

**Mississippi Division of Medicaid  
PATHOLOGY/LABORATORY FEE SCHEDULE  
COVER SHEET**



**Additional References:**

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

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Modifier	<ul style="list-style-type: none"> <li>• This column is used to denote the type of service.                             <ol style="list-style-type: none"> <li>1. 26- Professional component of the service being billed was "interpretation only"</li> <li>2. TC - Technical Component</li> </ol> </li> </ul>
4	Site of Service	<ul style="list-style-type: none"> <li>• This column is used to denote the site of service differential.                             <ol style="list-style-type: none"> <li>1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility.</li> <li>2. Facility Rate: The rate paid for professional services performed in a facility setting.</li> </ol> </li> </ul>
5	Prior Authorization (PA)	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> </ul>
6	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
7	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
8	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns K became effective.</li> </ul>
9	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns K.</li> </ul>
10	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service.</li> </ul>
11	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> <li>• When the maximum fee is listed as 0.00, the provider must request a prior authorization and/or submit a By Report claim, as identified on the fee schedule.</li> <li>• MP - Manually Priced</li> <li>• NC - Non Covered Service</li> </ul>

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 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0001M	INF DISEASE CHRONIC HCV			NO	0	999	1/1/2013	12/31/9999	1	NC
0001U	RED BLOOD ANTIGEN TYPING DNA			NO	0	999	2/1/2017	12/31/9999	1	NC
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (A			NO	0	999	1/2/2013	12/31/9999	1	NC
0002U	ONCOLOGY COLORECTAL QUANT ASSESS			NO	0	999	2/1/2017	12/31/9999	1	NC
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (N			NO	0	999	1/3/2013	12/31/9999	1	NC
0003U	ONCOLOGY OVARIAN BIOCHEMICAL ASSAYS			NO	0	999	2/1/2017	12/31/9999	1	NC
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NU			NO	0	999	1/1/2014	12/31/9999	1	NC
0005U	ONCOLOGY PROSTATE GENE EXPRESSION			NO	0	999	5/1/2017	12/31/9999	1	NC
0006M	ONCOLOGY, MRNA EXPRESSION LEVELS OF 16			NO	0	999	1/1/2015	12/31/9999	1	NC
0007M	ONCOLOGY, REAL-TIME PCR EXPRESSION ANALY			NO	0	999	1/1/2015	12/31/9999	1	NC
0007U	DRUG TEST(S)			NO	0	999	8/1/2017	12/31/9999	1	NC
0008U	HELICOBACTER PYLORI DETECTION AND ANTIBI			NO	0	999	8/1/2017	12/31/9999	1	NC
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) D			NO	0	999	1/1/2016	12/31/9999	1	NC
0009U	ONCOLOGY IMAGE DEP			NO	0	999	8/1/2017	12/31/9999	1	NC
0010U	INFECTIOUS DISEASE SEQ			NO	0	999	8/1/2017	12/31/9999	1	NC
0011M	PROSTATE CANCER MRNA ASSAY			NO	0	999	1/1/2018	12/31/9999	1	NC
0011U	RX DRUG MONITOR, EVAL OF DRUGS			NO	0	999	8/1/2017	12/31/9999	1	NC
0012M	ONCOLOGY MRNA			NO	0	999	4/1/2018	12/31/9999	1	NC
0012U	GERMLINE DISORDER			NO	0	999	8/1/2017	12/31/9999	1	NC
0013M	ONCOLOGY MRNA RECURRENT			NO	0	999	4/1/2018	12/31/9999	1	NC
0013U	ONCOLOGY, GENE SEQ			NO	0	999	8/1/2017	12/31/9999	1	NC
0014U	HERMATOLOGY, GENE SEQ			NO	0	999	8/1/2017	12/31/9999	1	NC
0015M	ADRNLCORTCL TUM BCHM ASY 25			NO	0	999	10/1/2020	12/31/9999	1	NC
0016M	ONC BLADDER MRNA 209 GEN ALG			NO	0	999	10/1/2020	12/31/9999	1	NC
0016U	ONCOLOGY RNA			NO	0	999	8/1/2017	12/31/9999	1	NC
0017U	ONCOLOGY JAK2 MUTATION			NO	0	999	8/1/2017	12/31/9999	1	NC
0018U	Onc thyr 10 microRNA seq alg			NO	0	999	10/1/2017	12/31/9999	1	NC
0019U	ONCO TARGET/ONCO TREAT			NO	0	999	10/1/2017	12/31/9999	1	NC
0021U	APIFINY			NO	0	999	10/1/2017	12/31/9999	1	NC
0022U	ONCOMINE DX TARGET TEST			NO	0	999	10/1/2017	12/31/9999	1	NC
0023U	LEUKOSTRAT CDX FLT3 MUTATION			NO	0	999	10/1/2017	12/31/9999	1	NC
0024U	GLYCA			NO	0	999	1/1/2018	12/31/9999	1	NC
0025U	URSURE TENOFOVIR QUANTIFICATION			NO	0	999	1/1/2018	12/31/9999	1	NC
0026U	THYROSEQ GENOMIC CLASSIFIER			NO	0	999	1/1/2018	12/31/9999	1	NC
0027U	JAKS EXONS 12 TO 15			NO	0	999	1/1/2018	12/31/9999	1	NC
0029U	FOCUSED PHARMACOGENOMICS PANEL			NO	0	999	1/1/2018	12/31/9999	1	NC
0030U	WARFARIN RESPONSE GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
0031U	CYTOCHROME P450 1A2 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
0032U	CATECHOL-O-METHYLTRANSFERASE (COMT) GENO			NO	0	999	1/1/2018	12/31/9999	1	NC
0033U	SEROTONIN RECEPTOR GENOTYPE HTR2A/HTR2C			NO	0	999	1/1/2018	12/31/9999	1	NC
0034U	THIOPURINE METHYLTRANSFERASE TPMT/NUDIX			NO	0	999	1/1/2018	12/31/9999	1	NC
0035U	NEURO CSF PRION PRPTN QUAL			NO	0	999	4/1/2018	12/31/9999	1	NC
0036U	EXOME SOMATIC MUTATIONS			NO	0	999	4/1/2018	12/31/9999	1	NC
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS			NO	0	999	4/1/2018	12/31/9999	1	NC
0038U	VITAMIN D, 25 HYDROXY D2 AND D3			NO	0	999	4/1/2018	12/31/9999	1	NC
0039U	DEOXYRIBONUCLEIC ACID (DNA)			NO	0	999	4/1/2018	12/31/9999	1	NC
0040U	BCR/ABL1 (T (9;22))			NO	0	999	4/1/2018	12/31/9999	1	NC
0041U	BORRELIA BURGDORFERI IGM			NO	0	999	4/1/2018	12/31/9999	1	NC
0042U	BORRELIA BURGDORFERI IGG			NO	0	999	4/1/2018	12/31/9999	1	NC
0043U	TICK-BORNE RELAPSE BORRELIA IGM			NO	0	999	4/1/2018	12/31/9999	1	NC
0044U	TICK-BORNE RELAPSE BORRELIA IGG			NO	0	999	4/1/2018	12/31/9999	1	NC
0045U	ONCOLOGY BREAST DUCTAL IN SITU MRNA			NO	0	999	7/1/2018	12/31/9999	1	NC
0046U	FLT3 FMS-RELATED TYROSINE KINASE 3			NO	0	999	7/1/2018	12/31/9999	1	NC
0047U	ONCOLOGY (PROSTATE), MRNA			NO	0	999	7/1/2018	12/31/9999	1	NC
0048U	ONCOLOGY SOLID ORGAN NEOPLASIA DNA			NO	0	999	7/1/2018	12/31/9999	1	NC
0049U	NPM1 QUANTITATIVE			NO	0	999	7/1/2018	12/31/9999	1	NC
0050U	TARGET GENOMIC SEQ ANALYSIS PANEL			NO	0	999	7/1/2018	12/31/9999	1	NC
0051U	PRESCRIPTION DRUG MONITORING			NO	0	999	7/1/2018	12/31/9999	1	NC
0052U	LIPOPROTEIN, BLOOD, HIGH RES			NO	0	999	7/1/2018	12/31/9999	1	NC
0053U	ONCOLOGY (PROSTATE CANCER)			NO	0	999	7/1/2018	12/31/9999	1	NC
0054U	PRESCR DRUG MONITORING 14+			NO	0	999	7/1/2018	12/31/9999	1	NC
0055U	CARDIOLOGY (HEART TRANSPLANT)			NO	0	999	7/1/2018	12/31/9999	1	NC
0056U	HEMATOLOGY MYELOGENOUS LEUKEMIA			NO	0	999	7/1/2018	12/31/9999	1	NC
0058U	ONCOLOGY MERKEL CELL CARCINOMA			NO	0	999	7/1/2018	12/31/9999	1	NC
0059U	ONCOLOGY MERKEL CELL CARCINOMA			NO	0	999	7/1/2018	12/31/9999	1	NC
0060U	TWIN ZYGOSITY			NO	0	999	7/1/2018	12/31/9999	1	NC
0061U	TRANSQ MEASURE 5 BIOMARKERS			NO	0	999	7/1/2018	12/31/9999	1	NC
0062U	AI SLE IGG&IGM ALYS 80 BMRK			NO	0	999	10/1/2018	12/31/9999	1	NC
0063U	NEURO AUTISM 32 AMINES ALG			NO	0	999	10/1/2018	12/31/9999	1	NC
0064U	ANTB TP TOTAL&RPR IA QUAL			NO	0	999	10/1/2018	12/31/9999	1	NC
0065U	SYFLS TST NONTREPONEMAL ANTB			NO	0	999	10/1/2018	12/31/9999	1	NC
0066U	PAMG-1 IA CERVICO-VAG FLUID			NO	0	999	10/1/2018	12/31/9999	1	NC
0067U	ONC BRST IMHCHEM PRFL 4 BMRK			NO	0	999	10/1/2018	12/31/9999	1	NC
0068U	CANDIDA SPECIES PNL AMP PRB			NO	0	999	10/1/2018	12/31/9999	1	NC
0069U	ONC CLRCT MICRORNA MIR-31-3P			NO	0	999	10/1/2018	12/31/9999	1	NC
0070U	CYP2D6 GEN COM&SLCT RAR VRNT			NO	0	999	10/1/2018	12/31/9999	1	NC
0071U	CYP2D6 FULL GENE SEQUENCE			NO	0	999	10/1/2018	12/31/9999	1	NC

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0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID			NO	0	999	10/1/2018	12/31/9999	1	NC
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID			NO	0	999	10/1/2018	12/31/9999	1	NC
0074U	CYP2D6 NONDUPLICATED GENE			NO	0	999	10/1/2018	12/31/9999	1	NC
0075U	CYP2D6 5' GENE DUP/MLT			NO	0	999	10/1/2018	12/31/9999	1	NC
0076U	CYP2D6 3' GENE DUP/MLT			NO	0	999	10/1/2018	12/31/9999	1	NC
0077U	IG PARAPROTEIN QUAL BLD/UR			NO	0	999	10/1/2018	12/31/9999	1	NC
0078U	PAIN MGT OPI USE GNOTYP PNL			NO	0	999	10/1/2018	12/31/9999	1	NC
0079U	CMPRTV DNA ALYS MLT SNPS			NO	0	999	10/1/2018	12/31/9999	1	NC
0080U	ONC LNG 5 CLIN RSK FACTR ALG			NO	0	999	1/1/2019	12/31/9999	1	NC
0082U	RX TEST DEF 90+ RX/SBSTS UR			NO	0	999	1/1/2019	12/31/9999	1	NC
0083U	ONC RSPSE CHEMO CNTRST TOMOG			NO	0	999	1/1/2019	12/31/9999	1	NC
0084U	RBC DNA GNOTYP 10 BLD GROUPS			NO	0	999	7/1/2019	12/31/9999	1	NC
0086U	NFCT DS BACT&FNG ORG ID 6+			NO	0	999	7/1/2019	12/31/9999	1	NC
0087U	CRD HRT TRNSPL MRNA 1283 GEN			NO	0	999	7/1/2019	12/31/9999	1	NC
0088U	TRNSPLJ KDN ALGRFT REJ 1494			NO	0	999	7/1/2019	12/31/9999	1	NC
0089U	ONC MLNMA PRAME & LINC00518			NO	0	999	7/1/2019	12/31/9999	1	NC
0090U	ONC CUTAN MLNMA MRNA 23 GENE			NO	0	999	7/1/2019	12/31/9999	1	NC
0091U	ONC CLRCT SCR WHL BLD ALG			NO	0	999	7/1/2019	12/31/9999	1	NC
0092U	ONC LNG 3 PRTN BMRK PLSM ALG			NO	0	999	7/1/2019	12/31/9999	1	NC
0094U	GENOME RAPID SEQUENCE ALYS			NO	0	999	7/1/2019	12/31/9999	1	NC
0095U	INFLM EE ELISA ALYS ALG			NO	0	999	7/1/2019	12/31/9999	1	NC
0096U	HPV HI RISK TYPES MALE URINE			NO	0	999	7/1/2019	12/31/9999	1	NC
0097U	GI PATHOGEN 22 TARGETS			NO	0	999	7/1/2019	12/31/9999	1	NC
3051F	A1C LVL >= 7.0 AND <8.0%			NO	0	999	10/1/2019	12/31/9999	1	NC
3052F	A1C LVL >=8.0% AND <=9.0%			NO	0	999	10/1/2019	12/31/9999	1	NC
3265F	RIB TESTG HEP C VIREMIA ORDERED			NO	0	999	1/1/2009	12/31/9999	1	NC
3266F	HEP C GENTP TESTG DOCD PIR INT/ANTVI			NO	0	999	1/1/2009	12/31/9999	1	NC
3268F	PSA AND TUM , GLEAN CD DOCD PIR INIT			NO	0	999	1/1/2009	12/31/9999	1	NC
3278F	SER LEV CAL, PHOS, PARTYD AND LIP ORD			NO	0	999	1/1/2009	12/31/9999	1	NC
3279F	HEM >/= TO 13 G/DL			NO	0	999	1/1/2009	12/31/9999	1	NC
3280F	HEM 11G/DL TO 13.9 G/DL			NO	0	999	1/1/2009	12/31/9999	1	NC
3281F	HEM < 11 G/DL			NO	0	999	1/1/2009	12/31/9999	1	NC
3290F	PT IS D (RH) NEG AND UNSENZD			NO	9	60	1/1/2009	12/31/9999	1	NC
3291F	PT IS D (RH) POS AND SENZD			NO	9	60	1/1/2009	12/31/9999	1	NC
3292F	HIV TESTG ORD/DOC & REVD 1ST/2ND PNL VI			NO	9	60	1/1/2009	12/31/9999	1	NC
3315F	ER AND PR POS BREAST CA			NO	0	999	1/1/2009	12/31/9999	1	NC
3316F	ER AND PR NEG BREAST CA			NO	0	999	1/1/2009	12/31/9999	1	NC
3317F	PATH CONFM MAL DOCD MED REC CHEMO			NO	0	999	1/1/2009	12/31/9999	1	NC
3318F	PATH CONFM MAL DOCD MED REC RADTN			NO	0	999	1/1/2009	12/31/9999	1	NC
36415	ROUTINE VENIPUNCTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.7
36416	CAPILLARY BLOOD DRAW			NO	0	999	3/1/2017	12/31/9999	1	NC
4178F	ANTI-D IMM GLBN REC 26 & 30 WKS GES			NO	0	999	1/1/2009	12/31/9999	1	NC
4191F	ANTICVULT THPC MOD TST ORD/PRMD			NO	0	999	1/1/2009	12/31/9999	1	NC
4210F	ACE/ ANG RCPT BLKR MED THPY 6MM/ MRE			NO	0	999	1/1/2009	12/31/9999	1	NC
4220F	DIG MED THPY 6 MM OR MORE			NO	0	999	1/1/2009	12/31/9999	1	NC
4221F	DUIR MED THPY FOR 6MM/ MORE			NO	0	999	1/1/2009	12/31/9999	1	NC
4230F	ANTICVULT MED THPY 6 MM/ MORE			NO	0	999	1/1/2009	12/31/9999	1	NC
76145	MED PHYSIC DOS EVAL RAD EXPS		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	607.99
78267	BREATH TST ATTAIN/ANAL C-14		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.95
78268	BREATH TEST ANALYSIS, C-14		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	84.97
80047	BASIC MET PANEL (CALCIUM IONIZED)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.36
80048	BASIC MET PANEL (CALCIUM TOT)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7.61
80050	GENERAL HEALTH PANEL GENER			NO	0	999	5/1/2018	12/31/9999	1	NC
80051	ELECTROLYTE PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.31
80053	COMPREHEN METABOLIC PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.5
80055	OBSTETRIC PANEL		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	1	43.03
80061	LIPID PANEL THIS PANEL MUST IN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.05
80069	RENAL FUNCTION PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.81
80074	ACUTE HEPATITIS PANEL ACUTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	42.87
80076	HEPATIC FUNCTION PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.35
80081	OBSTETRIC PANEL		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	1	67.37
80143	DRUG ASSAY ACETAMINOPHEN		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	2	16.78
80145	ADALIMUMAB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	34.71
80150	AMIKACIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.57
80151	DRUG ASSAY AMIODARONE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	16.78
80155	CAFFINE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	34.71
80156	ASSAY, CARBAMAZEPINE, TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.11
80157	ASSAY, CARBAMAZEPINE, FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.93
80158	CYCLOSPORINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.25
80159	CLOZAPINE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.14
80161	ASY CARBAMAZEPIN 10,11-EPXID		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	16.78
80162	DIGOXIN; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.95
80163	DIGOXIN; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.95
80164	VALPROIC ACID; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.19
80165	VALPROIC ACID; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.19
80167	DRUG ASSAY FELBAMATE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	16.78
80168	ETHOSUXIMIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.71

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80169	EVEROLIMUS DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.36
80170	GENTAMICIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.74
80171	GABAPENTIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.5
80173	ASSAY OF HALOPERIDOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.2
80175	LAMOTRIGINE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.93
80176	LIDOCAINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.22
80177	LEVETIRACETAM DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.93
80178	LITHIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.95
80179	DRUG ASSAY SALICYLATE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	2	16.78
80180	MYCHOPHENOLATE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.25
80181	DRUG ASSAY FLECAINIDE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	16.78
80183	OXCARBAZEPINE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.93
80184	PHENOBARBITAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.77
80185	PHENYTOIN; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.93
80186	PHENYTOIN; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.38
80187	POSACONAZOLE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.4
80188	PRIMIDONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.93
80189	DRUG ASSAY ITRACONAZOLE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	16.78
80190	PROCAINAMIDE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	54
80192	PROCAINAMIDE; WITH METABOLITES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.08
80193	DRUG ASSAY LEFLUNOMIDE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	34.71
80194	QUINIDINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.14
80195	ASSAY OF SIROLIMUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.36
80197	ASSAY FOR TACROLIMUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.36
80198	THEOPHYLLINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.73
80199	TIAGABINE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.4
80200	ASSAY OF TOBRAMYCIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.52
80201	ASSAY FOR TOPIRAMATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.73
80202	VANCOMYCIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.19
80203	ZONISAMIDE DRUG ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.93
80204	DRUG ASSAY METHOTREXATE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	34.71
80210	DRUG ASSAY RUFINAMIDE		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	24.4
80230	INFLIXIMAB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	34.71
80235	LACOSAMIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.4
80280	VEDOLIZUMAB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	34.71
80285	VORICONAZOLE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.4
80299	QUANT THERAP DRUG NES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	16.78
80305	DRUG TEST, ANY# CLASSES, DIRECT OPTICAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.34
80306	DRUG TEST, ANY# CLASSES; ASSIST DIR OPTI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.43
80307	DRUG TEST, ANY# CLASSES, INSTRUMENT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	55.93
80320	ALCOHOLS			NO	0	999	1/1/2015	12/31/9999	1	NC
80321	ALCOHOL BIOMARKERS 1-2			NO	0	999	1/1/2015	12/31/9999	1	NC
80322	ALCOHOL BIOMARKERS 3+			NO	0	999	1/1/2015	12/31/9999	1	NC
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED			NO	0	999	1/1/2015	12/31/9999	1	NC
80324	AMPHETAMINES; 1 OR 2			NO	0	999	1/1/2015	12/31/9999	1	NC
80325	AMPHETAMINES; 3 OR 4			NO	0	999	1/1/2015	12/31/9999	1	NC
80326	AMPHETAMINES; 5 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80327	ANABOLIC STEROIDS; 1 OR 2			NO	0	999	1/1/2015	12/31/9999	1	NC
80328	ANABOLIC STEROIDS; 3 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80329	ANALGESICS, NON-OPIOID; 1 OR 2			NO	0	999	1/1/2015	12/31/9999	1	NC
80330	ANALGESICS, NON-OPIOID; 3-5			NO	0	999	1/1/2015	12/31/9999	1	NC
80331	ANALGESICS, NON-OPIOID; 6 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 O			NO	0	999	1/1/2015	12/31/9999	1	NC
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5			NO	0	999	1/1/2015	12/31/9999	1	NC
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 O			NO	0	999	1/1/2015	12/31/9999	1	NC
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			NO	0	999	1/1/2015	12/31/9999	1	NC
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			NO	0	999	1/1/2015	12/31/9999	1	NC
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			NO	0	999	1/1/2015	12/31/9999	1	NC
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED			NO	0	999	1/1/2015	12/31/9999	1	NC
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			NO	0	999	1/1/2015	12/31/9999	1	NC
80345	BARBITURATES			NO	0	999	1/1/2015	12/31/9999	1	NC
80346	BENZODIAZEPINES1-12			NO	0	999	1/1/2015	12/31/9999	1	NC
80347	BENZODIAZEPINES; 13 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80348	BUPRENORPHINE			NO	0	999	1/1/2015	12/31/9999	1	NC
80349	CANNABIONOIDS, NATURAL			NO	0	999	1/1/2015	12/31/9999	1	NC
80350	CANNABIONOIDS, SYNTHETIC; 1-3			NO	0	999	1/1/2015	12/31/9999	1	NC
80351	CANNABIONOIDS, SYNTHETIC; 4-6			NO	0	999	1/1/2015	12/31/9999	1	NC
80352	CANNABIONOIDS, SYNTHETIC; 7 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80353	COCAINE			NO	0	999	1/1/2015	12/31/9999	1	NC
80354	FENTANYL			NO	0	999	1/1/2015	12/31/9999	1	NC
80355	GABAPENTIN, NON-BLOOD			NO	0	999	1/1/2015	12/31/9999	1	NC
80356	HEROIN METABOLITE			NO	0	999	1/1/2015	12/31/9999	1	NC

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
80357	KETAMINE OR NORKETAMINE			NO	0	999	1/1/2015	12/31/9999	1	NC
80358	METHADONE			NO	0	999	1/1/2015	12/31/9999	1	NC
80359	METHYLENEDIAMPHETAMINES (MDA, MDEA, M			NO	0	999	1/1/2015	12/31/9999	1	NC
80360	METHYLPHENIDATE			NO	0	999	1/1/2015	12/31/9999	1	NC
80361	OPIATES, 1 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2			NO	0	999	1/1/2015	12/31/9999	1	NC
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4			NO	0	999	1/1/2015	12/31/9999	1	NC
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80365	OXYCODONE			NO	0	999	1/1/2015	12/31/9999	1	NC
80366	PREGABALIN			NO	0	999	1/1/2015	12/31/9999	1	NC
80367	PROPOXYPHENE			NO	0	999	1/1/2015	12/31/9999	1	NC
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)			NO	0	999	1/1/2015	12/31/9999	1	NC
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2			NO	0	999	1/1/2015	12/31/9999	1	NC
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE			NO	0	999	1/1/2015	12/31/9999	1	NC
80371	STIMULANTS, SYNTHETIC			NO	0	999	1/1/2015	12/31/9999	1	NC
80372	TAPENTADOL			NO	0	999	1/1/2015	12/31/9999	1	NC
80373	TRAMADOL			NO	0	999	1/1/2015	12/31/9999	1	NC
80374	STEREISOMER (ENANTIOMER) ANALYSIS, SINGL			NO	0	999	1/1/2015	12/31/9999	1	NC
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			NO	0	999	1/1/2015	12/31/9999	1	NC
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			NO	0	999	1/1/2015	12/31/9999	1	NC
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			NO	0	999	1/1/2015	12/31/9999	1	NC
80400	ACTH STIMULATION PANEL; FOR AD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	29.36
80402	ACTH STIMULATION PANEL; FOR 21		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	78.26
80406	ACTH STIMULATION PANEL; FOR 3			NO	0	999	1/1/1994	12/31/9999	15	NC
80408	ALDOSTERONE SUPPRESSION EVALUA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	112.95
80410	CALCIUM-PENTAGASTRIN STIMULATI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	72.33
80412	CORTICOTROPIC RELEASING HORMON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	721.46
80414	CHORIONIC GONADOTROPHIN STIMUL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.48
80415	CHORIONIC GONADOTROPHIN STIMUL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	50.3
80416	RENIN STIMULATION PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	188.39
80417	RENIN STIMULATION PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	39.59
80418	COMBINED RAPID ANTERIOR PITUIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	521.53
80420	DEXAMETHASONE SUPPRESSION PANE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	145.69
80422	GLUCAGON TOLERANCE PANEL; FOR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	41.46
80424	GLUCAGON TOLERANCE PANEL; FOR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	45.45
80426	GONADOTROPIN RELEASING HORMONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	133.57
80428	GROWTH HORMONE STIMULATION PAN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	60.03
80430	GROWTH HORMONE SUPPRESSION PAN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	116.4
80432	INSULIN-INDUCED C-PEPTIDE SUPP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	149.05
80434	INSULIN TOLERANCE PANEL; FOR A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	256.53
80435	INSULIN TOLERANCE PANEL; FOR G		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	92.7
80436	METYPAPONE PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	82.04
80438	THYROTROPIN RELEASING HORMONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	45.37
80439	THYROTROPIN RELEASING HORMONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	60.49
80500	CLINICAL PATH CONSULT:LTD,WITH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.04
80500	CLINICAL PATH CONSULT:LTD,WITH		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.82
80502	CLINICAL PATH CONSULT;COMPREHE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	63.06
80502	CLINICAL PATH CONSULT;COMPREHE		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	60.56
81000	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.62
81001	URINALYSIS, AUTO, W/SCOPE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.85
81002	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.13
81003	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.03
81005	URINALYSIS; QUALITATIVE OR SEM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	1.95
81007	URINE SCREEN FOR BACTERIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.98
81015	URINALYSIS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.75
81020	URINALYSIS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.23
81025	URINE PREGNANCY TEST, BY VISUA		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	1	7.75
81050	VOLUME MEASUREMENT FOR TIMED C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.28
81099	UNLISTED URINALYSIS PROCEDUR			NO	0	999	7/1/1983	12/31/9999	1	MP
81105	HPA-1 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81106	HPA-2 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81107	HPA-3 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81108	HPA-4 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81109	HPA-5 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81110	HPA-6 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81111	HPA-9 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81112	HPA-15 GENOTYPE			NO	0	999	1/1/2018	12/31/9999	1	NC
81120	IDH,1 COM VARIANTS			NO	0	999	1/1/2018	12/31/9999	1	NC
81121	IDH2, COM VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	266.21
81161	ARTHRODESIS PRESACRAL L5-S1		Non-Facility Rate	YES	0	24	7/1/2020	12/31/9999	1	251.1
81162	BRCA1&2 SEQ & FULL DUP/DEL		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	1642.39
81163	BRCA1&2 GENE FULL SEQ ALYS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	421.2
81164	BRCA1&2 GEN FUL DUP/DEL ALYS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	525.81
81165	BRCA1 GENE FULL SEQ ALYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81166	BRCA1 GENE FULL DUP/DEL ALYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81167	BRCA2 GENE FULL DUP/DEL ALYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81168	CCND1/IGH TRANSLOCATION ALYS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	186.58



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81170	ABL1 GENE		Non-Facility Rate	YES	40	80	7/1/2020	12/31/9999	1	270
81171	AFF2 GENE DETC ABNOR ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81172	AFF2 GENE CHARAC ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81173	AR GENE FULL GENE SEQUENCE			NO	0	999	1/1/2019	12/31/9999	1	NC
81174	AR GENE KNOWN FAMIL VARIANT			NO	0	999	1/1/2019	12/31/9999	1	NC
81175	ASXL1 GENE ANA; FULL			NO	0	999	1/1/2018	12/31/9999	1	NC
81176	ASXL1 GENE ANA; TARGETED			NO	0	999	1/1/2018	12/31/9999	1	NC
81177	ATN1 GENE DETC ABNOR ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81178	ATXN1 GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81179	ATXN2 GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81180	ATXN3 GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81181	ATXN7 GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81182	ATXN8OS GEN DETC ABNOR ALLEL			NO	0	999	1/1/2019	12/31/9999	1	NC
81183	ATXN10 GENE DETC ABNOR ALLEL			NO	0	999	1/1/2019	12/31/9999	1	NC
81184	CACNA1A GEN DETC ABNOR ALLEL			NO	0	999	1/1/2019	12/31/9999	1	NC
81185	CACNA1A GENE FULL GENE SEQ			NO	0	999	1/1/2019	12/31/9999	1	NC
81186	CACNA1A GEN KNOWN FAMIL VRNT			NO	0	999	1/1/2019	12/31/9999	1	NC
81187	CNBP GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81188	CSTB GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81189	CSTB GENE FULL GENE SEQUENCE			NO	0	999	1/1/2019	12/31/9999	1	NC
81190	CSTB GENE KNOWN FAMIL VRNT			NO	0	999	1/1/2019	12/31/9999	1	NC
81191	NTRK1 TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	186.58
81192	NTRK2 TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	186.58
81193	NTRK3 TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	186.58
81194	NTRK TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	466.46
81200	ASPA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	42.53
81201	APC GENE FULL SEQUENCE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	702
81202	APC GENE KNOWN FAM VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	252
81203	APC GENE DUP/DELET VARIANTS		Non-Facility Rate	YES	0	39	7/1/2020	12/31/9999	1	180
81204	AR GENE CHARAC ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81205	BCKDHB		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	85.49
81206	BCR/ABL1 (T(9;22)) MAJOR		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	147.56
81207	BCR/ABL1 (T(9;22)) MINOR		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	130.36
81208	BCR/ABL1 (T(9;22)) OTHER		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	193.16
81209	BLM		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	35.38
81210	BRAF GENE ANALYSIS, V600 VARIANT(S)			NO	0	999	1/1/2012	12/31/9999	1	NC
81212	BRCA1, BRCA2 VARIANTS			NO	0	999	1/1/2012	12/31/9999	1	NC
81215	BRCA1 KNOWN FAMILIAL VARIANT			NO	0	999	1/1/2012	12/31/9999	1	NC
81216	BRCA2 FULL SEQ			NO	0	999	1/1/2012	12/31/9999	1	NC
81217	BRCA2 KNOWN FAMILIAL VARIANT			NO	0	999	1/1/2012	12/31/9999	1	NC
81218	CEBPA GENE FULL SEQUENCE		Non-Facility Rate	YES	0	80	7/1/2020	12/31/9999	1	217.71
81219	CALR GENE COM VARIANTS			NO	0	999	1/1/2016	12/31/9999	1	NC
81220	CFTR COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	500.94
81221	CFTR KNOWN FAMILIAL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	87.5
81222	CFTR DUPL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	391.56
81223	CFTR FULL GENE SEQ		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	449.1
81224	CFTR GENE ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	151.88
81225	CYP2C19 COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	262.22
81226	CYP2D6 COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	405.82
81227	CYP2C9 COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	157.33
81228	CYTOGENOMIC MICROARRAY ANALYSIS			NO	0	999	1/1/2012	12/31/9999	1	NC
81229	CYTOGENOMIC MICROARRAY ANALYSIS		Non-Facility Rate	YES	0	20	7/1/2020	12/31/9999	1	1044
81230	CYP3A4 GENE ANA			NO	0	999	1/1/2018	12/31/9999	1	NC
81231	CYP3A5 GENE ANA			NO	0	999	1/1/2018	12/31/9999	1	NC
81232	DPYD GENE ANA			NO	0	999	1/1/2018	12/31/9999	1	NC
81233	BTK GENE COMMON VARIANTS			NO	0	999	1/1/2019	12/31/9999	1	NC
81234	DMPK GENE DETC ABNOR ALLELE			NO	0	999	1/1/2019	12/31/9999	1	NC
81235	EGFR GENE COM VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	292.12
81236	EZH2 GENE FULL GENE SEQUENCE			NO	0	999	1/1/2019	12/31/9999	1	NC
81237	EZH2 GENE COMMON VARIANTS			NO	0	999	1/1/2019	12/31/9999	1	NC
81238	F9 FULL GENE SEQ			NO	0	999	1/1/2018	12/31/9999	1	NC
81239	DMPK GENE CHARAC ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81240	F2 A VARIANT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	59.12
81241	F5 LEIDEN VARIANT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	66.03
81242	FANCC		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	32.96
81243	FMR1 ALLELES		Non-Facility Rate	YES	0	20	7/1/2020	12/31/9999	1	51.34
81244	FMR1		Non-Facility Rate	YES	0	20	7/1/2020	12/31/9999	1	40.4
81245	FLT3 GENE ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	148.96
81246	FLT3 GENE ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	74.7
81247	G6PD GENE ANA, COMMON			NO	0	999	1/1/2018	12/31/9999	1	NC
81248	G6PD GENE ANA, FAMILIAL			NO	0	999	1/1/2018	12/31/9999	1	NC
81249	G6PD GENE ANA, FULL GENE			NO	0	999	1/1/2018	12/31/9999	1	NC
81250	G6PC		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	52.64
81251	GBA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	42.53
81252	GJB2 GENE FULL SEQUENCE		Non-Facility Rate	YES	0	43	7/1/2020	12/31/9999	1	91.01
81253	GJB2 GENE KNOWN VARIANTS		Non-Facility Rate	YES	0	43	7/1/2020	12/31/9999	1	55.37
81254	GJB6 GENE COM VARIANTS		Non-Facility Rate	YES	0	43	7/1/2020	12/31/9999	1	31.5

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81255	HEXA		Non-Facility Rate	YES	0	43	7/1/2020	12/31/9999	1	46.31
81256	HFE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	58.82
81257	HBA1/HBA2		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	92.03
81258	HBA1/HBA2; FAMILIAL			NO	0	999	1/1/2018	12/31/9999	1	NC
81259	HBA1/HBA2; FULL GENE			NO	0	999	1/1/2018	12/31/9999	1	NC
81260	IKBKAP		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	35.38
81261	IGH@ AMPLIFIED		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	178.19
81262	IGH@ DIRECT PROBE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	61.7
81263	IGH@ VARIABLE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	265.07
81264	IGK@		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	155.46
81265	STR MARKERS SPECIMEN		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	209.76
81266	STR MARKERS SPECIMEN EA ADD		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	274.33
81267	CHIMERISM W/O CELL		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	186.71
81268	CHIMERISM ANAL W/CELL SELECT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	4	234.71
81269	HBA1/HBA2; DUP/DEL			NO	0	999	1/1/2018	12/31/9999	1	NC
81270	JAK2		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	82.49
81271	HTT GENE DETC ABNOR ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81272	KIT GENE TARGETED SEQ ANALYS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	296.56
81273	KIT GENE ANALYS D816 VARIANT		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	112.38
81274	HTT GENE CHARAC ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81275	KRAS GENE ANALYSIS; VARIANTS IN EXON 2		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	173.93
81276	KRAS GENE ADDL VARIANTS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	173.93
81277	CYTOGENOMIC NEO MICRORA ALYS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	1044
81278	NTRK1 TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	186.58
81279	NTRK2 TRANSLOCATION ANALYSIS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	166.68
81283	IFNL3 GENE ANA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	66.03
81284	FXN GENE DETC ABNOR ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81285	FXN GENE CHARAC ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81286	FXN GENE FULL GENE SEQUENCE			NO	0	999	1/1/2019	12/31/9999	1	NC
81287	MGMT GENE PRMTR MTHYLTN ALYS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	112.18
81288	MLH1 GENE ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	173.09
81289	FXN GENE KNOWN FAMIL VARIANT			NO	0	999	1/1/2019	12/31/9999	1	NC
81290	MCOLN1		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	35.38
81291	MTHFR			NO	0	999	1/1/2012	12/31/9999	1	NC
81292	MLH1 FULL SEQ		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	607.86
81293	MLH1 KNOW FAM VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	297.9
81294	MLH1 DUPL/DEL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	182.16
81295	MSH2 FULL SEQ			NO	0	999	1/1/2012	12/31/9999	1	NC
81296	MSH2 KNOWN FAM VARIANTS			NO	0	999	1/1/2012	12/31/9999	1	NC
81297	MSH2 DUP/DEL VARIANTS			NO	0	999	1/1/2012	12/31/9999	1	NC
81298	MSH6 FULL SEQ		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	577.67
81299	MSH6 KNOWN FAM VARIANTS		Non-Facility Rate	YES	0	49	7/1/2020	12/31/9999	1	277.2
81300	MSH6 DUP/DEL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	214.2
81301	MICROSATELLITE INSTABILITY		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	313.7
81302	MECP2 FULLSEQ ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	475.08
81303	MECP2 KNOWN FAM VARIANT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	108
81304	MECP2 DUP/DEL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	135
81305	MYD88 GENE P.LEU265PRO VRNT			NO	0	999	1/1/2019	12/31/9999	1	NC
81306	NUDT15 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	262.22
81307	PALB2 GENE FULL GENE SEQ			NO	0	999	1/1/2020	12/31/9999	1	NC
81308	PALB2 GENE KNOWN FAMIL VRNT			NO	0	999	1/1/2020	12/31/9999	1	NC
81309	PIK3CA GENE TRGT SEQ ALYS			NO	0	999	1/1/2020	12/31/9999	1	NC
81310	NPM1 EXON 12VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	221.87
81311	NRAS GENE VARIANTS EXON 2&3		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	266.21
81312	PABPN1 GENE DETC ABNOR ALLEL			NO	0	999	1/1/2019	12/31/9999	1	NC
81313	PCA3/KLK3 RATIO		Non-Facility Rate	YES	50	75	7/1/2020	12/31/9999	1	229.55
81314	PDGFRA GENE		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	296.56
81315	PML/RARALPHA COMMON		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	186.58
81316	PML/RARALPHA SINGLE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	186.58
81317	PMS2 FULL SEQ		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	608.85
81318	PMS2 KNOWN FAM VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	297.9
81319	PMS2 DUP/DEL VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	183.15
81320	PLCG2 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	262.22
81321	PTEN GENE FULL SEQUENCE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	540
81322	PTEN GENE KNOWN FAM VARIANT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	41.94
81323	PTEN GENE DUOP/DELET VARIANT		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	270
81324	PMP22 GENE DUP/DELET		Non-Facility Rate	YES	0	39	7/1/2020	12/31/9999	1	682.52
81325	PMP22 GENE FULL SEQUENCE		Non-Facility Rate	YES	0	39	7/1/2020	12/31/9999	1	692.62
81326	PMP22 GENE KNOWN FAM VARIANT		Non-Facility Rate	YES	0	39	7/1/2020	12/31/9999	1	41.94
81327	PMP22 TOOTH SEPT9 METHYLATION ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	172.8
81328	SLCO1B1, GENE ANA			NO	0	999	1/1/2018	12/31/9999	1	NC
81329	SMN1 GENE DOS/DELETION ALYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81330	SMPD1		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	42.3
81331	SNRNP/UBE3A		Non-Facility Rate	YES	0	20	7/1/2020	12/31/9999	1	45.96
81332	SERPINA1		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	39.29
81333	TGFB1 GENE COMMON VARIANTS			NO	0	999	1/1/2019	12/31/9999	1	NC
81334	RUNX1 GENE ANA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	296.56

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81335	TPMT, GENE ANA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	157.33
81336	SMN1 GENE FULL GENE SEQUENCE			NO	0	999	1/1/2019	12/31/9999	1	NC
81337	SMN1 GEN NOWN FAMIL SEQ VRNT			NO	0	999	1/1/2019	12/31/9999	1	NC
81338	MPL GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	135.3
81339	MPL GENE SEQ ALYS EXON 10		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	166.68
81340	TRB@ CLONAL POPULATION		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	188.03
81341	TRB@ DIRECT PROBE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	44.63
81342	TRG@ EVAL ABNORMAL		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	181.35
81343	PPP2R2B GEN DETC ABNOR ALLEL			NO	0	999	1/1/2019	12/31/9999	1	NC
81344	TBP GENE DETC ABNOR ALLELES			NO	0	999	1/1/2019	12/31/9999	1	NC
81345	TERT GENE TARGETED SEQ ALYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81346	TYMS, GENE ANA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	157.33
81347	SF3B1 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	173.93
81348	SRSF2 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	157.86
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	210.6
81351	TP53 GENE FULL GENE SEQUENCE		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	577.67
81352	TP53 GENE TRGT SEQUENCE ALYS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	296.56
81353	TP53 GENE KNOWN FAMIL VRNT		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	277.2
81355	VKORC1 GENE ANALYSIS		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	79.38
81357	U2AF1 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	173.93
81360	ZRSR2 GENE COMMON VARIANTS		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	173.93
81361	HBB, COMMON		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	157.33
81362	HBB; KNOWN			NO	0	999	1/1/2018	12/31/9999	1	NC
81363	HBB; DUP/DEL			NO	0	999	1/1/2018	12/31/9999	1	NC
81364	HBB; FULL GENE SEQ			NO	0	999	1/1/2018	12/31/9999	20	NC
81370	HLA HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	361.91
81371	HLA-A, -B, AND -DRB1/3/4/5		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	364.07
81372	HLA CMPLT HLA-A, -B, AND -C		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	363.23
81373	HLAONE LOCUS HLA-A, -B, OR -C EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	114.69
81374	HLA CLASS I LOW RES ONE EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	66.9
81375	HLA DRB1/3/4/5AND -DQB1		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	198.67
81376	HLA ONE LOC DRB1/3/4/5 -DQB1, -DQA1 -DPB		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	5	110
81377	HLA CLASS II LOW RES EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	85.27
81378	HLA HIGH RES HLA-A, -B, -C, AND -DRB1		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	311.01
81379	HLA HIGH RES CMPL HLA-A -B -C		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	301.84
81380	HLA ONE LOCHLA-A, -B, OR -C), EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	159.53
81381	HLA CLASS I TYPING, HIGH RES EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	3	152.91
81382	HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -D		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	6	111.31
81383	HLA CLASS II TYPING, HIGH RES EA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	2	98.22
81400	MOLECULAR PATHOLOGY LEVEL 1			NO	0	999	1/1/2012	12/31/9999	1	NC
81401	MOLECULAR PATHOLOGY LEVEL 2			NO	0	999	1/1/2012	12/31/9999	1	NC
81402	MOLECULAR PATHOLOGY LEVER 3			NO	0	999	1/1/2012	12/31/9999	1	NC
81403	MOLECULAR PATHOLOGY LEVEL 4			NO	0	999	1/1/2012	12/31/9999	1	NC
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5			NO	0	999	1/1/2012	12/31/9999	1	NC
81405	MOLECULAR PATHOLOGY LEVEL 6			NO	0	999	1/1/2012	12/31/9999	1	NC
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7			NO	0	999	1/1/2012	12/31/9999	1	NC
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8			NO	0	999	1/1/2012	12/31/9999	1	NC
81408	MOLECULAR PATH LEVEL 9			NO	0	999	1/1/2012	12/31/9999	1	NC
81410	AORTIC DYSFUNCTION			NO	0	999	1/1/2015	12/31/9999	1	NC
81411	AORTIC DYSFUNCTION			NO	0	999	1/1/2015	12/31/9999	1	NC
81412	ASHKENAZI JEWISH ASSOC DIS			NO	0	999	1/1/2016	12/31/9999	1	NC
81413	CARDIAC ION CHANNELOPATHIES		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	526.41
81414	CRDIC ION CHANNELOPATHIES		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	526.41
81415	EXOME SEQUENCE ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81416	EXOME SEQUENCE ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81417	EXOME SEQUENCE ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81419	EPILEPSY GEN SEQ ALYS PANEL		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	2203.7
81420	FETAL CHROM ANEUPLOIDY		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	683.15
81422	FETAL CHROMOSOMAL MICRODELETION		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	683.15
81425	GENOME SEQ ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81426	GENOME SEQ ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81427	GENOME SEQ ANALYSIS			NO	0	999	1/1/2015	12/31/9999	1	NC
81430	HEARING LOSS GENOMIC SEQ			NO	0	999	1/1/2015	12/31/9999	1	NC
81431	HEARING LOSS GENOMIC SEQ			NO	0	999	1/1/2015	12/31/9999	1	NC
81432	HRDTRY BRST CA-RLATD DSORDRS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	611.15
81433	HRDTRY BRST CA-RLATD DSORDRS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	395.04
81434	HEREDITARY RETINAL DISORDERS		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	538.12
81435	HEREDITARY COLON CA DSORDRS			NO	0	999	1/1/2015	12/31/9999	1	NC
81436	HEREDITARY COLON CA DSORDRS			NO	0	999	1/1/2015	12/31/9999	1	NC
81437	HEREDTRY NURONDCRN TUM DSRDR		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	395.04
81438	HEREDTRY NURONDCRN TUM DSRDR		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	395.04
81439	HEREDITARYCARDIOMYOPATHY GNMC SEQ PANEL		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	526.41
81440	MITOCHONDR GENE PANEL			NO	0	999	1/1/2015	12/31/9999	1	NC
81442	NOONAN SPECTRUM DISORDERS		Non-Facility Rate	YES	0	18	7/1/2020	12/31/9999	1	1929.24
81443	GENETIC TSTG SEVERE INH COND			NO	0	999	1/1/2019	12/31/9999	1	NC
81445	TARGETED GENOMIC SEQ ANALYS			NO	0	999	1/1/2015	12/31/9999	1	NC
81448	HEREDITARY PERI NEURO			NO	0	999	1/1/2018	12/31/9999	1	NC



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81450	TARGETED GENOMIC SEQ ANALYS			NO	0	999	1/1/2015	12/31/9999	1	NC
81455	TARGETED GENOMIC SEQ ANALYS			NO	0	999	1/1/2015	12/31/9999	1	NC
81460	WHOLE MITOCHONDRIAL GENOME			NO	0	999	1/1/2015	12/31/9999	1	NC
81465	WHOLE MITOCHONDRIAL GENOME			NO	0	999	1/1/2015	12/31/9999	1	NC
81470	XLID GENOMIC SEQUENCE			NO	0	999	1/1/2015	12/31/9999	1	NC
81471	XLID GENOMIC DUPLICATION			NO	0	999	1/1/2015	12/31/9999	1	NC
81479	UNLISTED MOLECULAR PATHOLOGY PROC			NO	0	999	1/1/2013	12/31/9999	2	NC
81490	AUTOIMMUNE RHEUMATOID ARTHR			NO	0	999	1/1/2016	12/31/9999	1	NC
81493	COR ARTERY DISEASE MRNA			NO	0	999	1/1/2016	12/31/9999	1	NC
81500	ONCO (OVAR) TWO PROTEINS			NO	0	999	1/1/2013	12/31/9999	2	NC
81503	ONCO (OVAR) FIVE PROTEINS			NO	0	999	1/1/2013	12/31/9999	2	NC
81504	ONCOLOGY PROF >2000 GENES		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	468
81506	ENDO ASSAY SEVEN ANAL			NO	0	999	1/1/2013	12/31/9999	2	NC
81507	FETAL ANEUPLOIDY		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	715.5
81508	FTL CGEN ABNOR TWO PROTEINS			NO	0	999	1/1/2013	12/31/9999	2	NC
81509	FTL CGEN ABNOR 3 PROTEINS			NO	0	999	1/1/2013	12/31/9999	2	NC
81510	FTL CGEN ABNOR THREE ANAL			NO	0	999	1/1/2013	12/31/9999	2	NC
81511	FTL CGEN ABNOR FOUR ANAL			NO	0	999	1/1/2013	12/31/9999	2	NC
81512	FTL CGEN ABNOR FIVE ANAL			NO	0	999	1/1/2013	12/31/9999	2	NC
81513	NFCT DS BV RNA VAG FLU ALG		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	128.37
81514	NFCT DS BV&VAGINITIS DNA ALG		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	236.69
81518	ONC BRST MRNA 11 GENES		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	3485.7
81519	ONCOLOGY (BREAST), MRNA		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	3485.7
81520	ONCOLOGY, GENE EXPR, 58 GENES			NO	0	999	1/1/2018	12/31/9999	1	NC
81521	ONCOLOGY, MICROARRAY GENE EXPR, 70 GENES			NO	0	999	1/1/2018	12/31/9999	2	NC
81522	ONC BREAST MRNA 12 GENES			NO	0	999	1/1/2020	12/31/9999	1	NC
81525	ONCOLOGY COLON MRNA		Non-Facility Rate	YES	18	80	7/1/2020	12/31/9999	1	2804.4
81528	ONCOLOGY COLORECTAL SCR		Non-Facility Rate	YES	50	80	7/1/2020	12/31/9999	1	457.98
81529	ONC CUTAN MLNMA MRNA 31 GENE		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	6473.7
81535	ONCOLOGY GYNECOLOGIC			NO	0	999	1/1/2016	12/31/9999	1	NC
81536	ONCOLOGY GYNECOLOGIC			NO	0	999	1/1/2016	12/31/9999	1	NC
81538	ONCOLOGY LUNG		Non-Facility Rate	YES	40	80	7/1/2020	12/31/9999	1	2583.9
81539	ONCLGY, BIOCHEM ASSY OF 4 PRNTS,		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	684
81540	ONCOLOGY TUM UNKNOWN ORIGIN			NO	0	999	1/1/2016	12/31/9999	1	NC
81541	ONCOLOGY, GENE EXPR, 46 GENES			NO	0	999	1/1/2018	12/31/9999	1	NC
81542	ONC PROSTATE MRNA 22 CNT GEN			NO	0	999	1/1/2020	12/31/9999	1	NC
81546	ONC THYR MRNA 10,196 GEN ALG		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	3240
81551	ONCOLOGY, PRO METH PROFILE, 3 GENES			NO	0	999	1/1/2018	12/31/9999	1	NC
81552	ONC UVEAL MLNMA MRNA 15 GENE			NO	0	999	1/1/2020	12/31/9999	1	NC
81554	PULM DS IPF MRNA 190 GEN ALG		Non-Facility Rate	YES	0	999	1/1/2021	12/31/9999	1	4950
81595	CARDIOLOGY HRT TRNSPL MRNA			NO	0	999	1/1/2016	12/31/9999	1	NC
81596	NFCT DS CHRNC HCV 6 ASSAYS			NO	0	999	1/1/2019	12/31/9999	1	NC
81599	UNLISTED MULTIANALYTE ASSAY			NO	0	999	1/1/2013	12/31/9999	2	NC
82009	ACETONE OR OTHER KETONE BODIES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.07
82010	ACETONE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.35
82013	ACETYLCHOLINESTERASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.06
82016	ACYLCARNITINES, QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.84
82017	ACYLCARNITINES, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.18
82024	ADRENOCHORTICOTROPIC HORMONE (A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	34.76
82030	ADENOSINE; 5'-MONOPHOSPHATE, C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.22
82040	ALBUMIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.46
82042	ASSAY OF URINE ALBUMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7
82043	ALBUMIN; URINE, MICROALBUMIN,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.2
82044	ALBUMIN; URINE, MICROALBUMIN,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.61
82045	ALBUMIN, ISCHEMIA MODIFIED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.55
82075	ALCOHOL (ETHANOL); BREATH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	27
82077	ASSAY SPEC XCP UR&BREATH IA		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	17.27
82085	ALDOLASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.74
82088	ALDOSTERONE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	36.68
82103	ALPHA-1-ANTITRYPSIN; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.1
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.01
82105	ALPHA-FETOPROTEIN; SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.09
82106	ALPHA-FETOPROTEIN; AMNIOTIC FL		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	2	15.3
82107	ALPHA-FETOPROTEIN AFP-L3		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.97
82108	ALUMINUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.93
82120	AMINES, VAGINAL FLUID QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.39
82127	AMINO ACID, SINGLE QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.76
82128	AMINO ACIDS, MULT QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.48
82131	AMINO ACIDS, SINGLE QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.68
82135	AMINOLEVULINIC ACID, DELTA (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.81
82136	AMINO ACIDS, QUANT, 2-5		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.65
82139	AMINO ACIDS, QUAN, 6 OR MORE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.18
82140	AMMONIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.11
82143	AMNIOTIC FLUID SCAN (SPECTROPH		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	2	8.42
82150	AMYLASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.83
82154	ANDROSTANEDIOL GLUCURONIDE			NO	0	999	1/1/1994	12/31/9999	15	NC
82157	ANDROSTENEDIONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.35

**Mississippi Division of Medicaid**  
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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
82160	ANDROSTERONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23
82163	ANGIOTENSIN II		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.47
82164	ANGIOTENSIN I - CONVERTING ENZ		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.14
82172	APOLIPOPROTEIN, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.98
82175	ARSENIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.07
82180	ASCORBIC ACID (VITAMIN C), B		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.9
82190	ATOMIC ABSORPTION SPECTROSCOPY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.31
82232	BETA-2 MICROGLOBULIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.56
82239	BILE ACIDS; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.41
82240	BILE ACIDS; CHOLYLGLYCINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.92
82247	BILIRUBIN, TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.52
82248	BILIRUBIN, DIRECT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.52
82252	BILIRUBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.1
82261	ASSAY OF BIOTINIDASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.18
82270	OCCULT BLOOD, OTHER SOURCES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.94
82271	OCCULT BLOOD, FECES, SINGLE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.79
82272	BLOOD OCCULT BY PEROXIDASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.81
82274	ASSAY TEST FOR BLOOD, FECAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.33
82286	BRADYKININ		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.64
82300	CADMIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.28
82306	VITAMIN D, 25 HYDROXY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.64
82308	CALCITONIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.11
82310	CALCIUM; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.64
82330	CALCIUM; IONIZED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.31
82331	CALCIUM, BLOOD;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.01
82340	CALCIUM; URINE QUANTITATIVE, T		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.43
82355	CALCULUS ANALYSIS, QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.42
82360	CALCULUS (STONE); QUANTITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.58
82365	CALCULUS (STONE), QUANTITATI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.61
82370	CALCULUS (STONE), QUANTITATI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.27
82373	ASSAY, C-D TRANSFER MEASURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.25
82374	CARBON DIOXIDE (BICARBONATE)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.39
82375	CARBON MONOXIDE, (CARBOXYHEM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.09
82376	CARBON MONOXIDE, (CARBOXYHEM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.66
82378	CARCINOEMBRYONIC ANTIGEN (CEA)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.06
82379	ASSAY OF CARNITINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.18
82380	CAROTENE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.3
82382	CATECHOLAMINES; TOTAL URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.57
82383	CATECHOLAMINES (DOPAMINE, NO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.17
82384	CATECHOLAMINES (DOPAMINE, NO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	22.73
82387	CATHEPSIN-D		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.25
82390	CERULOPLASMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.67
82397	CHEMILUMINESCENT ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	12.71
82415	CHLORAMPHENICOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.4
82435	CHLORIDE; BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.14
82436	CHLORIDE; URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.18
82438	CHLORIDE; OTHER SOURCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.5
82441	CHLORINATED HYDROCARBONS, SC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.41
82465	ASSAY, BLD/SERUM CHOLESTEROL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.92
82480	CHOLINESTERASE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7.08
82482	CHOLINESTERASE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.83
82485	CHONDROITIN B SULFATE, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.59
82495	CHROMIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.25
82507	CITRIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	25.02
82523	COLLAGEN CROSSLINKS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.81
82525	COPPER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.17
82528	CORTICOSTERONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.27
82530	CORTISOL; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	15.04
82533	CORTISOL; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	14.67
82540	CREATINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.18
82542	COL CHROMOTOGRAPHY QUAL/QUAN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	21.68
82550	CREATINE KINASE (CK), (CPK); T		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	5.86
82552	CREATINE PHOSPHOKINASE (CPK)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	12.05
82553	CREATINE KINASE (CK), (CPK); M		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	10.4
82554	CREATINE KINASE (CK), (CPK); I		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.68
82565	CREATININE; BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.61
82570	CREATININE; OTHER SOURCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	4.66
82575	CREATININE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.51
82585	CRYOFIBRINOGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.73
82595	ASSAY OF CRYOGLOBULIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.82
82600	CYANIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.46
82607	CYANOCOBALAMIN (VITAMIN B-12);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.57
82608	CYANOCOBALAMIN (VITAMIN B-12);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.89
82610	CYSTATIN C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.67
82615	CYSTINE AND HOMOCYSTINE, URI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.6
82626	DEHYDROEPIANDROSTERONE (DHEA)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.74
82627	DEHYDROEPIANDROSTERONE-SULFATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.01

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
82633	DESOXYCORTICOSTERONE, 11-		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	27.88
82634	DEOXYCORTISOL, 11-		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.35
82638	DIBUCAINE NUMBER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.03
82642	DIHYDROTESTOSTERONE		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	26.35
82652	VIT D 1, 25-DIHYDROXY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	34.65
82656	PANCREATIC ELASTASE, FECAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.38
82657	ENZYME CELL ACTIVITY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	19.95
82658	ENZYME CELL ACTIVITY, RA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	39.63
82664	ELECTROPHORETIC TECHNIQUE, N		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	55.35
82668	ERYTHROPOIETIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.91
82670	ESTRADIOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	25.15
82671	ESTROGENS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	29.07
82672	ESTROGENS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.53
82677	ESTRIOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.76
82679	ESTRONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.46
82681	ASSAY DIR MEAS FR ESTRADIOL		Non-Facility Rate	NO	0	999	1/1/2021	12/31/9999	1	25.15
82693	ETHYLENE GLYCOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.41
82696	ETIOCHOLANOLONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.62
82705	FAT OR LIPIDS, FECES; QUALITAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.59
82710	FAT OR LIPIDS, FECES; QUANTITA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.12
82715	FAT DIFFERENTIAL, FECES, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	20.67
82725	FATTY ACIDS, NONESTERIFIED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.89
82726	LONG CHAIN FATTY ACIDS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.78
82728	FERRITIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.27
82731	ASSAY OF FETAL FIBRONECTIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.97
82735	FLUORIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.69
82746	FOLIC ACID; SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.23
82747	FOLIC ACID; RBC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.89
82757	FRUCTOSE, SEMEN		Non-Facility Rate	NO	14	999	7/1/2020	12/31/9999	1	15.61
82759	GALACTOKINASE, RBC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.33
82760	GALACTOSE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.08
82775	GALACTOSE-1-PHOSPHATE URIDYL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.96
82776	GALACTOSE-1-PHOSPHATE URIDYL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.57
82777	GALECTIN-3		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	39.83
82784	ASSAY, IGA/IGD/IGG/IGM EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	8.37
82785	ASSAY OF IGE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.81
82787	IGG 1, 2, 3 OR 4, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	7.22
82800	GASES, BLOOD; PH ONLY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.9
82803	GASES, BLOOD, ANY COMBINATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	23.46
82805	GASES, BLOOD, ANY COMBINATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	70.89
82810	GASES, BLOOD, O2 SATURATION ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	8.79
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.01
82930	GASTRIC ANALY W/PH EA SPEC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.04
82938	GASTRIN AFTER SECRETIN STIMULA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.92
82941	GASTRIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.87
82943	GLUCAGON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.86
82945	GLUCOSE OTHER FLUID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	3.54
82946	GLUCAGON TOLERANCE TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.99
82947	ASSAY, GLUCOSE, BLOOD QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	3.54
82948	GLUCOSE; BLOOD, REAGENT STRIP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.54
82950	GLUCOSE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	4.28
82951	GLUCOSE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.58
82952	GLUCOSE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	3.53
82955	GLUCOSE-6-PHOSPHATE DEHYDROGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.73
82960	GLUCOSE-6-PHOSPHATE DEHYDROG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.45
82962	GLUCOSE, BLOOD, BY GLUCOSE MON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.95
82963	GLUCOSIDASE, BETA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.33
82965	GLUTAMATE DEHYDROGENASE			NO	0	999	11/1/1996	12/31/9999	1	NC
82977	GLUTAMYLTRANSFERASE, GAMMA (GG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.48
82978	GLUTATHIONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.91
82979	GLUTATHIONE REDUCTASE, RBC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.5
82985	GLYCATED PROTEIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.08
83001	GONADOTROPIN; FOLLICLE STIMULA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.72
83002	GONADOTROPIN; LUTEINIZING HORM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.67
83003	GROWTH HORMONE, HUMAN (HGH) (S		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	15
83006	GROWTH STIM GENE 2		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	68.04
83009	H PYLORI (C-13), BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	60.62
83010	HAPTOGLOBIN; QUANTITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.32
83012	HAPTOGLOBIN; PHENOTYPES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.2
83013	H PYLORI (C-13), BREATH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	60.62
83014	H PYLORI DRUG ADMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.07
83015	HEAVY METAL QUALITATIVE ANY # ANALYTES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.85
83018	HEAVY METAL QUANTITATIVE EA NOS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	19.76
83020	HEMOGLOBIN ELECTROPHORESIS	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
83020	HEMOGLOBIN ELECTROPHORESIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.58
83021	HEMOGLOBIN CHROMOTOGRAPHY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.25
83026	HEMOGLOBIN; BY COPPER SULFATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.61

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
83030	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.67
83033	FETAL HEMOGLOBIN ASSAY, QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.2
83036	GLYCOSYLATED HEMOGLOBIN TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.74
83037	GLYCOSYLATED HB, HOME DEVICE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.74
83045	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.84
83050	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.38
83051	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.58
83060	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.92
83065	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.1
83068	HEMOGLOBIN;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.52
83069	HEMOGLOBIN; URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.56
83070	HEMOSIDERIN; QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.28
83080	ASSAY OF B HEXOSAMINIDASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.18
83088	HISTAMINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.58
83090	ASSAY OF HOMOCYSTEINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.13
83150	HOMOVANILLIC ACID (HVA)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.17
83491	HYDROXYCORTICOSTEROIDS, 17- (1		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.11
83497	HYDROXYINDOLACETIC ACID, 5-(HI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.61
83498	HYDROXYPROGESTERONE, 17-D		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	24.45
83500	HYDROXYPROLINE; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.39
83505	HYDROXYPROLINE; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.87
83516	IMMUNOASSAY, NONANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	10.38
83518	IMMUNOASSAY, DIPSTICK		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.68
83519	RIA NONANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	16.56
83520	IMMUNOASSAY QUANT NOS NONAB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	15.54
83525	INSULIN; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	10.29
83527	INSULIN; FREE			NO	0	999	1/1/1994	12/31/9999	15	NC
83528	INTRINSIC FACTOR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.84
83540	IRON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.82
83550	IRON BINDING CAPACITY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.87
83570	ISOCITRIC DEHYDROGENASE (IDH)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.97
83582	KETOGENIC STEROIDS; FRACTIONAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.92
83586	KETOSTEROIDS, 17- (17-KS); TOT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.52
83593	KETOSTEROIDS, 17- (17-KS); FRA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	25.65
83605	LACTATE (LACTIC ACID)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.41
83615	LACTATE DEHYDROGENASE (LD), (L		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.44
83625	LACTATE DEHYDROGENASE (LD), (L		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.51
83630	LACTOFERRIN, FECAL (QUAL)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.73
83631	LACTOFERRIN, F ECAL (QUANT)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.67
83632	LACTOGEN, HUMAN PLACENTAL (HPL		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	1	18.2
83633	LACTOSE, URINE; QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.13
83655	LEAD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.9
83661	L/S RATIO, FETAL LUNG		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	3	19.79
83662	LECITHIN-SPHINGOMYELIN RATIO (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	17.02
83663	FLUORO POLARIZE, FETAL LUNG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	17.02
83664	LAMELLAR BDY, FETAL LUNG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	17.39
83670	LEUCINE AMINOPEPTIDASE (LAP)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.83
83690	LIPASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.2
83695	ASSAY OF LIPOPROTEIN(A)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.89
83698	LIPOPROT-ASSOC PHOSPHOLIPASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	41.68
83700	LIPOPRO BLD, E LECTROPHORETIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.13
83701	LIPOPROTEIN BLD, HR FRACTION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.47
83704	LIPOPROTEIN BLOOD QUANTIFICATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.77
83718	LIPOPROTEIN, DIRECT MEASUREMEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.37
83719	BLOOD LIPOPROTEIN ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.48
83721	BLOOD LIPOPROTEIN ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.45
83722	LIPOPRTN DIR MEAS SD LDL CHL		Non-Facility Rate	YES	0	999	7/1/2020	12/31/9999	1	30.77
83727	LUTEINIZING RELEASING FACTOR (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.47
83735	MAGNESIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	6.03
83775	MALATE DEHYDROGENASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.63
83785	MANGANESE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.99
83789	MASS SPECTROMETRY QUAL/QUAN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	21.7
83825	MERCURY, QUANTITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.63
83835	METANEPHRINES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.25
83857	METHEMALBUMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.67
83861	MICROFLUID ANALY TEARS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.23
83864	MUCOPOLYSACCHARIDES, ACID; QUA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	25.65
83872	MUCIN, SYNOVIAL FLUID (ROPES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.27
83873	ASSAY OF CSF PROTEIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.48
83874	MYOGLOBIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.63
83876	MYELOPEROXIDAS (MPO)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	45.77
83880	NATRIURETIC PEPTIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	35.33
83883	NEPHELOMETRY, EACH ANALYTE NOT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	12.24
83885	NICKEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	22.06
83915	NUCLEOTIDASE 5'-		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.04
83916	OLIGOCLONAL BANDS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	24.65
83918	ORGANIC ACIDS, TOTAL, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	21.24



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
83919	ORGANIC ACIDS, QUAL, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.81
83921	ORGANIC ACID, SINGLE, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	19.09
83930	OSMOLALITY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.95
83935	OSMOLALITY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.14
83937	OSTEOCALCIN (BONE G1A PROTEIN)			NO	0	999	1/1/1994	12/31/9999	15	NC
83945	OXALATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.01
83950	ONCOPROTEIN, HER-2/NEU		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.97
83951	ONCOPROTEIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.97
83970	PARATHORMONE (PARATHYROID HORM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	37.15
83986	ASSAY PH BODY FLUID NOS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.22
83987	EXHALED BREATH CONDENSATE			NO	0	999	1/1/2010	12/31/9999	1	NC
83992	PHENCYCLIDINE (PCP)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.12
83993	CALPROTECTIN, FECAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.67
84030	PHENYLALANINE (PKU), BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.95
84035	PHENYLKETONES, QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.58
84060	PHOSPHATASE, ACID; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.88
84066	PHOSPHATASE, ACID; PROSTATIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.69
84075	PHOSPHATASE, ALKALINE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.66
84078	PHOSPHATASE, ALKALINE, BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.43
84080	PHOSPHATASE, ALKALINE; ISOENZY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.3
84081	PHOSPHATIDYLGLYCEROL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.87
84085	PHOSPHOGLUCONATE, 6-, DEHYDR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.5
84087	PHOSPHOHEXOSE ISOMERASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.66
84100	PHOSPHORUS INORGANIC (PHOSPHAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.27
84105	PHOSPHORUS (PHOSPHATE);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.2
84106	PORPHOBILINOGEN, URINE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.24
84110	PORPHOBILINOGEN, URINE;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.6
84112	PLACENTA ALPHA MICRO IG C/V			NO	0	999	1/1/2011	12/31/9999	1	NC
84119	PORPHYRINS, URINE; QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.02
84120	PORPHYRINS, URINE; QUANTITATIO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.24
84126	PORPHYRINS, FECES; QUANTITATIV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	35.2
84132	POTASSIUM; SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.28
84133	POTASSIUM;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.26
84134	PREALBUMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.13
84135	PREGNANEDIOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.14
84138	PREGNANETRIOL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.95
84140	PREGNENOLONE			NO	0	999	1/1/1994	12/31/9999	15	NC
84143	17-HYDROXYPREGNENOLONE			NO	0	999	1/1/1994	12/31/9999	15	NC
84144	PROGESTERONE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.77
84145	PROCALCITONIN (PCT)			NO	0	999	1/1/2010	12/31/9999	1	NC
84146	PROLACTIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	17.44
84150	PROSTAGLANDIN, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	37.59
84152	ASSAY OF PSA, COMPLEXED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.55
84153	PSA TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.55
84154	ASSAY OF PSA, FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.55
84155	PROTEIN TOT NO REFRACTOMETRY; SERUMPROTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.3
84156	PROT TOTAL NO REFRACTOMETRY; URINE PROTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.3
84157	PROT TOT NO REFRACTOMETRY; OTH SRC PROTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.6
84160	PROTEIN TOT REFRACTOMETRY ANY SRC PROTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.05
84163	PAPPA, SERUM		Non-Facility Rate	NO	0	60	7/1/2020	12/31/9999	1	13.55
84165	PROTEIN E-PHORESIS, SERUM	26		NO	0	999	7/1/2020	12/31/9999	1	15.98
84165	PROTEIN E-PHORESIS, SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.67
84166	PROTEIN E-PHORESIS/URINE/CSF	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
84181	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE	26		NO	0	999	7/1/2020	12/31/9999	3	15.98
84181	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	15.33
84182	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	26.29
84182	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;	26		NO	0	999	7/1/2020	12/31/9999	6	15.98
84202	PROTOPORPHYRIN, RBC;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.92
84203	PROTOPORPHYRIN, RBC;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.77
84206	PROINSULIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.02
84207	PYRIDOXAL PHOSPHATE (VITAMIN B		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	25.29
84210	PYRUVATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.03
84220	PYRUVATE KINASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.5
84228	QUININE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.47
84233	RECEPTOR ASSAY; ESTROGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	79.09
84234	RECEPTOR ASSAY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	58.39
84235	RECEPTOR ASSAY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	64.11
84238	ASSAY, NONENDOCRINE RECEPTOR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	32.91
84244	RENIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	19.79
84252	RIBOFLAVIN (VITAMIN B-2)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.22
84255	SELENIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	22.98
84260	SEROTONIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	27.88
84270	SEX HORMONE BINDING GLOBULIN (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.56
84275	SIALIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.1
84285	SILICA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.69
84295	SODIUM; SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.33
84300	SODIUM;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.55



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
84302	ASSAY OF SWEAT SODIUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.37
84305	SOMATOMEDIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.13
84307	SOMATOSTATIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.45
84311	SPECTROPHOTOMETRY, ANALYTE NOT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7.29
84315	SPECIFIC GRAVITY (EXCEPT URI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	2.95
84375	SUGARS, CHROMATOGRAPHIC, TLC O		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	35.1
84376	SUGARS, SINGLE, QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.95
84377	SUGARS; MX QUALITATIVE EA SPECIMEN SUGAR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.95
84378	SUGARS SINGLE QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.38
84379	SUGARS MULTIPLE QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.38
84392	SULFATE, URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.94
84402	TESTOSTERONE; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.92
84403	TESTOSTERONE; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	23.23
84410	TESTOSTERONE FREE DIRECT MEASURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.15
84425	THIAMINE (VITAMIN B-1)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.11
84430	THIOCYANATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.47
84431	THROMBOXANE, URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.6
84432	THYROGLOBULIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.45
84436	THYROXINE; TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.18
84437	THYROXINE; REQUIRING ELUTION (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.82
84439	THYROXINE; FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.12
84442	THYROXINE BINDING GLOBULIN (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.3
84443	THYROID STIMULATING HORMONE (T		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	15.12
84445	ASSAY OF TSI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	45.77
84446	TOCOPHEROL ALPHA (VITAMIN E)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.76
84449	TRANSCORTIN (CORTISOL BINDING		Non-Facility Rate	NO	0	999	1/1/1994	12/31/9999	15	NC
84450	TRANSFERASE; ASPARTATE AMINO (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.66
84460	TRANSFERASE; ALANINE AMINO (AL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.77
84466	TRANSFERRIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.48
84478	TRIGLYCERIDES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.17
84479	ASSAY THYROID (T-3 OR T-4)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.82
84480	ASSAY TRIIODOTHYRONINE (T-3)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.76
84481	TRIDOTHYRONINE (T-3); FREE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.25
84482	TRIDOTHYRONINE (T-3); REVERSE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.18
84484	TROPONIN, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.22
84485	TRYPSIN, DUODENAL FLUID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.48
84488	TRYPSIN; FECES, QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.57
84490	TRYPSIN; FECES, QUANTITATIVE,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.94
84510	TYROSINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.57
84512	TROPONIN, QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.08
84520	UREA NITROGEN; QUANTITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.56
84525	UREA NITROGEN; SEMIQUANTITATIV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.62
84540	UREA NITROGEN, URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5
84545	UREA NITROGEN, CLEARANCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.48
84550	URIC ACID; BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.07
84560	URIC ACID; OTHER SOURCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.57
84577	UROBILINOGEN, FECES, QUANTITAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.12
84578	UROBILINOGEN, URINE; QUALITATI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.02
84580	UROBILINOGEN, URINE; QUANTITAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.6
84583	UROBILINOGEN, URINE; SEMIQUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.45
84585	VANILLYMANDELIC ACID (VMA),		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.95
84586	VASOACTIVE INTESTINAL PEPTIDE		Non-Facility Rate	NO	0	999	1/1/1994	12/31/9999	15	NC
84588	VASOPRESSIN (ANTIDIURETIC HORM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.55
84590	VITAMIN A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.45
84591	ASSAY OF NOS VITAMIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.35
84597	VITAMIN K		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.35
84600	VOLATILES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.4
84620	XYLOSE TOLERANCE TEST, BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.62
84630	ZINC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.25
84681	C-PEPTIDE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.73
84702	GONADOTROPIN, CHORIONIC (HCG);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.55
84703	GONADOTROPIN, CHORIONIC (HCG);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.77
84704	HCG FREE BETA CHAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.76
84830	OVULATION TESTS, BY VISUAL COL		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	1	11.43
84999	UNLISTED CHEMISTRY PROCEDURE		Non-Facility Rate	NO	0	999	7/1/1983	12/31/9999	15	MP
85002	BLEEDING TIME		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.34
85004	AUTOMATED DIFF WBC COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.82
85007	BL SMEAR W/DIFF WBC COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.42
85008	BL SMEAR W/O DIFF WBC COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.09
85009	MANUAL DIFF WBC COUNT B-COAT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.56
85013	BLOOD COUNT; SPUN MICROHEMATOC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.3
85014	HEMATOCRIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.13
85018	HEMOGLOBIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.13
85025	COMPLETE CBC W/AUTO DIFF WBC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.99
85027	COMPLETE CBC, AUTOMATED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.82
85032	MANUAL CELL COUNT, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.88
85041	AUTOMATED RBC COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	2.72

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
85044	MANUAL RETICULOCYTE COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.88
85045	AUTOMATED RETICULOCYTE COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.59
85046	RETICYTE/HGB CONCENTRATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.01
85048	AUTOMATED LEUKOCYTE COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	2.29
85049	AUTOMATED PLATELET COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.03
85055	RETICULATED PLATELET ASSAY RETIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	32.17
85060	BLOOD SMEAR, PERIPHERAL, INTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.92
85097	BONE MARROW INTERPRETATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	58.23
85097	BONE MARROW INTERPRETATION		Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	42.66
85130	CHROMOGENIC SUBSTRATE ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.7
85170	CLOT RETRACTION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.67
85175	CLOT LYSIS TIME, WHOLE BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.33
85210	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.68
85220	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.89
85230	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.11
85240	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.11
85244	CLOTTING; FACTOR VIII RELATED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.38
85245	CLOTTING; FACTOR VIII, VW FACT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.65
85246	CLOTTING; FACTOR VIII, VW FACT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.65
85247	CLOTTING; FACTOR VIII, VON WIL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.65
85250	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.14
85260	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.11
85270	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.11
85280	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.42
85290	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.71
85291	CLOTTING;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.2
85292	CLOTTING; PREKALLIKREIN ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.04
85293	CLOTTING; HIGH MOLECULAR WEIGH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.04
85300	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.67
85301	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.73
85302	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.81
85303	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.46
85305	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.45
85306	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.79
85307	ASSAY ACTIVATED PROTEIN C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.79
85335	FACTOR INHIBITOR TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.58
85337	THROMBOMODULIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.54
85345	COAGULATION TIME;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.22
85347	COAGULATION TIME;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	3.85
85348	COAGULATION TIME;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.04
85360	EUGLOBULIN LYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.57
85362	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.2
85366	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	72.41
85370	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.19
85378	FIBRIN DEGRADE, SEMIQUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.75
85379	FIBRIN DEGRADATION PRODUCTS, D		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.16
85380	FIBRIN DEGRADATION, VTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.16
85384	FIBRINOGEN; ACTIVITY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	8.75
85385	FIBRINOGEN; ANTIGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.01
85390	FIBRINOLYSINS OR COAGULOPATHY	26		NO	0	999	7/1/2020	12/31/9999	3	32.39
85390	FIBRINOLYSINS OR COAGULOPATHY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	13.93
85396	COAG / FIBR ASSAY WHOLE BLOOD; INCL INT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.38
85397	COAG/FIBR FUNC ACTIVITY NOS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	27.77
85400	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.94
85410	FIBRINOLYTIC MECHANISMS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.94
85415	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.47
85420	FIBRINOLYTIC MECHANISMS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.88
85421	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.16
85441	HEINZ BODIES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.78
85445	HEINZ BODIES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.14
85460	HEMOGLOBIN, FETAL, DIFFERENTIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.96
85461	HEMOGLOBIN, FETAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.42
85475	HEMOLYSIN, ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.98
85520	HEPARIN ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.78
85525	HEPARIN NEUTRALIZATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.66
85530	HEPARIN-PROTAMINE TOLERANCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.78
85536	IRON STAIN PERIPHERAL BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.19
85540	LEUKOCYTE ALKALINE PHOSPHATA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.74
85547	MECHANICAL FRAGILITY, RBC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.74
85549	MURAMIDASE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.88
85555	OSMOTIC FRAGILITY, RBC; UNINCU		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.72
85557	OSMOTIC FRAGILITY, RBC; INCUBA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.02
85576	PLATELET; AGGREGATION (IN VITR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	7	22.42
85576	PLATELET; AGGREGATION (IN VITR	26		NO	0	999	7/1/2020	12/31/9999	7	15.98
85597	PLATELET NEUTRALIZATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.18
85598	HEXAGNAL PHOSPH PLTLT NEUTRL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.18
85610	PROTHROMBIN TIME;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	3.86

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85611	PROTHROMBIN TIME; SUBSTITUTION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.55
85612	RUSSELL VIPER VENOM TIME (INCL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.74
85613	RUSSELL VIPER VENOM TIME (INCL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	8.62
85635	REPTILASE TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.87
85651	SEDIMENTATION RATE, ERYTHROCYT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.84
85652	RBC SED RATE, AUTO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	2.43
85660	SICKLING OF RBC, REDUCTION,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.96
85670	THROMBIN TIME; PLASMA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.19
85675	THROMBIN TIME; TITER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.17
85705	THROMBOPLASTIN INHIBITION; TIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.67
85730	THROMBOPLASTIN TIME, PARTIAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	5.41
85732	THROMBOPLASTIN TIME, PARTIAL (		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	5.82
85810	VISCOSITY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.5
85999	UNLISTED HEMATOLOGY PROCEDUR			NO	0	999	7/1/1983	12/31/9999	1	MP
86000	AGGLUTININS, FEBRILE (EG, BRUC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	6.28
86001	ALLERGEN SPECIFIC IGG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	20	7.04
86003	ALLERGEN SPECIFIC IGE; QUANTIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	40	4.7
86005	ALLERGEN SPECIFIC IGE; QUALITA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7.17
86008	ANTIBODY, NON-RBC, QUANTITATIV			NO	0	999	1/1/2018	12/31/9999	1	NC
86021	ANTIBODY IDENTIFICATION;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.55
86022	ANTIBODY IDENTIFICATION; PLATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.53
86023	ANTIBODY IDENTIFICATION; PLATE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	11.21
86038	ANTINUCLEAR ANTIBODIES (ANA);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.88
86039	ANTINUCLEAR ANTIBODIES (ANA);		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.04
86060	ANTISTREPTOLYSIN 0;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.57
86063	ANTISTREPTOLYSIN 0;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.19
86077	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.56
86077	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	43.78
86078	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.56
86078	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	43.78
86079	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.56
86079	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	43.5
86140	C-REACTIVE PROTEIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.66
86141	C-REACTIVE PROTEIN, HS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.66
86146	GLYCOPROTEIN ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	22.91
86147	CARDIOLIPIN ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	22.91
86148	PHOSPHOLIPID ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.46
86152	CELL ENUMERATION & ID			NO	0	999	1/1/2013	12/31/9999	1	NC
86153	CELL ENUMERATION PHYS INTERP			NO	0	999	1/1/2013	12/31/9999	1	NC
86155	CHEMOTAXIS ASSAY, SPECIFY ME		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.39
86156	COLD AGGLUTININ; SCREEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.26
86157	COLD AGGLUTININ; TITER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.25
86160	COMPLEMENT; ANTIGEN, EACH COMP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	10.8
86161	COMPLEMENT; FUNCTIONAL ACTIVIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.8
86162	COMPLEMENT; TOTAL HEMOLYTIC (C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.29
86171	COMPLEMENT FIXATION TESTS, E		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.01
86200	CCP ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.66
86215	DEOXYRIBONUCLEASE, ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.93
86225	DEOXYRIBONUCLEIC ACID (DNA) AN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.37
86226	DEOXYRIBONUCLEIC ACID (DNA) AN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.9
86235	EXTRACTABLE NUCLEAR ANTIGEN, A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	10	16.14
86255	FLUORESCENT ANTIBODY; SCREEN	26		NO	0	999	7/1/2020	12/31/9999	5	15.98
86255	FLUORESCENT ANTIBODY; SCREEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	10.85
86256	FLUORESCENT ANTIBODY; TITER, E	26		NO	0	999	7/1/2020	12/31/9999	9	15.98
86256	FLUORESCENT ANTIBODY; TITER, E		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	9	10.85
86277	GROWTH HORMONE, HUMAN (HGH), A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.17
86280	HEMAGGLUTINATION INHIBITION TE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.37
86294	IMMUNOASSAY, TUMOR QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.01
86300	HETEROPHILE ANTIBODIES;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.73
86301	IMMUNOASSAY, TUMOR CA 19-9		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.73
86304	IMMUNOASSAY, TUMOR, CA 125		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.73
86305	HUMAN EPIDIDYMS PROTEIN 4			NO	0	999	1/1/2010	12/31/9999	1	NC
86308	HETEROPHILE ANTIBODIES; SCREEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.66
86309	HETEROPHILE ANTIBODIES; TITER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.82
86310	HETEROPHILE ANTIBODIES; TITERS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.63
86316	IMMUNOASSAY, TUMOR OTHER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.73
86317	IMMUNOASSAY,INFECTIOUS AGENT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	13.49
86318	IMMUNOASSAY TO INFECTIOUS AGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.28
86320	IMMUNOELECTROPHORESIS; SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.93
86320	IMMUNOELECTROPHORESIS; SERUM	26		NO	0	999	7/1/2020	12/31/9999	1	15.98
86325	OTHER IMMUNOELECTROPHORESIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.82
86325	OTHER IMMUNOELECTROPHORESIS	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
86327	IMMUNOELECTROPHORESIS; CROSSED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.93
86327	IMMUNOELECTROPHORESIS; CROSSED	26		NO	0	999	7/1/2020	12/31/9999	1	19.35
86328	IMMU FOR INF AGT ANT, QUAL OR SEMI, SGLE		Non-Facility Rate	NO	0	999	4/10/2020	12/31/9999	2	40.71
86329	IMMUNODIFFUSION, NOT ELSEWHERE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	12.65
86331	IMMUNODIFFUSION;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	10.78

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86332	IMMUNE COMPLEX ASSAY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.93
86334	IMMUNOFIX E-PHORESIS, SERUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	20.11
86334	IMMUNOFIX E-PHORESIS, SERUM	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
86335	IMMUNIFIX E-PHORSIS/URINE/CSF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	26.42
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
86336	INHIBIN A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.03
86337	INSULIN ANTIBODIES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.27
86340	INTRINSIC FACTOR ANTIBODIES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.57
86341	ISLET CELL ANTIBODY		Non-Facility Rate	NO	0	999	1/1/1994	12/31/9999	15	NC
86343	LEUKOCYTE HISTAMINE RELEASE TE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.21
86344	LEUKOCYTE PHAGOCYTOSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.35
86352	CELL FUNCTION ASSAY W/STIM			NO	0	999	1/1/2010	12/31/9999	1	NC
86353	LYMPHOCYTE TRANSFORMATION, MIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	7	44.13
86355	B CELLS, TOTAL COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	33.96
86356	MONONUC CELL ANTIG QUANT NOS EA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	7	24.1
86357	NK CELLS, TOTA L COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	33.96
86359	T CELLS; TOTAL COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	33.96
86360	T CELL ABSOLUTE COUNT/RATIO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	42.28
86361	T CELL ABSOLUTE COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.1
86367	STEM CELLS, TOTAL COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	70
86376	MICROSOMAL ANTIBODIES (EG, THY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.1
86382	NEUTRALIZATION TEST, VIRAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	15.22
86384	NITROBLUE TETRAZOLIUM DYE TE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.25
86386	NMP22 QUALITATIVE			NO	0	999	1/1/2012	12/31/9999	1	NC
86403	PARTICLE AGGLUTINATION, ANTIBO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.39
86406	PARTICLE AGGLUTINATION TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.58
86408	NEUTRLZG ANTB SARSCOV2 SCR		Non-Facility Rate	NO	0	999	8/10/2020	12/31/9999	1	37.92
86409	NEUTRLZG ANTB SARSCOV2 TITER		Non-Facility Rate	NO	0	999	8/10/2020	12/31/9999	1	94.8
86413	COVID-19, ANTIBODY, QUANTITIVE		Non-Facility Rate	NO	0	999	9/8/2020	12/31/9999	1	42.13
86430	RHEUMATOID FACTOR; QUALITATIVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.53
86431	RHEUMATOID FACTOR; QUANTITATIV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.1
86480	TB TEST CELL IMMUN MEASURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	55.78
86481	TB AG RESPONSE T-CELL SUSP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	90
86485	SKIN TEST; CANDIDA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.2
86486	SKIN TEST CANDIDA UNL ANTIG EA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.06
86490	SKIN TEST;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	68.84
86510	SKIN TEST;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.18
86580	SKIN TEST;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.12
86590	STREPTOKINASE, ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.39
86592	SYPHILIS TEST NON-TREP QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.84
86593	SYPHILIS TEST NON-TREP QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.96
86602	ANTIBODY; ACTINOMYCES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	9.16
86603	ANTIBODY; ADENOVIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.58
86606	ANTIBODY; ASPIRIGILLUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	13.55
86609	ANTIBODY; BACTERIUM, NOT ELSEW		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	14	11.59
86611	BARTONELLA ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	9.16
86612	ANTIBODY; BLASTOMYCES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.61
86615	ANTIBODY; BORDETELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	11.87
86617	LYME DISEASE ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.94
86618	ANTIBODY; BORELLIA BUFGDORFERI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.33
86619	ANTIBODY; BORRELIA (RELAPSING		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.04
86622	ANTIBODY; BRUCELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	8.04
86625	ANTIBODY; CAMPYLOBACTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.81
86628	ANTIBODY; CANDIDA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	10.81
86631	ANTIBODY; CHLAMYDIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	10.64
86632	ANTIBODY; CHLAMYDIA, IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	11.41
86635	ANTIBODY; COCCIDIODES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	10.32
86638	ANTIBODY; COXIELLA BRUNETHI (Q		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	10.91
86641	ANTIBODY; CRYPTOCOCCUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.97
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.95
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.17
86648	ANTIBODY; DIPHTHERIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.69
86651	ANTIBODY; ENCEPHALITIS, CALIFO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86652	ANTIBODY; ENCEPHALITIS, EASTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86653	ANTIBODY; ENCEPHALITIS, ST. LO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86654	ANTIBODY; ENCEPHALITIS, WESTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86658	ANTIBODY; ENTEROVIRUS (EG, COX		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	11.73
86663	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.81
86664	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.76
86665	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.33
86666	EHRlichIA ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	9.16
86668	ANTIBODY; FRANCISELLA TULARENS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.74
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	11.03
86674	ANTIBODY; GIARDIA LAMBLIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	13.25
86677	ANTIBODY; HELICOBACTER PYLORI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	15.17
86682	ANTIBODY; HELMINTH, NOT ELSEWH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.71
86684	ANTIBODY; HAEMOPHILUS INFLUENZA ANTIB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.26



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
86687	ANTIBODY; HTLV I		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.18
86688	ANTIBODY; HTLV-II		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.6
86689	ANTIBODY; HTLV OR HIV ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.42
86692	ANTIBODY; HEPATITIS, DELTA AGE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.44
86694	ANTIBODY; HERPES SIMPLEX, NON-		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.95
86695	ANTIBODY; HERPES SIMPLEX, TYPE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86696	HERPES SIMPLEX TYPE 2		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.42
86698	ANTIBODY; HISTOPLASMA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	12.41
86701	ANTIBODY; HIV-1		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8
86702	ANTIBODY; HIV-2		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.17
86703	ANTIBODY; HIV-1 AND HIV-2, SIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.34
86704	HEP B CORE ANTIBODY, TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.85
86705	HEP B CORE AB TEST, IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.59
86706	HEPATITIS B SURFACE AB TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.67
86707	HEPATITIS BE AB TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.41
86708	HEP A ANTIBODY, TOTAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.15
86709	HEP A AB TEST, IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.13
86710	ANTIBODY; INFLUENZA VIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	12.2
86711	JOHN CUNNINGHAM ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.2
86713	ANTIBODY; LEGIONELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	13.77
86717	ANTIBODY; LEISHMANIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	11.03
86720	ANTIBODY; LEPTOSPIRA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.58
86723	ANTIBODY; LISTERIA MONOCYTOGEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86727	ANTIBODY; LYMPHOCYTIC CHORIOME		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.58
86732	ANTIBODY; MUCORMYCOSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.5
86735	ANTIBODY; MUMPS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.75
86738	ANTIBODY; MYCOPLASMA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.92
86741	ANTIBODY; NEISSERIA MENINGITID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86744	ANTIBODY; NOCARDIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.39
86747	ANTIBODY; PARVOVIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.53
86750	ANTIBODY; PLASMODIUM (MALARIA)		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	11.87
86753	ANTIBODY; PROTOZOA, NOT ELSEWH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	11.15
86756	ANTIBODY; RESPIRATORY SYNCYTIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.3
86757	RICKETTSIA ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	17.42
86759	ANTIBODY; ROTAVIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	16.41
86762	ANTIBODY; RUBELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.95
86765	ANTIBODY; RUBEOLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.59
86768	ANTIBODY; SALMONELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	11.87
86769	ANTIBODY, (SARS-COV-2) COVID-19		Non-Facility Rate	NO	0	999	4/10/2020	12/31/9999	2	37.92
86771	ANTIBODY; SHIGELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	22.03
86774	ANTIBODY; TETANUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.32
86777	ANTIBODY; TOXOPLASMA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.95
86778	ANTIBODY; TOXOPLASMA, IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.97
86780	TREPONEMA PALLIDUM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.92
86784	ANTIBODY; TRICHINELLA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.3
86787	ANTIBODY; VARICELLA-ZOSTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.59
86788	ANTIBODY WEST NILE VIRUS IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	15.17
86789	WEST NILE VIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.95
86790	ANTIBODY; VIRUS, NOT ELSEWHERE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	11.59
86793	ANTIBODY; YERSINIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.87
86794	ANTIBODY; ZIKA VIRUS, IGM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.17
86800	THYROGLOBULIN ANTIBODY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.32
86803	HEPATITIS C AB TEST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.84
86804	HEP C AB TEST, CONFIRM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.94
86805	LYMPHOCYTOTOXICITY ASSAY VISUA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	170.56
86806	LYMPHOCYTOTOXICITY ASSAY VISUA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	42.83
86807	SERUM SCREENING FOR CYTOTOXIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	70.79
86808	SERUM SCREENING FOR CYTOTOXIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.71
86812	HLA TYPING; A, B, OR C (EG, A1		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.23
86813	HLA TYPING; A, B, OR C, MULTIP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	52.2
86816	HLA TYPING; DR/DQ, SINGLE ANTI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	27.15
86817	HLA TYPING; DR/DQ, MULTIPLE AN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	95.53
86821	HLA TYPING; LYMPHOCYTE CULTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	32.9
86825	HLA X-MATCH, NON-CYTOTOXIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	98.54
86826	HLA X-MATCH, NON-CYT ADD-ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	32.88
86828	HLA CLASS I&II ANTIBODY QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.77
86829	HLA CLASS I/II ANTIBODY QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	57.77
86830	HLA CLASS I PHENOTYPE QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	85.97
86831	HLA CLASS II PHENOTYPE QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	73.69
86832	HLA CLASS I HIGH DEFIN QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	291.38
86833	HLA CLASS II HIGH DEFIN QUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	293.22
86834	HLA CLASS I SEMIQUANT PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	321.8
86835	HLA CLASS II SEMIQUANT PANEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	290.66
86849	UNLISTED IMMUNOLOGY PROCEDURE			NO	0	999	6/7/1993	12/31/9999	3	MP
86850	ANTIBODY SCREEN, RBC, EACH SER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	8.79
86860	ANTIBODY ELUTION (RBC), EACH E		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	6.55
86870	ANTIBODY IDENTIFICATION, RBC A		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	6.55



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
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86880	ANTIHUMAN GLOBULIN TEST (COOMB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	4.85
86885	AGT INDIR QUAL EA REAGENT RED CELL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.15
86886	AGT INDIR EA ANTIBODY TITER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	4.66
86890	AUTOLOGOUS BLOOD OR COMPONENT,		Non-Facility Rate	NO	0	999	1/25/1996	12/31/9999	1	41.67
86891	AUTOLOGOUS BLOOD OR COMPONENT,		Non-Facility Rate	NO	0	999	1/25/1996	12/31/9999	1	38.95
86900	BLOOD TYPE ABO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	2.69
86901	BLOOD TYPE RHD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	2.69
86902	BLOOD TYPE DONOR BLOOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	5.72
86904	BLOOD TYPE SCREEN COMPATIBLE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.71
86905	BLOOD TYPE RBC NO ABO/RHD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	3.45
86906	BLOOD TYPE COMPLETE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.98
86910	BLOOD TYPING, PATERNITY TEST			NO	0	999	3/25/1996	12/31/9999	9999	NC
86911	BLOOD TYPING, ANTIGEN SYSTEM			NO	0	999	3/25/1996	12/31/9999	15	NC
86920	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	9	12.4
86921	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	15.63
86922	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	5	5.71
86923	COMPATIBILITY TEST, ELECTRIC			NO	0	999	1/1/2006	12/31/9999	1	MP
86927	FRESH FROZEN PLASMA, THAWING,		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	26.05
86930	FROZEN BLOOD PREP		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	52.09
86931	FROZEN BLOOD THAW		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	77.89
86932	FROZEN BLOOD FREEZE/THAW		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	72.68
86940	HEMOLYSINS AND AGGLUTININS, AU		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.89
86941	Hemolysins/aggutinins		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.9
86945	IRRADIATION OF BLOOD PRODUCT,		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	2	15.63
86950	LEUKOCYTE TRANSFUSION		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	33.73
86960	VOL REDUCTION OF BLOOD/PROD			NO	0	999	1/1/2006	12/31/9999	1	MP
86965	POOLING OF PLATELETS OR OTHER		Non-Facility Rate	NO	0	999	1/25/1996	12/31/9999	1	5.71
86970	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	14.64
86971	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	17.12
86972	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	22.82
86975	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	16.13
86976	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	13.64
86977	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	23.32
86978	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	1	16.62
86985	SPLITTING OF BLOOD OR BLOOD PR		Non-Facility Rate	NO	0	999	5/1/2020	12/31/9999	6	10.91
86999	UNLISTED TRANSFUSION MEDICINE			NO	0	999	7/1/1983	12/31/9999	1	MP
87003	ANIMAL INOCULATION, SMALL ANIM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.16
87015	SPECIMEN CONCENTRATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	6.01
87040	CULT BACT; BLD AEROBIC ISOLAT & ID CULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	9.29
87045	CULT BACT; STOOL AEROBIC SALM&SHIG CULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	8.5
87046	STOOL CULTR, BACTERIA, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	8.5
87070	CULT BACT;NO URINE/BLD/STOOL AEROBCCULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	7.76
87071	CULTURE BACTERI AEROBIC OTHR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	8.9
87073	CULTURE BACTERIA ANAEROBIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	8.69
87075	CULT BACT; ANY SRC NO BLD ANAEROB CULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	8.52
87076	CULTURE ANAEROBE IDENT, EACH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	7.27
87077	CULTURE AEROBIC IDENTIFY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	7.27
87081	CULTURE SCREEN ONLY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.97
87084	CULTURE, PRESUMPTIVE, PATHOG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.36
87086	URINE CULTURE/COLONY COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	7.26
87088	CULT BAC W ISOL & PRESUMP IDENT URINE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	7.28
87101	SKIN FUNGI CULTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.94
87102	CULTURE, FUNGI, ISOLATION;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	7.57
87103	CULTURE, FUNGI, ISOLATION (WIT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.41
87106	FUNGI IDENTIFICATION, YEAST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	9.29
87107	FUNGI IDENTIFICATION, MOLD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	9.29
87109	CULTURE, MYCOPLASMA, ANY SOU		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	13.85
87110	CHLAMYDIA CULTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.64
87116	MYCOBACTERIA CULTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.72
87118	MYCOBACTERIC IDENTIFICATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	13.15
87140	CULTUR TYPE IMMUNOFLUORESC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	5.01
87143	CULTURE TYPING, GLC/HPLC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.27
87147	CULTURE TYPE, IMMUNOLOGIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	15	4.66
87149	DNA/RNA DIRECT PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	18.05
87150	DNA/RNA, AMPLIFIED PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	31.58
87152	CULTURE TYPE PULSE FIELD GEL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.97
87153	DNA/RNA SEQUENCING		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	103.82
87158	CULTURE, TYPING; OTHER METHODS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	6.97
87164	DARK FIELD EXAMINATION, ANY	26		NO	0	999	7/1/2020	12/31/9999	2	17.21
87164	DARK FIELD EXAMINATION, ANY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.67
87166	DARK FIELD EXAMINATION, ANY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.17
87168	MACROSCOPIC EXAM ARTHROPOD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.84
87169	MACACROSCOPIC EXAM PARASITE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.88
87172	PINWORM EXAM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	3.84
87176	TISSUE HOMOGENIZATION, CULTR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.29
87177	OVA AND PARASITES, DIRECT SM		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	8.01
87181	MICROBE SUSCEPTIBLE, DIFFUSE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	4.28

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
87184	MICROBE SUSCEPTIBLE, DISK		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	6.73
87185	MICROBE SUSCEPTIBLE, ENZYME		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	4.28
87186	MICROBE SUSCEPTIBLE, MIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	7.79
87187	MICROBE SUSCEPTIBLE, MLC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	36.15
87188	MICROBE SUSCEPT, MACROBROTH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	5.98
87190	MICROBE SUSCEPT, MYCOBACTERI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	9	6.58
87197	SERUM BACTERICIDAL TITER (SCHL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.52
87205	SMEAR, GRAM STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	3.84
87206	SMEAR, FLUORESCENT/ACID STAI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	4.85
87207	SMEAR, SPECIAL STAIN	26		NO	0	999	7/1/2020	12/31/9999	3	15.98
87207	SMEAR, SPECIAL STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	5.39
87209	SMEAR, COMPLEX STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	16.18
87210	SMEAR, WET MOUNT, SALINE/INK		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	5.24
87220	TISSUE EXAM FOR FUNGI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	3.84
87230	TOXIN OR ANTITOXIN ASSAY, TISS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.77
87250	VIRUS INOCULATE, EGGS/ANIMAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.6
87252	VIRUS INOCULATION, TISSUE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	23.46
87253	VIRUS INOCULATE TISSUE, ADDL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	18.18
87254	VIRUS INOCULATION, SHELL VIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	7	17.6
87255	GENET VIRUS ISOLATE, HSV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	30.47
87260	ADENOVIRUS AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.99
87265	PERTUSSIS AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87267	ENTEROVIRUS ANTIBODY, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.08
87269	INF AGT ANTIG DETCT IF TECH;GIARDIAINF A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.25
87270	CHYLMD TRACH AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87271	CRYPTOSPORIDIUM/GARDIA AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.08
87272	INF AGT-IMMUNOFLUOR; CRYPTOSPORIDIUMINF A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87273	HERPES SIMPLEX 2, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87274	HERPES SIMPLEX 1, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87275	INFLUENZA B, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.03
87276	INFLUENZA AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.46
87278	LEGION PNEUMO AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.04
87279	PARAINFLUENZA, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.79
87280	RESP SYNCYTIAL AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.08
87281	PNEUMOCYSTIS CARINII, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87283	RUBEOLA, AG, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	54.72
87285	TREPON PALLIDUM AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.96
87290	VARICELLA AG, DFA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.08
87299	ANTIBODY DETECTION, NOS, IF		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.49
87300	VACCINE, AUTOGENOUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.78
87301	ADENOVIRUS AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87305	ASPERGILLUS AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87320	CHYLMD TRACH AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.5
87324	CLOSTRIDIUM AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.78
87327	CRYPTOCOCCUS NEOFORM AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.08
87328	CRYPTOSPORIDIUM AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.44
87329	GIARDIA AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.78
87332	CYTOMEGALOVIRUS AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87335	E COLI O157 AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.39
87336	ENTAMOEB HIST DISPR AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.4
87337	ENTAMOEB HIST GROUP AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87338	HPYLORI STOOL IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.94
87339	H PYLORI AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.4
87340	HEPATITIS B SURFACE AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.3
87341	HEPATITIS B SURFACE AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.3
87350	HEPATITIS BE AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.38
87380	HEPATITIS DELTA AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.52
87385	HISTOPLASMA CAPSUL AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.93
87389	HIV-1 AG W/HIV-1 & HIV-2 AB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.67
87390	HIV-1 AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.65
87391	HIV-2 AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.71
87400	INFLUENZA A/B AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	12.72
87420	RESP SYNCYTIAL AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.52
87425	ROTAVIRUS AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	10.78
87426	CORONAVIRUS AG IA		Non-Facility Rate	NO	0	999	6/25/2020	12/31/9999	1	40.71
87427	SHIGA-LIKE TOXIN AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	10.78
87428	IAAD IA SARS COV & INFLUENZA VIRUS TYPES		Non-Facility Rate	NO	0	999	11/10/2020	12/31/9999	1	66.14
87430	STREP A AG IA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	15.13
87449	AG DETECT NOS IA MULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	10.78
87451	AG DETECT POLYVAL IA MULT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	9.46
87471	BARTONELLA, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87472	BARTONELLA, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87475	LYME DIS, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87476	LYME DIS, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87480	CANDIDA, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87481	CANDIDA, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	31.58
87482	CANDIDA, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	50.17

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
87483	INFECT AGENT DETECT NUCLEIC ACID 12-25 T		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	375.1
87485	CHYLMD PNEUM, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87486	CHYLMD PNEUM, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87487	CHYLMD PNEUM, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87490	CHYLMD TRACH, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.48
87491	CHYLMD TRACH, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	31.58
87492	CHYLMD TRACH, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	48.12
87493	C DIFF AMPLIFIED PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	33.54
87495	CYTOMEG, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	27.03
87496	CYTOMEG, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87497	CYTOMEG, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	38.56
87498	INF AGENT DETECT ENTEROVIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87500	INF AGENT DET BY NUC ACID AMPL PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87501	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	46.18
87502	INFLUENZA DNA AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	86.22
87503	INFLUENZA DNA AMP PROB ADDL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.3
87505	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	115.46
87506	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	236.69
87507	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	375.1
87510	GARDNER VAG, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87511	GARDNER VAG, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87512	GARDNER VAG, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.58
87516	HEPATITIS B , DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87517	HEPATITIS B , DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87520	HEPATITIS C , RNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	28.1
87521	HEPATITIS C , RNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87522	HEPATITIS C , RNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87525	HEPATITIS G , DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	26.82
87526	HEPATITIS G, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	35.33
87527	HEPATITIS G, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.58
87528	HSV, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87529	HSV, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	31.58
87530	HSV, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	38.56
87531	HHV-6, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	52.2
87532	HHV-6, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87533	HHV-6, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.58
87534	HIV-1, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.73
87535	HIV-1, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87536	HIV-1, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	76.59
87537	HIV-2, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	19.73
87538	HIV-2, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87539	HIV-2, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	52.76
87540	LEGION PNEUMO, DNA, DIR PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87541	LEGION PNEUMO, DNA, AMP PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87542	LEGION PNEUMO, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.58
87550	MYCOBACTERIA, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87551	MYCOBACTERIA, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	43.42
87552	MYCOBACTERIA, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87555	M.TUBERCULO, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.19
87556	M.TUBERCULO, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.51
87557	M.TUBERCULO, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87560	M.AVIUM-INTRA, DNA, DIR PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.56
87561	M.AVIUM-INTRA, DNA, AMP PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87562	M.AVIUM-INTRA, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87563	M. GENITALIUM AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	31.58
87580	M.PNEUMON, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87581	M.PNEUMON, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87582	M.PNEUMON, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	272.36
87590	N.GONORRHOEAE, DNA, DIR PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.19
87591	N.GONORRHOEAE, DNA, AMP PROB		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	31.58
87592	N.GONORRHOEAE, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38.56
87623	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87624	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87625	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	36.5
87631	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	128.37
87632	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	196.25
87633	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	375.1
87634	AGENT DETECT RSV		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	63.18
87635	SARS-COV-2 COVID-19 AMP PRB		Non-Facility Rate	NO	0	999	3/13/2020	12/31/9999	1	46.2
87636	SARSCOV2 & INF A&B AMP PRB		Non-Facility Rate	NO	0	999	10/6/2020	12/31/9999	1	128.37
87637	SARSCOV2&INF A&B&RSV AMP PRB		Non-Facility Rate	NO	0	999	10/6/2020	12/31/9999	1	128.37
87640	INF AGENT DETECT STAPHYLOCOCCUS AUREUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87641	INF AGENT DETECT STAPHY AUREUS METHICILL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87650	STREP A, DNA, DIR PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87651	STREP A, DNA, AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87652	STREP A, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	37.58
87653	INF AGENT DETECT STREP GROUP B AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
87660	INF AGT DETCT NUCLEC ACID:TRICH VAGINF A		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.05
87661	TRICHOMONAS VAGINALIS AMP PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	31.58
87662	AGENT DETECT ZIKA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	46.18
87797	DETECT AGENT NOS, DNA, DIR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	27.03
87798	DETECT AGENT NOS, DNA, AMP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	13	31.58
87799	DETECT AGENT NOS, DNA, QUANT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	38.56
87800	DETECT AGNT MULT, DNA, DIREC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	39.3
87801	DETECT AGNT MULT, DNA, AMPLI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	63.18
87802	STREP B ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.46
87803	CLOSTRIDIUM TOXIN A W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	14.4
87804	INFLUENZA ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	14.9
87806	HIV-1 ANTIGENS ANTIBODIES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	29.49
87807	RSV ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11.79
87808	INF AGENT DETECT TRICHOMONAS VAGINALIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.76
87809	INF AGENT DET BY IMM ADENOVIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	19.58
87810	CHYLMD TRACH ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	31.76
87811	SARS-COV-2 COVID19 W/OPTIC		Non-Facility Rate	NO	0	999	10/6/2020	12/31/9999	1	37.24
87850	N. GONORRHOEAE ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.1
87880	STREP A ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	14.88
87899	AGENT NOS ASSAY W/OPTIC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	14.46
87900	PHENOTYPE, INFECT AGENT DRUG		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	117.32
87901	GENOTYPE DNA HIV REVERSE T		Non-Facility Rate	NO	0	999	1/1/2001	12/31/9999	1	NC
87902	GENOTYPE, DNA, HEPATITIS C		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	231.71
87903	PHENOTYPE, DNA HIV W/CULTURE		Non-Facility Rate	NO	0	999	1/1/2001	12/31/9999	1	NC
87904	PHENOTYPE, DNA HIV W/CLT ADD		Non-Facility Rate	NO	0	999	1/1/2001	12/31/9999	1	NC
87905	INF AGENT ENZY OTH THAN VIRUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	11
87906	GENOTYPE DNA HIV REVERSE T		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	115.86
87910	GENOTYPE CYTOMEGALOVIRUS		Non-Facility Rate	NO	0	999	1/1/2013	12/31/9999	2	NC
87912	GENOTYPE DNA HEPATITIS B		Non-Facility Rate	NO	0	999	1/1/2013	12/31/9999	2	NC
87999	UNLISTED MICROBIOLOGY PROCED		Non-Facility Rate	NO	0	999	7/1/1983	12/31/9999	15	MP
88000	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88005	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88007	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88012	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	1	1/1/1983	12/31/9999	1	NC
88014	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	1	1/1/1983	12/31/9999	1	NC
88016	NECROPSY (AUTOPSY), GROSS EX		Non-Facility Rate	NO	0	1	1/1/1983	12/31/9999	1	NC
88020	NECROPSY (AUTOPSY), GROSS AN		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88025	NECROPSY (AUTOPSY), GROSS AN		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88027	NECROPSY (AUTOPSY), GROSS AN		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88028	NECROPSY (AUTOPSY), GROSS AN		Non-Facility Rate	NO	0	1	1/1/1983	12/31/9999	1	NC
88029	NECROPSY (AUTOPSY), GROSS AN		Non-Facility Rate	NO	0	1	1/1/1983	12/31/9999	1	NC
88036	NECROPSY (AUTOPSY), LIMITED,		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88037	NECROPSY (AUTOPSY), LIMITED,		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88040	NECROPSY (AUTOPSY);		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88045	NECROPSY (AUTOPSY);		Non-Facility Rate	NO	0	999	1/1/1983	12/31/9999	1	NC
88099	UNLISTED NECROPSY (AUTOPSY)		Non-Facility Rate	NO	0	999	6/7/1993	12/31/9999	1	NC
88104	CYTOPATHOLOGY, FLUIDS, WASHING		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	55.67
88104	CYTOPATHOLOGY, FLUIDS, WASHING	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	31.03
88104	CYTOPATHOLOGY, FLUIDS, WASHING	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	24.63
88106	CYTOPATH SIMPLE FILTER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	52.13
88106	CYTOPATH SIMPLE FILTER	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	35.2
88106	CYTOPATH SIMPLE FILTER	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	16.93
88108	CYTOPATH, CONCENTRATE TECH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	50.18
88108	CYTOPATH, CONCENTRATE TECH	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	30.47
88108	CYTOPATH, CONCENTRATE TECH	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	19.71
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	54.83
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	30.47
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	24.35
88120	CYTP URNE 3-5 PROBES EA SPEC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	458.35
88120	CYTP URNE 3-5 PROBES EA SPEC	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	407.39
88120	CYTP URNE 3-5 PROBES EA SPEC	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	50.97
88121	CYTP URINE 3-5 PROBES CMPTR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	350.62
88121	CYTP URINE 3-5 PROBES CMPTR	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	307.67
88121	CYTP URINE 3-5 PROBES CMPTR	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	42.95
88125	CYTOPATHOLOGY, FORENSIC (EG,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.66
88125	CYTOPATHOLOGY, FORENSIC (EG,	26	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	12.04
88125	CYTOPATHOLOGY, FORENSIC (EG,	TC	Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	9.62
88130	SEX CHROMATIN IDENTIFICATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.18
88140	SEX CHROMATIN IDENTIFICATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	7.19
88141	CYTOPATH CERV/VAG INTERPRET		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.22
88142	CYTPATH C/VAG T/LAYER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.23
88143	CYTOPATH, C/V, THIN LVR REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.74
88147	CYTOPATH, C/V, AUTOMATED		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	45.5
88148	CYTOPATH, C/V, AUTO RESCREEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	14.4
88150	CYTPATH C/VAG MANUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.61
88152	CYTPATH C/VAG AUTO REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.88
88153	CYTOPATH, C/V, REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.63



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
88155	CYTOPATH C/VAG INDEX ADD-ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.19
88160	CYTOPATHOLOGY, SMEARS, ANY OTH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	57.65
88160	CYTOPATHOLOGY, SMEARS, ANY OTH	TC		NO	0	999	7/1/2020	12/31/9999	4	34.92
88160	CYTOPATHOLOGY, SMEARS, ANY OTH	26		NO	0	999	7/1/2020	12/31/9999	4	22.73
88161	CYTOPATH SMEAR, OTHER SOURCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	55.42
88161	CYTOPATH SMEAR, OTHER SOURCE	TC		NO	0	999	7/1/2020	12/31/9999	4	33.26
88161	CYTOPATH SMEAR, OTHER SOURCE	26		NO	0	999	7/1/2020	12/31/9999	4	22.17
88162	CYTOPATH SMEAR, OTHER SOURCE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	80.53
88162	CYTOPATH SMEAR, OTHER SOURCE	TC		NO	0	999	7/1/2020	12/31/9999	3	46.77
88162	CYTOPATH SMEAR, OTHER SOURCE	26		NO	0	999	7/1/2020	12/31/9999	3	33.77
88164	CYTPATH TBS C/VAG MANUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.61
88165	CYTPATH TBS C/VAG REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	38
88166	CYTOPATH TBS, C/V, AUTO REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.61
88167	CYTOPATH TBS, C/V, SELECT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.61
88172	CYTP DX EVAL FNA 1ST EA SITE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	46.45
88172	CYTP DX EVAL FNA 1ST EA SITE	26		NO	0	999	7/1/2020	12/31/9999	5	31.55
88172	CYTP DX EVAL FNA 1ST EA SITE	TC		NO	0	999	7/1/2020	12/31/9999	5	14.9
88173	EVALUATION OF FINE NEEDLE ASPI		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	126.19
88173	EVALUATION OF FINE NEEDLE ASPI	TC		NO	0	999	7/1/2020	12/31/9999	5	64.01
88173	EVALUATION OF FINE NEEDLE ASPI	26		NO	0	999	7/1/2020	12/31/9999	5	62.18
88174	CYTOPATH, C/V AUTO, IN FLUID		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	22.83
88175	CYTOPATH C/V AUTO FLUID REDO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.95
88177	CYTP C/V AUTO THIN LYR ADDL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	24.91
88177	CYTP C/V AUTO THIN LYR ADDL	26		NO	0	999	7/1/2020	12/31/9999	6	19.35
88177	CYTP C/V AUTO THIN LYR ADDL	TC		NO	0	999	7/1/2020	12/31/9999	6	5.56
88182	FLOW CYTOMETRY; CELL CYCLE OR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	110.77
88182	FLOW CYTOMETRY; CELL CYCLE OR	TC		NO	0	999	7/1/2020	12/31/9999	2	76.69
88182	FLOW CYTOMETRY; CELL CYCLE OR	26		NO	0	999	7/1/2020	12/31/9999	2	34.08
88184	FLOWCYTOMETRY/ TC, 1 MARKER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	52.34
88185	FLOWCYTOMETRY/TC, ADD-ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	35	17.24
88187	FLOWCYTOMETRY/READ, 2-8		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	32.7
88188	FLOWCYTOMETRY/READ, 9-15		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	54.98
88189	FLOWCYTOMETRY/READ, 16 & >		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	74.15
88199	UNLISTED CYTOPATHOLOGY PROCE			NO	0	999	7/1/1984	12/31/9999	1	MP
88230	TISSUE CULTURE, LYMPHOCYTE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	104.84
88233	TISSUE CULTURE FOR CHROMOSOME		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	126.66
88235	TISSUE CULTURE FOR CHROMOSOME		Non-Facility Rate	NO	9	60	7/1/2020	12/31/9999	2	135.27
88237	TISSUE CULTURE, BONE MARROW		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	129.38
88239	TISSUE CULTURE, TUMOR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	132.77
88240	CELL CRYOPRESERVE/STORAGE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	11.76
88241	FROZEN CELL PREPARATION		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	10.88
88245	CHROMOSOME ANALYSIS, 20-25		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	155.85
88248	CHROMOSOME ANALYSIS, 50-100		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	155.85
88249	CHROMOSOME ANALYSIS, 100		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	155.85
88261	CHROMOSOME ANALYSIS, 5		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	237.91
88262	CHROMOSOME ANALYSIS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	112.94
88263	CHROMOSOME ANALYSIS; COUNT 15-		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	135.26
88264	CHROMOSOME ANALYSIS, 20-25		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	130.15
88267	CHROMOSOME ANALYSIS:PLACENTA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	169.71
88269	CHROMOSOME ANALYSIS, IN SITU F		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	156.29
88271	CYTOGENETICS, DNA PROBE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	16	19.28
88272	CYTOGENETICS, 3-5		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	36.63
88273	CYTOGENETICS, 10-30		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	31.33
88274	CYTOGENETICS, 25-99		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	38.14
88275	CYTOGENETICS, 100-300		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	12	46.07
88280	CHROMOSOME ANALYSIS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.12
88283	CHROMOSOME ANALYSIS; ADDITIONA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	61.74
88285	CHROMOSOME ANALYSIS;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	10	24.22
88289	CHROMOSOME ANALYSIS; ADDITIONA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.99
88291	CYTO/MOLECULAR REPORT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	28.42
88299	UNLISTED CYTOGENETIC STUDY			NO	0	999	6/1/1992	12/31/9999	1	MP
88299	UNLISTED CYTOGENETIC STUDY	26		NO	0	999	5/24/1993	12/31/9999	1	MP
88300	SURGICAL PATH GROSS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	12.33
88300	SURGICAL PATH GROSS	TC		NO	0	999	7/1/2020	12/31/9999	4	8.51
88300	SURGICAL PATH GROSS	26		NO	0	999	7/1/2020	12/31/9999	4	3.83
88302	LEVEL II - SURGICAL PATHOLOGY,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	24.49
88302	LEVEL II - SURGICAL PATHOLOGY,	TC		NO	0	999	7/1/2020	12/31/9999	4	18.52
88302	LEVEL II - SURGICAL PATHOLOGY,	26		NO	0	999	7/1/2020	12/31/9999	4	5.97
88304	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	32.9
88304	TISSUE EXAM BY PATHOLOGIST	TC		NO	0	999	7/1/2020	12/31/9999	5	22.97
88304	TISSUE EXAM BY PATHOLOGIST	26		NO	0	999	7/1/2020	12/31/9999	5	9.94
88305	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	16	57.81
88305	TISSUE EXAM BY PATHOLOGIST	26		NO	0	999	7/1/2020	12/31/9999	16	33.17
88305	TISSUE EXAM BY PATHOLOGIST	TC		NO	0	999	7/1/2020	12/31/9999	16	24.63
88307	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	222.52
88307	TISSUE EXAM BY PATHOLOGIST	TC		NO	0	999	7/1/2020	12/31/9999	8	149.81
88307	TISSUE EXAM BY PATHOLOGIST	26		NO	0	999	7/1/2020	12/31/9999	8	72.7



**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
88309	LEVEL VI - SURGICAL PATHOLOGY,		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	339.7
88309	LEVEL VI - SURGICAL PATHOLOGY,	TC		NO	0	999	7/1/2020	12/31/9999	3	211.54
88309	LEVEL VI - SURGICAL PATHOLOGY,	26		NO	0	999	7/1/2020	12/31/9999	3	128.16
88311	SURGICAL PATHOLOGY, GROSS AN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	17.69
88311	SURGICAL PATHOLOGY, GROSS AN	26		NO	0	999	7/1/2020	12/31/9999	4	10.85
88311	SURGICAL PATHOLOGY, GROSS AN	TC		NO	0	999	7/1/2020	12/31/9999	4	6.84
88312	SPECIAL STAINS GROUP 1		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	9	84.5
88312	SPECIAL STAINS GROUP 1	TC		NO	0	999	7/1/2020	12/31/9999	9	61.06
88312	SPECIAL STAINS GROUP 1	26		NO	0	999	7/1/2020	12/31/9999	9	23.44
88313	SPECIAL STAINS GROUP 2		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	60.24
88313	SPECIAL STAINS GROUP 2	TC		NO	0	999	7/1/2020	12/31/9999	8	49.66
88313	SPECIAL STAINS GROUP 2	26		NO	0	999	7/1/2020	12/31/9999	8	10.58
88314	HISTOCHEMICAL STAIN ADD-ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	77.47
88314	HISTOCHEMICAL STAIN ADD-ON	TC		NO	0	999	7/1/2020	12/31/9999	6	58
88314	HISTOCHEMICAL STAIN ADD-ON	26		NO	0	999	7/1/2020	12/31/9999	6	19.47
88319	DETERMINATIVE HISTOCHEMISTRY O		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	11	89.46
88319	DETERMINATIVE HISTOCHEMISTRY O	TC		NO	0	999	7/1/2020	12/31/9999	11	65.78
88319	DETERMINATIVE HISTOCHEMISTRY O	26		NO	0	999	7/1/2020	12/31/9999	11	23.68
88321	CONSULTATION AND REPORT ON R		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	84.44
88321	CONSULTATION AND REPORT ON R		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	73.32
88323	CONSULTATION AND REPORT ON R		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	97.56
88323	CONSULTATION AND REPORT ON R	26		NO	0	999	7/1/2020	12/31/9999	1	77.1
88323	CONSULTATION AND REPORT ON R	TC		NO	0	999	7/1/2020	12/31/9999	1	20.47
88325	COMPREHENSIVE REVIEW OF RECO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	147.9
88325	COMPREHENSIVE REVIEW OF RECO		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	126.21
88329	CONSULTATION DURING SURGERY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	44.09
88329	CONSULTATION DURING SURGERY;		Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	31.3
88331	PATH CONSULT INTRAOP, 1 BLOC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	11	81.68
88331	PATH CONSULT INTRAOP, 1 BLOC	26		NO	0	999	7/1/2020	12/31/9999	11	54.82
88331	PATH CONSULT INTRAOP, 1 BLOC	TC		NO	0	999	7/1/2020	12/31/9999	11	26.87
88332	PATH CONSULT INTRAOP ADDL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	13	44.94
88332	PATH CONSULT INTRAOP ADDL	26		NO	0	999	7/1/2020	12/31/9999	13	27.25
88332	PATH CONSULT INTRAOP ADDL	TC		NO	0	999	7/1/2020	12/31/9999	13	17.69
88333	INTRAOP CYTO PATH CONSULT, 1		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	75.33
88333	INTRAOP CYTO PATH CONSULT, 1	26		NO	0	999	7/1/2020	12/31/9999	4	54.86
88333	INTRAOP CYTO PATH CONSULT, 1	TC		NO	0	999	7/1/2020	12/31/9999	4	20.47
88334	INTRAOP CYTO PATH CONSULT 2		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	47.27
88334	INTRAOP CYTO PATH CONSULT 2	26		NO	0	999	7/1/2020	12/31/9999	5	33.37
88334	INTRAOP CYTO PATH CONSULT 2	TC		NO	0	999	7/1/2020	12/31/9999	5	13.91
88341	IMMUNO PER SPECIMEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	13	74.67
88341	IMMUNO PER SPECIMEN	TC		NO	0	999	7/1/2020	12/31/9999	13	49.77
88341	IMMUNO PER SPECIMEN	26		NO	0	999	7/1/2020	12/31/9999	13	24.91
88342	IMMUNO PER SPECIMEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	85.13
88342	IMMUNO PER SPECIMEN	TC		NO	0	999	7/1/2020	12/31/9999	3	54.11
88342	IMMUNO PER SPECIMEN	26		NO	0	999	7/1/2020	12/31/9999	3	31.02
88344	IMMUNO PER SPECIMEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	137.96
88344	IMMUNO PER SPECIMEN	TC		NO	0	999	7/1/2020	12/31/9999	6	104.16
88344	IMMUNO PER SPECIMEN	26		NO	0	999	7/1/2020	12/31/9999	6	33.8
88346	IMMUNOFLUOR ANTB 1ST STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	101.69
88346	IMMUNOFLUOR ANTB 1ST STAIN	TC		NO	0	999	7/1/2020	12/31/9999	2	69.96
88346	IMMUNOFLUOR ANTB 1ST STAIN	26		NO	0	999	7/1/2020	12/31/9999	2	31.74
88348	ELECTRON MICROSCOPY;		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	308.73
88348	ELECTRON MICROSCOPY;	TC		NO	0	999	7/1/2020	12/31/9999	1	241.52
88348	ELECTRON MICROSCOPY;	26		NO	0	999	7/1/2020	12/31/9999	1	67.21
88350	IMMUNOFLUOR ANTB ADDL STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	8	74.69
88350	IMMUNOFLUOR ANTB ADDL STAIN	TC		NO	0	999	7/1/2020	12/31/9999	8	49.1
88350	IMMUNOFLUOR ANTB ADDL STAIN	26		NO	0	999	7/1/2020	12/31/9999	8	25.59
88355	MORPHOMETRIC ANALYSIS; SKELETA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	114.99
88355	MORPHOMETRIC ANALYSIS; SKELETA	26		NO	0	999	7/1/2020	12/31/9999	1	73.4
88355	MORPHOMETRIC ANALYSIS; SKELETA	TC		NO	0	999	7/1/2020	12/31/9999	1	41.6
88356	MORPHOMETRIC ANALYSIS; NERVE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	195.17
88356	MORPHOMETRIC ANALYSIS; NERVE	26		NO	0	999	7/1/2020	12/31/9999	3	113.71
88356	MORPHOMETRIC ANALYSIS; NERVE	TC		NO	0	999	7/1/2020	12/31/9999	3	81.48
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	108.26
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH	TC		NO	0	999	7/1/2020	12/31/9999	2	64.4
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH	26		NO	0	999	7/1/2020	12/31/9999	2	43.87
88360	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	101.3
88360	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	6	64.12
88360	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	6	37.18
88361	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	6	103.09
88361	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	6	63.56
88361	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	6	39.52
88362	NERVE TEASING PREPARATIONS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	186.79
88362	NERVE TEASING PREPARATIONS	26		NO	0	999	7/1/2020	12/31/9999	1	98.87
88362	NERVE TEASING PREPARATIONS	TC		NO	0	999	7/1/2020	12/31/9999	1	87.92
88363	XM ARCHIVE TISSUE MOLEC ANAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	19.88
88363	XM ARCHIVE TISSUE MOLEC ANAL		Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	17.1

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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
88364	IN SITU HYBRID PER SPEC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	110.71
88364	IN SITU HYBRID PER SPEC	TC		NO	0	999	7/1/2020	12/31/9999	3	80.24
88364	IN SITU HYBRID PER SPEC	26		NO	0	999	7/1/2020	12/31/9999	3	30.47
88365	IN SITU HYBRID PER SPEC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	4	144.85
88365	IN SITU HYBRID PER SPEC	TC		NO	0	999	7/1/2020	12/31/9999	4	106.27
88365	IN SITU HYBRID PER SPEC	26		NO	0	999	7/1/2020	12/31/9999	4	38.58
88366	IN SITU HYBRID PER SPEC		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	221.35
88366	IN SITU HYBRID PER SPEC	TC		NO	0	999	7/1/2020	12/31/9999	2	166.6
88366	IN SITU HYBRID PER SPEC	26		NO	0	999	7/1/2020	12/31/9999	2	54.74
88367	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	91.37
88367	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	3	61.06
88367	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	3	30.31
88368	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	106.31
88368	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	3	69.57
88368	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	3	36.74
88369	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	92.36
88369	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	3	63.56
88369	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	3	28.8
88371	PROTEIN ANALYSIS OF TISSUE BY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	20.01
88371	PROTEIN ANALYSIS OF TISSUE BY	26		NO	0	999	7/1/2020	12/31/9999	1	17.21
88372	PROTEIN ANALYSIS OF TISSUE BY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.6
88372	PROTEIN ANALYSIS OF TISSUE BY	26		NO	0	999	7/1/2020	12/31/9999	1	15.98
88373	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	3	60.02
88373	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	3	36.42
88373	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	3	23.6
88374	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	271.77
88374	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	5	232.61
88374	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	5	39.17
88375	OPTICAL ENDOMICROSCOPY INTERP		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	42.54
88377	MORPHOMETRIC ANALYSIS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	5	322.35
88377	MORPHOMETRIC ANALYSIS	TC		NO	0	999	7/1/2020	12/31/9999	5	265.02
88377	MORPHOMETRIC ANALYSIS	26		NO	0	999	7/1/2020	12/31/9999	5	57.32
88380	MICRODISSECT LASER CAPTURE		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	110.3
88380	MICRODISSECT LASER CAPTURE	TC		NO	0	999	7/1/2020	12/31/9999	1	61.51
88380	MICRODISSECT LASER CAPTURE	26		NO	0	999	7/1/2020	12/31/9999	1	48.79
88381	MICRODISSECTION MANUAL		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	142.63
88381	MICRODISSECTION MANUAL	TC		NO	0	999	7/1/2020	12/31/9999	1	120.62
88381	MICRODISSECTION MANUAL	26		NO	0	999	7/1/2020	12/31/9999	1	22.01
88387	TISS EXAM MOLECULAR STUDY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	30.04
88387	TISS EXAM MOLECULAR STUDY	26		NO	0	999	7/1/2020	12/31/9999	2	24.59
88387	TISS EXAM MOLECULAR STUDY	TC		NO	0	999	7/1/2020	12/31/9999	2	5.45
88388	TISS EX MOLECU STUDY ADD-ON		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	30.48
88388	TISS EX MOLECU STUDY ADD-ON	26		NO	0	999	7/1/2020	12/31/9999	1	20.86
88388	TISS EX MOLECU STUDY ADD-ON	TC		NO	0	999	7/1/2020	12/31/9999	1	9.62
88399	UNLISTED SURGICAL PATHOLOGY			NO	0	999	7/1/1984	12/31/9999	2	MP
88720	BILIRUBIN TOTAL TRANSCUTANEOUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.52
88738	HGB QUANT TRANSCUTANEOUS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.52
88740	HEMOGLOB QUANT TRANSCUT CARBOXY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.43
88741	HEMOGLOB QUANT TRANSCUT METHEMO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	8.43
88749	IN VIVO LAB SERVICE			NO	0	999	1/1/2011	12/31/9999	1	NC
89049	CHCT FOR MAL HYPERTHERMIA		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	202.59
89049	CHCT FOR MAL HYPERTHERMIA		Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	53.01
89050	BODY FLUID CELL COUNT		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	4.25
89051	CELL COUNT, MISCELLANEOUS BO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.04
89055	LEUKOCYTE ASSESS FECAL QAUL/QUAN LEUKO		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	3.84
89060	CRYSTAL IDENT BY LIGHT MICROSCOPY	26		NO	0	999	7/1/2020	12/31/9999	2	15.98
89060	CRYSTAL IDENT BY LIGHT MICROSCOPY		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	6.6
89125	SPECIMEN FAT STAIN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	2	5.29
89160	MEAT FIBERS, FECES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	4.37
89190	NASAL SMEAR FOR EOSINOPHILS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	5.21
89220	SPUTUM OBT SPEC AROSL INDUCD TECH SPUTU			NO	0	999	1/1/2004	12/31/9999	1	NC
89230	SWEAT COLLECTION BY IONTOPHORESIS SWEAT			NO	0	999	1/1/2004	12/31/9999	1	NC
89240	UNLIST MISCELLANEOUS PATHOLOGY TESTUNLIS			NO	0	999	1/1/2004	12/31/9999	1	MP
89250	CULTURE OOCYTE/EMBRYO < 4 DAYS; CULTU			NO	0	999	1/1/1996	12/31/9999	1	NC
89251	CULT OOCYTE/EMBRYO <4 DAY; CO-CULT CULT			NO	0	999	1/1/1998	12/31/9999	1	NC
89253	EMBRYO HATCHING			NO	0	999	1/1/1998	12/31/9999	1	NC
89254	OOCYTE IDENTIFICATION			NO	0	999	1/1/1998	12/31/9999	1	NC
89255	PREPARE EMBRYO FOR TRANSFER			NO	0	999	1/1/1998	12/31/9999	1	NC
89257	SPERM IDENTIFICATION			NO	0	999	1/1/1998	12/31/9999	1	NC
89258	CRYOPRESERVATION, EMBRYO			NO	0	999	1/1/1998	12/31/9999	1	NC
89259	CRYOPRESERVATION, SPERM			NO	0	999	1/1/1998	12/31/9999	1	NC
89260	SPERM ISOLATION, SIMPLE			NO	0	999	1/1/1998	12/31/9999	1	NC
89261	SPERM ISOLATION, COMPLEX			NO	0	999	1/1/1998	12/31/9999	1	NC
89264	IDENTIFY SPERM TISSUE			NO	0	999	12/1/2010	12/31/9999	1	NC
89268	INSEMINATION OF OOCYTES INSEM			NO	0	999	1/1/2004	12/31/9999	1	NC
89272	EXT CULT OOCYTE/EMBRYO 4-7 DAYS EXTEN			NO	0	999	1/1/2004	12/31/9999	1	NC
89280	ASSTD OOCYTE FERTILIZ;<=10 OOCYTESASSTD			NO	0	999	1/1/2004	12/31/9999	1	NC

**Mississippi Division of Medicaid**  
**PATHOLOGY/LABORATORY FEE SCHEDULE**  
 Print Date: JULY 1, 2021



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

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Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
89281	ASSTD OOCYTE FERTILIZ; > 10 OOCYTESASSTD			NO	0	999	1/1/2004	12/31/9999	1	NC
89290	BX OOCYTE/EMB BLASTOMERE;<=5 EMB BX OO			NO	0	999	1/1/2004	12/31/9999	1	NC
89291	BX OOCYTE/EMB BLASTOMERE;>5 EMB BX OO			NO	0	999	1/1/2004	12/31/9999	1	NC
89300	SEMEN ANALYSIS			NO	14	999	12/1/2010	12/31/9999	1	NC
89310	SEMEN ANALYSIS W/COUNT			NO	14	999	12/1/2010	12/31/9999	1	NC
89320	SEMEN ANALYSIS VOL CT MOT & DIFF			NO	14	999	12/1/2010	12/31/9999	1	NC
89321	SEMEN ANALYSIS PRES & MOT			NO	0	999	12/1/2010	12/31/9999	1	NC
89322	SEMEN ANALYSIS			NO	14	999	12/1/2010	12/31/9999	1	NC
89325	SPERM AGGLUTINATION, WITH AN			NO	14	999	12/1/2010	12/31/9999	1	NC
89329	SPERM EVALUATION; HAMSTER PENE			NO	0	999	12/1/2010	12/31/9999	1	NC
89330	SPERM EVALUATION; CERVICAL MUC			NO	0	999	12/1/2010	12/31/9999	1	NC
89331	SPERM EVAL RETROGR, URINE			NO	14	999	12/1/2010	12/31/9999	1	NC
89335	CRYOPRES REPRODIVE TISS TESTICULAR CRYOP			NO	0	999	1/1/2004	12/31/9999	1	NC
89337	CRYOPRESERVATION OOCYTE			NO	0	999	1/1/2015	12/31/9999	1	NC
89342	STORAGE; EMBRYO STORA			NO	0	999	1/1/2004	12/31/9999	1	NC
89343	STORAGE; SPERM/SEMEN STORA			NO	0	999	1/1/2004	12/31/9999	1	NC
89344	STORAGE; TISS TESTICULAR/OVARIAN STORA			NO	0	999	1/1/2004	12/31/9999	1	NC
89346	STORAGE/YEAR; OOCYTE(S)			NO	0	999	1/1/2004	12/31/9999	1	NC
89352	THAWING OF CRYOPRESERVED; EMBRYO THAWI			NO	0	999	1/1/2004	12/31/9999	1	NC
89353	THAW CRYOPRES; SPERM/SEM EA ALIQUOTTHAWI			NO	0	999	1/1/2004	12/31/9999	1	NC
89354	THAW CRYOPRES; TISS TESTICULR/OVARINTHAWI			NO	0	999	1/1/2004	12/31/9999	1	NC
89356	THAW CRYOPRES; OOCYTES EA ALIQUOT THAWI			NO	0	999	1/1/2004	12/31/9999	1	NC
89398	UNLISTED REPROD MED LAB PROC			NO	0	999	1/1/2010	12/31/9999	1	NC
G0027	SEMEN ANALYSIS			NO	0	999	1/1/2004	12/31/9999	1	NC
G0103	PSA, TOTAL SCREENING		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	17.38
G0123	SCREEN CERV/VAG THIN LAYER		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	18.23
G0124	SCREEN C/V THIN LAYER BY MD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.22
G0141	SCR C/V CYTO,AUTOSYS AND MD		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	21.22
G0143	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	24.35
G0144	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	39.57
G0145	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	23.84
G0147	SCR C/V CYTO, AUTOMATED SYS		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	13.61
G0148	SCR C/V CYTO, AUTOSYS, RESCR		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	28.75
G0306	CBC/DIFFWBC W/O PLATELET			NO	0	999	1/1/2004	12/31/9999	1	NC
G0307	CBC WITHOUT PLATELET			NO	0	999	1/1/2004	12/31/9999	1	NC
G0328	FECAL BLOOD SCREENING IMMUN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	16.25
G0416	PROSTATE BIOPSY, ANY MTHD			NO	0	999	1/1/2009	12/31/9999	1	NC
G0432	EIA HIV-1/HIV-2 SCREEN			NO	0	999	1/1/2010	12/31/9999	1	NC
G0433	ELISA HIV-1/ HIV-2 SCREEN			NO	0	999	1/1/2010	12/31/9999	1	NC
G0435	RAPID IMMUNOASSAY HIV-1,2			NO	0	999	1/1/2010	12/31/9999	1	NC
G0450	SCREEN STD LAB CHLAMYDIA, GONOR, SYPHILI			NO	0	999	1/1/2012	12/31/9999	1	NC
G0471	COLL VENOUS BLOOD OR URINE SAMPLE			NO	0	999	1/1/2015	12/31/9999	1	NC
G0472	HEPATITIS C ANTIBODY SCREEN		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	41.72
G0475	HIV ANTIGEN/ANTIGODY SCREENING			NO	0	999	1/1/2016	12/31/9999	1	NC
G0476	INFECT AGENT DNA/RNA HPV TEST			NO	0	999	1/1/2016	12/31/9999	1	NC
G0480	DRUG TEST DEFINITIVE 1-7		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	102.99
G0481	DRUG TEST DEFINITIVE 8-14		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	140.93
G0482	DRUG TEST DEFINITIVE 15-21		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	178.87
G0483	DRUG TEST DEFINITIVE 22+		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	222.23
G0659	DRUG TEST PER DAY ANY # DRUG CLASSES		Non-Facility Rate	NO	0	999	7/1/2020	12/31/9999	1	55.93
G2023	SPEC COLLEC COVID-19, ANY SOURCE		Non-Facility Rate	NO	0	999	3/1/2020	12/31/9999	1	21.11
G2024	SPECI COLLEC COVID-19, IND IN A SNF, ANY		Non-Facility Rate	NO	0	999	3/1/2020	12/31/9999	1	22.91