275	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,084.50
65280	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,468.67
65285	REPAIR LACERATION;	0	999	10/1/2020	12/31/9999	1	1,468.67
65286	REPAIR OF LACERATION CONJUNCTI	0	999	10/1/2020	12/31/9999	1	370.14
65290	REPAIR WOUND EXTRAOCULAR MUS	0	999	10/1/2020	12/31/9999	1	1,084.50
65400	EXCISION LESION CORNEA (KERA	0	999	10/1/2020	12/31/9999	1	326.20
65410	*BIOPSY CORNEA	0	999	10/1/2020	12/31/9999	1	669.55
65420	EXCISION OR TRANSPOSITION PT	0	999	10/1/2020	12/31/9999	1	669.55
65426	EXCISION OR TRANSPOSITION PT	0	999	10/1/2020	12/31/9999	1	669.55
65430	*SCRAPING CORNEA, DIAGNOSTIC,	0	999	10/1/2015	12/31/9999	1	0.00
65435	*REMOVAL CORNEAL EPITHELIUM;	0	999	10/1/2020	12/31/9999	1	38.40
65436	REMOVAL CORNEAL EPITHELIUM;	0	999	10/1/2020	12/31/9999	1	167.17
65450	DESTRUCTION OF LESION OF CORNE	0	999	10/1/2020	12/31/9999	1	109.34
65600	MULTIPLE PUNCTURES OF ANTERIOR	0	999	10/1/2020	12/31/9999	1	208.17
65710	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67
65730	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67
65750	KERATOPLASTY (CORNEAL TRANSPLA	0	999	10/1/2020	12/31/9999	1	1,468.67
65755	KERTOPLASTY PENETRATING (IN PS	0	999	10/1/2020	12/31/9999	1	1,468.67
65756	KERATOPLASTY ENDOTHELIAL	0	999	10/1/2020	12/31/9999	1	1,468.67
65757	BACKBENCH CORNEAL ENDOTHELIAL	0	999	10/1/2012	12/31/9999	1	0.00
65770	KERATOPROSTHESIS	0	999	10/1/2020	12/31/9999	1	7,108.21
65772	CORNEAL RELAXING INCISION FOR	0	999	10/1/2020	12/31/9999	1	326.20
65775	CORNEAL WEDGE RESECTION FOR CO	0	999	10/1/2020	12/31/9999	1	669.55
65778	COVER EYE W/MEMBRANE	0	999	10/1/2012	12/31/9999	1	0.00
65779	COVER EYE W/MEMBRANE STENT	0	999	10/1/2014	12/31/9999	1	0.00
65780	OCULAR RECONST TRANSPLANT	0	999	10/1/2020	12/31/9999	1	1,084.50
65781	OCULR RECNRSTR;LIMBL STEM CELL ALLGFTOCULR	0	999	10/1/2020	12/31/9999	1	1,468.67
65782	OCULR RECNRSTR;LIMBL CONJUNCT AUTOGFTOCULR	0	999	10/1/2020	12/31/9999	1	1,084.50
65800	PARACENTESIS ANTERIOR CHAMBE	0	999	10/1/2020	12/31/9999	1	810.18
65810	PARACENTESIS ANTERIOR CHAMBE	0	999	10/1/2020	12/31/9999	1	810.18

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
65815	PARACENTESIS ANTERIOR CHAMBE	0	999	10/1/2020	12/31/9999	1	810.18
65820	GONIOTOMY	0	999	10/1/2020	12/31/9999	1	1,468.67
65850	TRABECULOTOMY AB EXTERNO	0	999	10/1/2020	12/31/9999	1	810.18
65855	TRABECULOPLASTY LASER SURG	0	999	10/1/2020	12/31/9999	1	108.56
65860	SEVERING ADHESIONS OF ANTERIOR	0	999	10/1/2020	12/31/9999	1	141.76
65865	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18
65870	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18
65875	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18
65880	SEVERING ADHESIONS ANTERIOR	0	999	10/1/2020	12/31/9999	1	1,468.67
65900	REMOVE EYE LESION	0	999	10/1/2020	12/31/9999	1	810.18
65920	REMOVE IMPLANT OF EYE	0	999	10/1/2020	12/31/9999	1	810.18
65930	REMOVE BLOOD CLOT FROM EYE	0	999	10/1/2020	12/31/9999	1	810.18
66020	INJECTION TREATMENT OF EYE	0	999	10/1/2020	12/31/9999	1	810.18
66030	*INJECTION, ANTERIOR CHAMBER	0	999	10/1/2020	12/31/9999	1	810.18
66130	EXCISION LESION SCLERA	0	999	10/1/2020	12/31/9999	1	669.55
66150	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	1,468.67
66155	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	1,468.67
66160	FISTULIZATION SCLERA FOR GLA	0	999	10/1/2020	12/31/9999	1	810.18
66170	FISTULIZATION OF SCLERA FOR GL	0	999	10/1/2020	12/31/9999	1	810.18
66172	FISTULIZATION OF SCLERA FOR GL	0	999	10/1/2020	12/31/9999	1	810.18
66174	TRANSLUM DIL EYE CANAL	0	999	10/1/2020	12/31/9999	1	1,468.67
66175	TRNSLUM DIL EYE CANAL W/STNT	0	999	10/1/2020	12/31/9999	1	1,468.67
66179	AQUEOUS SHUNT EYE W/O GRAFT	0	999	10/1/2020	12/31/9999	1	1,468.67
66180	AQUEOUS SHUNT EYE W/GRAFT	0	999	10/1/2020	12/31/9999	1	1,969.79
66183	INSERT ANET AQUEOUS DRAIN DEV	0	999	10/1/2020	12/31/9999	1	2,073.61
66184	REVISION OF AQUEOUS SHUNT	0	999	10/1/2020	12/31/9999	1	810.18
66185	REVISE AQUEOUS SHUNT EYE	0	999	10/1/2020	12/31/9999	1	810.18
66225	REPAIR SCLERAL STAPHYLOMA;	0	999	10/1/2020	12/31/9999	1	1,468.67
66250	REVISION OR REPAIR OPERATIVE	0	999	10/1/2020	12/31/9999	1	669.55
66500	IRIDOTOMY BY STAB INCISION (	0	999	10/1/2020	12/31/9999	1	810.18
66505	IRIDOTOMY BY STAB INCISION (	0	999	10/1/2020	12/31/9999	1	810.18
66600	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	1,468.67
66605	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18
66625	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18
66630	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18
66635	IRIDECTOMY, WITH CORNEOSCLER	0	999	10/1/2020	12/31/9999	1	810.18
66680	REPAIR OF IRIS, CILIARY BODY	0	999	10/1/2020	12/31/9999	1	810.18
66682	SUTURE OF IRIS, CILIARY BODY	0	999	10/1/2020	12/31/9999	1	810.18
66700	CYCLODIATHERMY;	0	999	10/1/2020	12/31/9999	1	810.18
66710	CILIARY TRANSSLERAL THERAPY	0	999	10/1/2020	12/31/9999	1	669.55
66711	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	0	999	10/1/2020	12/31/9999	1	810.18
66720	CYCLOCRYOTHERAPY;	0	999	10/1/2020	12/31/9999	1	669.55
66740	CYCLODIALYSIS;	0	999	10/1/2020	12/31/9999	1	669.55
66761	REVISION OF IRIS	0	999	10/1/2020	12/31/9999	1	151.86
66762	IRIDOPLASTY BY PHOTOCOAGULATIO	0	999	10/1/2020	12/31/9999	1	204.91
66770	DESTRUCTION OF CYST OR LESIO	0	999	10/1/2020	12/31/9999	1	204.91
66820	DISCISSION OF SECONDARY MEMBRA	0	999	10/1/2020	12/31/9999	1	810.18
66821	DISCISSION OF SECONDARY MEMBRA	0	999	10/1/2020	12/31/9999	1	204.91
66825	REPOSITIONING OF INTRAOCULAR L	0	999	10/1/2020	12/31/9999	1	810.18
66830	REMOVAL OF SECONDARY MEMBRANOU	0	999	10/1/2020	12/31/9999	1	810.18
66840	REMOVAL OF LENS MATERIAL;	0	999	10/1/2020	12/31/9999	1	810.18
66850	REMOVAL OF LENS MATERIAL;	0	999	10/1/2020	12/31/9999	1	810.18
66852	REMOVAL OF LENS MATERIAL; PARS	0	999	10/1/2020	12/31/9999	1	1,468.67
66920	REMOVAL OF LENS MATERIAL; INTR	0	999	10/1/2020	12/31/9999	1	810.18
66930	EXTRACTION LENS WITH OR WITH	0	999	10/1/2020	12/31/9999	1	1,468.67
66940	REMOVAL OF LENS MATERIAL; EXTR	0	999	10/1/2020	12/31/9999	1	810.18
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	0	999	10/1/2020	12/31/9999	1	810.18

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
66983	INTRACAP CATARACT EXTRACTION W	0	999	10/1/2020	12/31/9999	1	810.18
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	0	999	10/1/2020	12/31/9999	1	810.18
66985	INSERTION OF INTRAOCULAR LENS	0	999	10/1/2020	12/31/9999	1	810.18
66986	EXCHANGE OF INTRAOCULAR LENS	0	999	10/1/2020	12/31/9999	1	810.18
66987	CATARACT SURGERY, COMPLEX	0	999	10/1/2020	12/31/9999	1	1,914.43
66988	CATARACT SURGERY	0	999	10/1/2020	12/31/9999	1	1,914.43
66990	OPHTHALMIC ENDOSCOPE ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00
67005	REMOVAL OF VITREOUS, ANTERIO	0	999	10/1/2020	12/31/9999	1	810.18
67010	REMOVAL OF VITREOUS, ANTERIOR	0	999	10/1/2020	12/31/9999	1	810.18
67015	ASPIRATION OR RELEASE OF VIT	0	999	10/1/2020	12/31/9999	1	810.18
67025	INJECTION OF VITREOUS SUBSTITU	0	999	10/1/2020	12/31/9999	1	810.18
67027	IMPLANT EYE DRUG SYSTEM	0	999	10/1/2020	12/31/9999	1	1,303.41
67028	INTRAVITREAL INJECTION OF A PH	0	999	10/1/2020	12/31/9999	1	37.82
67030	DISCISSION OF VITREOUS STRAN	0	999	10/1/2020	12/31/9999	1	810.18
67031	SEVERING OF VITREOUS STRANDS,	0	999	10/1/2020	12/31/9999	1	204.91
67036	VITRECTOMY, MECHANICAL, PARS P	0	999	10/1/2020	12/31/9999	1	1,468.67
67039	VITRECTOMY, MECHANICAL, WITH F	0	999	10/1/2020	12/31/9999	1	1,468.67
67040	VITRECTOMY, MECHANICAL, PARS P	0	999	10/1/2020	12/31/9999	1	1,468.67
67041	VIT FOR MACULAR PUCKER	0	999	10/1/2020	12/31/9999	1	1,468.67
67042	VIT FOR MACULAR HOLE	0	999	10/1/2020	12/31/9999	1	1,468.67
67043	VIT FOR MEMBRANE DISSECT	0	999	10/1/2020	12/31/9999	1	1,468.67
67101	REPAIR RETINAL DETACH CRYOTHERAPY	0	999	10/1/2020	12/31/9999	1	162.26
67105	REP RETINAL DETACH PHOTOCOAGULATION	0	999	10/1/2020	12/31/9999	1	137.14
67107	REPAIR DETACHED RETINA	0	999	10/1/2020	12/31/9999	1	1,468.67
67108	REPAIR DETACHED RETINA	0	999	10/1/2020	12/31/9999	1	1,468.67
67110	REPAIR OF RETINAL DETACHMENT,	0	999	10/1/2020	12/31/9999	1	406.80
67113	REPAIR RETINAL DETACH CPLX	0	999	10/1/2020	12/31/9999	1	1,468.67
67115	RELEASE OF ENCIRCLING MATERIAL	0	999	10/1/2020	12/31/9999	1	1,468.67
67120	REMOVAL IMPLANTED MATERIAL,	0	999	10/1/2020	12/31/9999	1	810.18
67121	REMOVAL OF IMPLANTED MATERIAL,	0	999	10/1/2020	12/31/9999	1	810.18
67141	PROPHYLAXIS OF RETINAL DETACHM	0	999	10/1/2020	12/31/9999	1	109.34
67145	PROPHYLAXIS OF RETINAL DETACHM	0	999	10/1/2020	12/31/9999	1	204.91
67208	TREATMENT OF RETINAL LESION	0	999	10/1/2020	12/31/9999	1	109.34
67210	TREATMENT OF RETINAL LESION	0	999	10/1/2020	12/31/9999	1	204.91
67218	DESTRUCTION OF LOCALIZED LES	0	999	10/1/2020	12/31/9999	1	1,084.50
67220	TREATMENT OF CHOROID LESION	0	999	10/1/2020	12/31/9999	1	204.91
67221	OCULAR PHOTODYNAMIC THER	0	999	10/1/2020	12/31/9999	1	122.42
67225	EYE PHOTODYNAMIC THER ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	0	999	10/1/2020	12/31/9999	1	131.66
67228	TREATMENT X10SV RETINOPATHY	0	999	10/1/2020	12/31/9999	1	143.20
67229	TR RETINAL LES PRETERM INF	0	999	10/1/2020	12/31/9999	1	204.91
67250	SCLERAL REINFORCEMENT (SEPAR	0	999	10/1/2020	12/31/9999	1	669.55
67255	SCLERAL REINFORCEMENT (SEPAR	0	999	10/1/2020	12/31/9999	1	810.18
67311	REVISE EYE MUSCLE	0	999	10/1/2020	12/31/9999	1	669.55
67312	STRABISMUS SURGERY, RECESSION	0	999	10/1/2020	12/31/9999	1	1,084.50
67314	STRABISMUS SURGERY, RECESSION	0	999	10/1/2020	12/31/9999	1	669.55
67316	STRABISMUS SURGERY, RECESSION	0	999	10/1/2020	12/31/9999	1	669.55
67318	REVISE EYE MUSCLE(S)	0	999	10/1/2020	12/31/9999	1	669.55
67320	REVISE EYE MUSCLE(S) ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
67332	REREVISE EYE MUSCLES ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
67334	REVISE EYE MUSCLE W/SUTURE	0	999	10/1/2014	12/31/9999	1	0.00
67335	EYE SUTURE DURING SURGERY	0	999	10/1/2014	12/31/9999	1	0.00
67340	REVISE EYE MUSCLE ADD-ON	0	999	10/1/2014	12/31/9999	1	0.00
67343	RELEASE OF EXTENSIVE SCAR TISS	0	999	10/1/2020	12/31/9999	1	669.55
67345	CHEMODENERVATION OF EXTRAOCULA	0	999	10/1/2020	12/31/9999	1	101.05
67346	BIOP EXTRAOCULAR MUS	0	999	10/1/2020	12/31/9999	1	1,084.50

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
67400	ORBITOTOMY WITHOUT BONE FLAP (0	999	10/1/2020	12/31/9999	1	1,084.50
67405	ORBITOTOMY WITHOUT BONE FLAP	0	999	10/1/2020	12/31/9999	1	669.55
67412	ORBITOTOMY WITHOUT BONE FLAP	0	999	10/1/2020	12/31/9999	1	669.55
67413	ORBITOTOMY WITHOUT BONE FLAP	0	999	10/1/2020	12/31/9999	1	669.55
67414	ORBITOTOMY WITHOUT BONE FLAP (	0	999	10/1/2020	12/31/9999	1	1,084.50
67415	FINE NEEDLE ASPIRATION OF ORBI	0	999	10/1/2020	12/31/9999	1	669.55
67420	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50
67430	ORBITOTOMY WITH BONE FLAP, L	0	999	10/1/2020	12/31/9999	1	1,084.50
67440	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50
67445	ORBITOTOMY WITH BONE FLAP OR W	0	999	10/1/2020	12/31/9999	1	1,084.50
67450	ORBITOTOMY WITH BONE FLAP, L	0	999	10/1/2020	12/31/9999	1	1,084.50
67500	*RETROBULBAR INJECTION;	0	999	10/1/2020	12/31/9999	1	109.34
67505	RETROBULBAR INJECTION;	0	999	10/1/2020	12/31/9999	1	31.18
67515	INJECT/TREAT EYE SOCKET	0	999	10/1/2020	12/31/9999	1	28.87
67550	ORBITAL IMPLANT (IMPLANT OUT	0	999	10/1/2020	12/31/9999	1	1,084.50
67560	ORBITAL IMPLANT (IMPLANT OUT	0	999	10/1/2020	12/31/9999	1	1,084.50
67570	OPTIC NERVE DECOMPRESSION (EG,	0	999	10/1/2020	12/31/9999	1	1,084.50
67700	*BLEPHAROTOMY, DRAINAGE ABSCE	0	999	10/1/2020	12/31/9999	1	109.34
67710	*SEVERING TARSORRHAPHY	0	999	10/1/2020	12/31/9999	1	159.37
67715	*CANTHOTOMY (SEPARATE PROCEDU	0	999	10/1/2020	12/31/9999	1	669.55
67800	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	61.21
67801	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	74.20
67805	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	94.98
67808	EXCISION CHALAZION;	0	999	10/1/2020	12/31/9999	1	669.55
67810	*BIOPSY EYELID	0	999	10/1/2020	12/31/9999	1	109.34
67820	*CORRECTION TRICHIASIS;	0	999	10/1/2015	12/31/9999	1	0.00
67825	*CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	64.38
67830	CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	326.20
67835	CORRECTION TRICHIASIS;	0	999	10/1/2020	12/31/9999	1	669.55
67840	*EXCISION OF LESION OF EYELID	0	999	10/1/2020	12/31/9999	1	163.42
67850	*DESTRUCTION OF LESION OF LID	0	999	10/1/2020	12/31/9999	1	122.70
67875	TEMPORARY CLOSURE OF EYELIDS B	0	999	10/1/2020	12/31/9999	1	326.20
67880	CONSTRUCTION INTERMARGINAL A	0	999	10/1/2020	12/31/9999	1	669.55
67882	CONSTRUCTION INTERMARGINAL A	0	999	10/1/2020	12/31/9999	1	669.55
67900	REPAIR OF BROW PTOSIS (SUPRACI	0	999	10/1/2020	12/31/9999	1	669.55
67901	REPAIR EYELID DEFECT	0	999	10/1/2020	12/31/9999	1	669.55
67902	REPAIR EYELID DEFECT	0	999	10/1/2020	12/31/9999	1	1,084.50
67903	REPAIR OF BLEPHAROPTOSIS; (TAR	0	999	10/1/2020	12/31/9999	1	669.55
67904	REPAIR OF BLEPHAROPTOSIS; (TAR	0	999	10/1/2020	12/31/9999	1	669.55
67906	REPAIR OF BLEPHAROPTOSIS; SUPE	0	999	10/1/2020	12/31/9999	1	1,084.50
67908	REPAIR OF BLEPHAROPTOSIS; CONJ	0	999	10/1/2020	12/31/9999	1	669.55
67909	REDUCTION OF OVERCORRECTION OF	0	999	10/1/2020	12/31/9999	1	669.55
67911	CORRECTION OF LID RETRACTION	0	999	10/1/2020	12/31/9999	1	669.55
67912	CORR LAGOPHTHALMOS IMPL UP EYELD CORR	0	999	10/1/2020	12/31/9999	1	669.55
67914	REPAIR ECTROPION;	0	999	10/1/2020	12/31/9999	1	669.55
67915	REPAIR ECTROPION;	0	999	10/1/2020	12/31/9999	1	187.09
67916	REPAIR ECTROPION; EXC TARSAL WEDGE REPAI	0	999	10/1/2020	12/31/9999	1	669.55
67917	REPAIR OF ECTROPION; EXTENSIVE REPAI	0	999	10/1/2020	12/31/9999	1	669.55
67921	REPAIR ENTROPION;	0	999	10/1/2020	12/31/9999	1	669.55
67922	REPAIR ENTROPION;	0	999	10/1/2020	12/31/9999	1	180.74
67923	REPAIR ENTROPION; EXC TARSAL WEDGE REPAI	0	999	10/1/2020	12/31/9999	1	669.55
67924	REPAIR OF ENTROPION; EXTENSIVE REPAI	0	999	10/1/2020	12/31/9999	1	669.55
67930	SUTURE RECENT WOUND, EYELID,	0	999	10/1/2020	12/31/9999	1	188.24
67935	SUTURE RECENT WOUND, EYELID,	0	999	10/1/2020	12/31/9999	1	669.55
67938	REMOVAL EMBEDDED FOREIGN BOD	0	999	10/1/2020	12/31/9999	1	109.34
67950	CANTHOPLASTY (RECONSTRUCTION	0	999	10/1/2020	12/31/9999	1	669.55
67961	EXCISION AND REPAIR EYELID,	0	999	10/1/2020	12/31/9999	1	669.55

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
67966	EXCISION AND REPAIR EYELID,	0	999	10/1/2020	12/31/9999	1	669.55
67971	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55
67973	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55
67974	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	1,084.50
67975	RECONSTRUCTION EYELID FULL T	0	999	10/1/2020	12/31/9999	1	669.55
68020	INCISION CONJUNCTIVA, DRAINAGE	0	999	10/1/2020	12/31/9999	1	54.86
68040	EXPRESSION CONJUNCTIVAL FOLL	0	999	10/1/2020	12/31/9999	1	25.41
68100	BIOPSY CONJUNCTIVA	0	999	10/1/2020	12/31/9999	1	103.94
68110	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	135.12
68115	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	669.55
68130	EXCISION LESION CONJUNCTIVA;	0	999	10/1/2020	12/31/9999	1	669.55
68135	*DESTRUCTION LESION CONJUNCTI	0	999	10/1/2020	12/31/9999	1	70.45
68200	*SUBCONJUNCTIVAL INJECTION	0	999	10/1/2015	12/31/9999	1	0.00
68320	CONJUNCTIVOPLASTY;	0	999	10/1/2020	12/31/9999	1	669.55
68325	CONJUNCTIVOPLASTY;	0	999	10/1/2020	12/31/9999	1	1,084.50
68326	CONJUNCTIVOPLASTY, RECONSTRU	0	999	10/1/2020	12/31/9999	1	1,084.50
68328	CONJUNCTIVOPLASTY, RECONSTRU	0	999	10/1/2020	12/31/9999	1	669.55
68330	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	810.18
68335	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	1,084.50
68340	REPAIR SYMBLEPHARON;	0	999	10/1/2020	12/31/9999	1	669.55
68360	CONJUNCTIVAL FLAP;	0	999	10/1/2020	12/31/9999	1	1,084.50
68362	CONJUNCTIVAL FLAP;	0	999	10/1/2020	12/31/9999	1	669.55
68400	INCISION, DRAINAGE LACRIMAL	0	999	10/1/2020	12/31/9999	1	185.65
68420	INCISION, DRAINAGE LACRIMAL	0	999	10/1/2020	12/31/9999	1	196.62
68440	*SNIP INCISION LACRIMAL PUNCT	0	999	10/1/2020	12/31/9999	1	53.12
68500	EXCISION OF LACRIMAL GLAND (	0	999	10/1/2020	12/31/9999	1	1,084.50
68505	EXCISION OF LACRIMAL GLAND (	0	999	10/1/2020	12/31/9999	1	1,084.50
68510	BIOPSY LACRIMAL GLAND	0	999	10/1/2020	12/31/9999	1	669.55
68520	EXCISION OF LACRIMAL SAC (DA	0	999	10/1/2020	12/31/9999	1	1,084.50
68525	BIOPSY OF LACRIMAL SAC	0	999	10/1/2020	12/31/9999	1	669.55
68530	REMOVAL OF FOREIGN BODY OR D	0	999	10/1/2020	12/31/9999	1	109.34
68540	EXCISION OF LACRIMAL GLAND T	0	999	10/1/2020	12/31/9999	1	669.55
68550	EXCISION OF LACRIMAL GLAND T	0	999	10/1/2020	12/31/9999	1	1,084.50
68700	PLASTIC REPAIR CANALICULI	0	999	10/1/2020	12/31/9999	1	669.55
68705	CORRECTION EVERTED PUNCTUM,	0	999	10/1/2020	12/31/9999	1	109.34
68720	DACRYOCYSTORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50
68745	CONJUNCTIVORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50
68750	CONJUNCTIVORHINOSTOMY (FISTU	0	999	10/1/2020	12/31/9999	1	1,084.50
68760	CLOSURE OF THE LACRIMAL PUNCTU	0	999	10/1/2020	12/31/9999	1	109.34
68761	CLOSURE OF THE LACRIMAL PUNCTU	0	999	10/1/2020	12/31/9999	4	77.95
68770	CLOSURE LACRIMAL FISTULA (SE	0	999	10/1/2020	12/31/9999	1	669.55
68801	DILATE TEAR DUCT OPENING	0	999	10/1/2015	12/31/9999	1	0.00
68810	PROBE NASOLACRIMAL DUCT	0	999	10/1/2020	12/31/9999	1	109.34
68811	PROBE NASOLACRIMAL DUCT	0	999	10/1/2020	12/31/9999	1	669.55
68815	PROBE NASOLACRIMAL DUCT	0	999	10/1/2020	12/31/9999	1	669.55
68816	PROBE NL DUCT W/BALLOON	0	999	10/1/2020	12/31/9999	1	669.55
68840	*PROBING LACRIMAL CANALICULI,	0	999	10/1/2020	12/31/9999	1	66.70
68850	*INJECTION CONTRAST MEDIUM FO	0	999	10/1/2012	12/31/9999	1	0.00
69000	*DRAINAGE EXTERNAL EAR, ABSCE	0	999	10/1/2020	12/31/9999	1	104.22
69005	DRAINAGE EXTERNAL EAR, ABSCE	0	999	10/1/2020	12/31/9999	1	107.11
69020	*DRAINAGE EXTERNAL AUDITORY C	0	999	10/1/2020	12/31/9999	1	138.58
69100	BIOPSY EXTERNAL EAR	0	999	10/1/2020	12/31/9999	1	54.57
69105	BIOPSY EXTERNAL AUDITORY CAN	0	999	10/1/2020	12/31/9999	1	87.77
69110	EXCISION EXTERNAL EAR;	0	999	10/1/2020	12/31/9999	1	795.47
69120	EXCISION EXTERNAL EAR;	0	999	10/1/2020	12/31/9999	1	1,797.24
69140	EXCISION EXOSTOSIS(ES), EXTE	0	999	10/1/2020	12/31/9999	1	1,797.24
69145	EXCISION SOFT TISSUE LESION,	0	999	10/1/2020	12/31/9999	1	795.47

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
69150	RADICAL EXCISION EXTERNAL AU	0	999	10/1/2020	12/31/9999	1	1,797.24
69200	REMOVAL FOREIGN BODY FROM EX	0	999	10/1/2015	12/31/9999	1	0.00
69205	REMOVAL FOREIGN BODY FROM EX	0	999	10/1/2020	12/31/9999	1	461.11
69209	REMOVE IMPACTED EAR WAX UNI	0	999	1/1/2016	12/31/9999	1	0.00
69210	REMOVAL IMPACTED CERUMEN (SE	0	999	10/1/2015	12/31/9999	1	0.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAV	0	999	10/1/2015	12/31/9999	1	0.00
69222	DEBRIDEMENT, MASTOIDECTOMY CAV	0	999	10/1/2020	12/31/9999	1	125.88
69300	OTOPLASTY PROTRUDING EAR, WI	5	999	10/1/2020	12/31/9999	1	844.05
69310	REBUILD OUTER EAR CANAL	0	999	10/1/2020	12/31/9999	1	1,797.24
69320	RECONSTRUCTION EXTERNAL AUDI	0	999	10/1/2020	12/31/9999	1	1,797.24
69420	*MYRINGOTOMY INCLUDING ASPIRA	0	999	10/1/2020	12/31/9999	1	82.31
69421	MYRINGOTOMY INCLUDING ASPIRATI	0	999	10/1/2020	12/31/9999	1	844.05
69424	REMOVE VENTILATING TUBE	0	999	10/1/2020	12/31/9999	1	76.80
69433	TYMPANOSTOMY (REQUIRING INSERT	0	999	10/1/2020	12/31/9999	1	110.58
69436	TYMPANOSTOMY (REQUIRING INSERT	0	999	10/1/2020	12/31/9999	1	429.28
69440	MIDDLE EAR EXPLORATION THROU	0	999	10/1/2020	12/31/9999	1	844.05
69450	TYMPANOLYSIS, TRANSCANAL	0	999	10/1/2020	12/31/9999	1	844.05
69501	TRANSMASTOID ANTROTOMY ("SI	0	999	10/1/2020	12/31/9999	1	1,797.24
69502	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69505	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69511	MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69530	PETROUS APICECTOMY INCLUDING	0	999	10/1/2020	12/31/9999	1	1,797.24
69540	EXCISION AURAL POLYP	0	999	10/1/2020	12/31/9999	1	127.03
69550	EXCISION AURAL GLOMUS TUMOR;	0	999	10/1/2020	12/31/9999	1	1,797.24
69552	EXCISION AURAL GLOMUS TUMOR;	0	999	10/1/2020	12/31/9999	1	1,797.24
69601	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69602	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69603	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69604	REVISION MASTOIDECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69610	TYMPANIC MEMB REPR W/WO SITE PREP TYMPA	0	999	10/1/2020	12/31/9999	1	163.42
69620	MYRINGOPLASTY (SURGERY CONFI	0	999	10/1/2020	12/31/9999	1	844.05
69631	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24
69632	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24
69633	TYMPANOPLASTY WITHOUT MASTOI	0	999	10/1/2020	12/31/9999	1	1,797.24
69635	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24
69636	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24
69637	TYMPANOPLASTY WITH ANTROTOMY	0	999	10/1/2020	12/31/9999	1	1,797.24
69641	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69642	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69643	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69644	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69645	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69646	TYMPANOPLASTY WITH MASTOIDEC	0	999	10/1/2020	12/31/9999	1	1,797.24
69650	STAPES MOBILIZATION	0	999	10/1/2020	12/31/9999	1	844.05
69660	STAPEDECTOMY OR STAPEDOTOMY WI	0	999	10/1/2020	12/31/9999	1	1,797.24
69661	STAPEDECTOMY WITH REESTABLIS	0	999	10/1/2020	12/31/9999	1	1,797.24
69662	REVISION OF STAPEDECTOMY OR ST	0	999	10/1/2020	12/31/9999	1	1,797.24
69666	REPAIR OVAL WINDOW FISTULA	0	999	10/1/2020	12/31/9999	1	844.05
69667	REPAIR ROUND WINDOW FISTULA	0	999	10/1/2020	12/31/9999	1	844.05
69670	MASTOID OBLITERATION (SEPARA	0	999	10/1/2020	12/31/9999	1	1,797.24
69676	TYMPANIC NEURECTOMY	0	999	10/1/2020	12/31/9999	1	844.05
69700	CLOSURE POSTAURICULAR FISTUL	0	999	10/1/2020	12/31/9999	1	429.28
69705	NPS SURG DILAT EUST TUBE UNI	0	999	1/1/2021	12/31/9999	1	2,859.79
69706	NPS SURG DILAT EUST TUBE BI	0	999	1/1/2021	12/31/9999	1	2,859.79
69711	REMOVAL OR REPAIR OF ELECTROMA	0	999	10/1/2020	12/31/9999	1	844.05
69714	IMPLANT TEMPLE BONE W/STIMUL	5	999	10/1/2020	12/31/9999	1	7,566.11
69715	TEMPLE BNE IMPLNT W/STIMULAT	5	999	10/1/2020	12/31/9999	1	8,616.77

Mississippi Division of Medicaid
AMBULATORY SURGICAL CENTERS (ASC) WEBSITE FEE SCHEDULE
 Print Date: JULY 1, 2021



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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
69717	TEMPLE BONE IMPLANT REVISION	5	999	10/1/2020	12/31/9999	1	3,500.19
69718	REVISE TEMPLE BONE IMPLANT	5	999	10/1/2020	12/31/9999	1	4,581.70
69720	DECOMPRESSION FACIAL NERVE,	0	999	10/1/2020	12/31/9999	1	1,797.24
69740	SUTURE FACIAL NERVE, INTRATE	0	999	10/1/2020	12/31/9999	1	1,797.24
69745	SUTURE FACIAL NERVE, INTRATE	0	999	10/1/2020	12/31/9999	1	1,797.24
69801	INCISE INNER EAR	0	999	10/1/2020	12/31/9999	1	107.11
69805	ENDOLYMPHATIC SAC OPERATION;	0	999	10/1/2020	12/31/9999	1	1,797.24
69806	ENDOLYMPHATIC SAC OPERATION;	0	999	10/1/2020	12/31/9999	1	1,797.24
69905	LABYRINTHECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69910	LABYRINTHECTOMY;	0	999	10/1/2020	12/31/9999	1	1,797.24
69915	VESTIBULAR NERVE SECTION, TR	0	999	10/1/2020	12/31/9999	1	844.05
69930	COCHLEAR DEVICE IMPLANTATION,	0	999	10/1/2020	12/31/9999	1	24,558.34
69990	MICROSURGERY ADD-ON	0	999	10/1/2012	12/31/9999	1	0.00