


<div>Mississippi Division of Medicaid</div> <div>DME-ORTHOTIC-PROSTHETIC FEE SCHEDULE</div> <div>COVER SHEET</div> <div></div>		
<div>Additional References:</div> <div>MS Division of Medicaid Website</div> <div>MS Envision Interactive Fee Schedule</div> <div>MS Envision Downloadable Fee Schedule</div> <div>Medicaid National Correct Coding Initiative (NCCI) Edits</div>		
Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none">Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	<ul style="list-style-type: none">Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Modifier	<ul style="list-style-type: none">This column is used to denote the type of service.<ol style="list-style-type: none">KR - Daily RentalNU - New PurchaseUE - Used PurchaseRR - Monthly RentalRB - DME Repair
4	Prior Authorization	<ul style="list-style-type: none">This column identifies the codes that require prior authorization before the service is performed.Priced by PA (prior authorization) - require a prior authorization with the invoice submittal to Fiscal Agent for approval prior to service(s) rendered.
5	Min Age	<ul style="list-style-type: none">This column is the covered minimum age for the service.
6	Max Age	<ul style="list-style-type: none">This column is the covered maximum age for the service.
7	Begin Date	<ul style="list-style-type: none">This column represents the begin date of which the fee in column J became effective.
8	End Date	<ul style="list-style-type: none">This column represents the end date of the fee segment in column J.
9	Max Units	<ul style="list-style-type: none">This column represents the maximum units the Division of Medicaid covers for the service.
10	Fee	<ul style="list-style-type: none">This column is the maximum amount that Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.When the maximum fee is listed as 0.00, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedule.

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A8000	Soft protect helmet prefab	RB-PRICED BY PA	No	0	20	1/1/2007	12/31/9999	1	0.00
A8001	Hard protect helmet prefab	RB-PRICED BY PA	No	0	20	1/1/2007	12/31/9999	1	0.00
A8002	Soft protect helmet custom	RB-PRICED BY PA	No	0	20	1/1/2007	12/31/9999	1	0.00
A8003	Hard protect helmet custom	RB-PRICED BY PA	No	0	20	1/1/2007	12/31/9999	1	0.00
B9002	ENTER NUTR INF PUMP ANY TYPE	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.67
B9002	ENTER NUTR INF PUMP ANY TYPE	NU	Yes	0	999	7/1/2020	12/31/9999	1	801.39
B9002	ENTER NUTR INF PUMP ANY TYPE	RR	Yes	0	999	7/1/2020	12/31/9999	1	80.14
B9002	ENTER NUTR INF PUMP ANY TYPE	UE	Yes	0	999	7/1/2020	12/31/9999	1	400.70
B9002	ENTER NUTR INF PUMP ANY TYPE	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
B9004	PARENTERAL INFUS PUMP PORTAB	KR	Yes	0	999	7/1/2020	12/31/9999	1	8.12
B9004	PARENTERAL INFUS PUMP PORTAB	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,435.12
B9004	PARENTERAL INFUS PUMP PORTAB	RR	Yes	0	999	7/1/2020	12/31/9999	1	243.51
B9004	PARENTERAL INFUS PUMP PORTAB	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,217.56
B9004	PARENTERAL INFUS PUMP PORTAB	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
B9006	PARENTERAL INFUS PUMP STATIO	KR	Yes	0	999	7/1/2020	12/31/9999	1	8.12
B9006	PARENTERAL INFUS PUMP STATIO	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,435.12
B9006	PARENTERAL INFUS PUMP STATIO	RR	Yes	0	999	7/1/2020	12/31/9999	1	243.51
B9006	PARENTERAL INFUS PUMP STATIO	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,217.56
B9006	PARENTERAL INFUS PUMP STATIO	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0100	CANE ADJUST/FIXED WITH TIP	NU	Yes	0	999	7/1/2020	12/31/9999	1	16.66
E0100	CANE ADJUST/FIXED WITH TIP	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0105	CANE ADJUST/FIXED QUAD/3 PRO	NU	Yes	0	999	7/1/2020	12/31/9999	1	45.65
E0105	CANE ADJUST/FIXED QUAD/3 PRO	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0110	CRUTCH FOREARM PAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	68.35
E0110	CRUTCH FOREARM PAIR	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0111	CRUTCH, FOREARM, ADJ, FIXED EA	NU	Yes	0	999	7/1/2020	12/31/9999	2	42.06
E0111	CRUTCH, FOREARM, ADJ, FIXED EA	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0112	CRUTCHES, UNDERARM, WOOD, PAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	34.39
E0112	CRUTCHES, UNDERARM, WOOD, PAIR	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0113	CRUTCH, UNDERARM, WOOD, EACH	NU	Yes	0	999	7/1/2020	12/31/9999	2	19.65
E0113	CRUTCH, UNDERARM, WOOD, EACH	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0114	CRUTCHES, UNDERARM, OTHER THAN	NU	Yes	0	999	7/1/2020	12/31/9999	1	43.86
E0114	CRUTCHES, UNDERARM, OTHER THAN	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0116	CRUTCH UNDERARM EACH NO WOOD	NU	Yes	0	999	7/1/2020	12/31/9999	2	24.46
E0116	CRUTCH UNDERARM EACH NO WOOD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0117	UNDERARM SPRINGASSIST CRUTCH	NU	Yes	0	20	7/1/2020	12/31/9999	2	179.04
E0117	UNDERARM SPRINGASSIST CRUTCH	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
E0130	WALKER RIGID ADJUST/FIXED HT	NU	Yes	0	999	7/1/2020	12/31/9999	1	43.70
E0130	WALKER RIGID ADJUST/FIXED HT	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0135	WALKER FOLDING ADJUST/FIXED	NU	Yes	0	999	7/1/2020	12/31/9999	1	48.29

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0135	WALKER FOLDING ADJUST/FIXED	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0141	RIGID WHEELED WALKER ADJ/FIX	NU	Yes	0	999	7/1/2020	12/31/9999	1	66.73
E0141	RIGID WHEELED WALKER ADJ/FIX	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0143	WALKER FOLDING WHEELED W/O S	NU	Yes	0	999	7/1/2020	12/31/9999	1	64.44
E0143	WALKER FOLDING WHEELED W/O S	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0147	WALKER VARIABLE WHEEL RESIST	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.36
E0147	WALKER VARIABLE WHEEL RESIST	NU	Yes	0	999	7/1/2020	12/31/9999	1	407.02
E0147	WALKER VARIABLE WHEEL RESIST	RR	Yes	0	999	7/1/2020	12/31/9999	1	40.70
E0147	WALKER VARIABLE WHEEL RESIST	UE	Yes	0	999	7/1/2020	12/31/9999	1	203.51
E0147	WALKER VARIABLE WHEEL RESIST	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0148	HEAVYDUTY WALKER NO WHEELS	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.29
E0148	HEAVYDUTY WALKER NO WHEELS	NU	Yes	0	999	7/1/2020	12/31/9999	1	86.73
E0148	HEAVYDUTY WALKER NO WHEELS	RR	Yes	0	999	7/1/2020	12/31/9999	1	8.67
E0148	HEAVYDUTY WALKER NO WHEELS	UE	Yes	0	999	7/1/2020	12/31/9999	1	43.36
E0149	HEAVY DUTY WHEELED WALKER	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.47
E0149	HEAVY DUTY WHEELED WALKER	NU	Yes	0	999	7/1/2020	12/31/9999	1	140.24
E0149	HEAVY DUTY WHEELED WALKER	RR	Yes	0	999	7/1/2020	12/31/9999	1	14.02
E0149	HEAVY DUTY WHEELED WALKER	UE	Yes	0	999	7/1/2020	12/31/9999	1	70.12
E0153	PLATFORM ATTACHMENT, FOREARM	NU	Yes	3	20	7/1/2020	12/31/9999	2	64.50
E0154	PLATFORM ATTACHMENT, WALKER	NU	Yes	0	999	7/1/2020	12/31/9999	2	49.46
E0155	WALKER WHEEL ATTACHMENT,PAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	19.79
E0156	SEAT ATTACHMENT, WALKER	NU	Yes	0	999	7/1/2020	12/31/9999	1	17.40
E0157	CRUTCH ATTACHMENT, WALKER,EACH	NU	Yes	0	999	7/1/2020	12/31/9999	2	52.18
E0158	WALKER LEG EXTENDERS SET OF4	NU	Yes	0	999	7/1/2020	12/31/9999	1	20.32
E0159	BRAKE ATTACH FOR WHEELED WALK	NU	Yes	0	999	7/1/2020	12/31/9999	2	13.51
E0163	COMMODE CHAIR WITH FIXED ARM	NU	Yes	0	999	7/1/2020	12/31/9999	1	69.14
E0163	COMMODE CHAIR WITH FIXED ARM	RB-PRICED BY PA	Yes	0	999	7/1/1987	12/31/9999	1	0.00
E0165	COMMODE CHAIR WITH DETACHARM	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.42
E0165	COMMODE CHAIR WITH DETACHARM	NU	Yes	0	999	7/1/2020	12/31/9999	1	126.48
E0165	COMMODE CHAIR WITH DETACHARM	RR	Yes	0	999	7/1/2020	12/31/9999	1	12.65
E0165	COMMODE CHAIR WITH DETACHARM	UE	Yes	0	999	7/1/2020	12/31/9999	1	63.24
E0165	COMMODE CHAIR WITH DETACHARM	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0167	COMMODE CHAIR PAIL OR PAN	NU	Yes	0	999	7/1/2020	12/31/9999	1	10.27
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.40
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	120.87
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	RR	Yes	0	999	7/1/2020	12/31/9999	1	12.09
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	UE	Yes	0	999	7/1/2020	12/31/9999	1	60.44
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	RB-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0181	PRESS PAD ALTERNATING W/ PUM	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.63
E0181	PRESS PAD ALTERNATING W/ PUM	NU	Yes	0	999	7/1/2020	12/31/9999	1	188.48
E0181	PRESS PAD ALTERNATING W/ PUM	RR	Yes	0	999	7/1/2020	12/31/9999	1	18.85
E0181	PRESS PAD ALTERNATING W/ PUM	UE	Yes	0	999	7/1/2020	12/31/9999	1	94.24
E0181	PRESS PAD ALTERNATING W/ PUM	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0184	DRY PRESSURE MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	160.23
E0185	GEL OR GEL LIKE PRESSURE PAD	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.67
E0185	GEL OR GEL LIKE PRESSURE PAD	NU	Yes	0	999	7/1/2020	12/31/9999	1	199.81
E0185	GEL OR GEL LIKE PRESSURE PAD	RR	Yes	0	999	7/1/2020	12/31/9999	1	19.98
E0185	GEL OR GEL LIKE PRESSURE PAD	UE	Yes	0	999	7/1/2020	12/31/9999	1	99.90

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0185	GEL OR GEL LIKE PRESSURE PAD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0186	AIR PRESSURE MATTRESS	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.53
E0186	AIR PRESSURE MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	160.32
E0186	AIR PRESSURE MATTRESS	RR	Yes	0	999	7/1/2020	12/31/9999	1	16.03
E0186	AIR PRESSURE MATTRESS	UE	Yes	0	999	7/1/2020	12/31/9999	1	80.16
E0186	AIR PRESSURE MATTRESS	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0187	WATER PRESSURE MATTRESS	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.61
E0187	WATER PRESSURE MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	183.36
E0187	WATER PRESSURE MATTRESS	RR	Yes	0	999	7/1/2020	12/31/9999	1	18.34
E0187	WATER PRESSURE MATTRESS	UE	Yes	0	999	7/1/2020	12/31/9999	1	91.68
E0187	WATER PRESSURE MATTRESS	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0188	SYNTHETIC SHEEPSKIN PAD	NU	Yes	0	20	7/1/2020	12/31/9999	1	22.97
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY	NU	Yes	0	20	7/1/2020	12/31/9999	1	41.06
E0191	HEEL OR ELBOW PROTECTOR, EACH	NU	Yes	0	999	7/1/2020	12/31/9999	4	8.93
E0194	AIR FLUIDIZED BED	KR	Yes	0	20	7/1/2020	12/31/9999	1	100.82
E0194	AIR FLUIDIZED BED	RR	Yes	0	20	7/1/2020	12/31/9999	1	3,024.55
E0196	GEL PRESSURE MATTRESS	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.86
E0196	GEL PRESSURE MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	256.64
E0196	GEL PRESSURE MATTRESS	RR	Yes	0	999	7/1/2020	12/31/9999	1	25.66
E0196	GEL PRESSURE MATTRESS	UE	Yes	0	999	7/1/2020	12/31/9999	1	128.32
E0196	GEL PRESSURE MATTRESS	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0197	AIR PRESSURE PAD FOR MATTRESS	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.66
E0197	AIR PRESSURE PAD FOR MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	199.44
E0197	AIR PRESSURE PAD FOR MATTRESS	RR	Yes	0	999	7/1/2020	12/31/9999	1	19.94
E0197	AIR PRESSURE PAD FOR MATTRESS	UE	Yes	0	999	7/1/2020	12/31/9999	1	99.72
E0197	AIR PRESSURE PAD FOR MATTRESS	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0198	WATER PRESSURE PAD FOR MATTRES	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.58
E0198	WATER PRESSURE PAD FOR MATTRES	NU	Yes	0	999	7/1/2020	12/31/9999	1	175.04
E0198	WATER PRESSURE PAD FOR MATTRES	RR	Yes	0	999	7/1/2020	12/31/9999	1	17.50
E0198	WATER PRESSURE PAD FOR MATTRES	UE	Yes	0	999	7/1/2020	12/31/9999	1	87.52
E0198	WATER PRESSURE PAD FOR MATTRES	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0199	DRY PRESSURE PAD FOR MATTRESS,	NU	Yes	0	999	7/1/2020	12/31/9999	1	25.33
E0200	HEAT LAMP, WITHOUT STAND	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.21
E0200	HEAT LAMP, WITHOUT STAND	RR	Yes	0	20	7/1/2020	12/31/9999	1	6.26
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT	RR	Yes	0	1	7/1/2020	12/31/9999	1	58.19
E0205	HEAT LAMP, WITH STAND, INCLUDE	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.51
E0205	HEAT LAMP, WITH STAND, INCLUDE	RR	Yes	0	20	7/1/2020	12/31/9999	1	15.33
E0210	ELECTRIC HEAT PAD STANDARD	NU	Yes	0	999	7/1/2020	12/31/9999	1	26.00
E0210	ELECTRIC HEAT PAD STANDARD	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0215	ELECTRIC HEAT PAD MOIST	NU	Yes	0	999	7/1/2020	12/31/9999	1	55.97
E0215	ELECTRIC HEAT PAD MOIST	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0217	WATER CIRC HEAT PAD WITH PUMP	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.53
E0217	WATER CIRC HEAT PAD WITH PUMP	NU	Yes	0	20	7/1/2020	12/31/9999	1	458.90
E0217	WATER CIRC HEAT PAD WITH PUMP	RR	Yes	0	20	7/1/2020	12/31/9999	1	45.89
E0217	WATER CIRC HEAT PAD WITH PUMP	UE	Yes	0	20	7/1/2020	12/31/9999	1	229.45
E0217	WATER CIRC HEAT PAD WITH PUMP	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0235	PARAFFIN BATH UNIT PORTABLE	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.53

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0235	PARAFFIN BATH UNIT PORTABLE	NU	Yes	0	999	7/1/2020	12/31/9999	1	160.32
E0235	PARAFFIN BATH UNIT PORTABLE	RR	Yes	0	999	7/1/2020	12/31/9999	1	16.03
E0235	PARAFFIN BATH UNIT PORTABLE	UE	Yes	0	999	7/1/2020	12/31/9999	1	80.16
E0235	PARAFFIN BATH UNIT PORTABLE	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0240	BATH/SHOWER CHAIR	NU-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E0244	RAISED TOILET SEAT	NU	Yes	0	999	10/1/1998	12/31/9999	1	42.00
E0245	TUB STOOL OR BENCH	NU	Yes	0	999	10/1/2003	12/31/9999	1	58.00
E0250	HOSP BED FIXED HT W/ MATTRES	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.99
E0250	HOSP BED FIXED HT W/ MATTRES	NU	Yes	0	999	7/1/2020	12/31/9999	1	596.40
E0250	HOSP BED FIXED HT W/ MATTRES	RR	Yes	0	999	7/1/2020	12/31/9999	1	59.64
E0250	HOSP BED FIXED HT W/ MATTRES	UE	Yes	0	999	7/1/2020	12/31/9999	1	298.20
E0250	HOSP BED FIXED HT W/ MATTRES	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0251	HOSPITAL BED, FIXED HGHT, WITH	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.81
E0251	HOSPITAL BED, FIXED HGHT, WITH	NU	Yes	0	999	7/1/2020	12/31/9999	1	542.24
E0251	HOSPITAL BED, FIXED HGHT, WITH	RR	Yes	0	999	7/1/2020	12/31/9999	1	54.22
E0251	HOSPITAL BED, FIXED HGHT, WITH	UE	Yes	0	999	7/1/2020	12/31/9999	1	271.12
E0251	HOSPITAL BED, FIXED HGHT, WITH	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0255	HOSPITAL BED VAR HT W/ MATTR	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.22
E0255	HOSPITAL BED VAR HT W/ MATTR	NU	Yes	0	999	7/1/2020	12/31/9999	1	665.52
E0255	HOSPITAL BED VAR HT W/ MATTR	RR	Yes	0	999	7/1/2020	12/31/9999	1	66.55
E0255	HOSPITAL BED VAR HT W/ MATTR	UE	Yes	0	999	7/1/2020	12/31/9999	1	332.76
E0255	HOSPITAL BED VAR HT W/ MATTR	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0256	HOSPITAL BED, VARIABLE HGHTS,	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.81
E0256	HOSPITAL BED, VARIABLE HGHTS,	NU	Yes	0	999	7/1/2020	12/31/9999	1	541.60
E0256	HOSPITAL BED, VARIABLE HGHTS,	RR	Yes	0	999	7/1/2020	12/31/9999	1	54.16
E0256	HOSPITAL BED, VARIABLE HGHTS,	UE	Yes	0	999	7/1/2020	12/31/9999	1	270.80
E0256	HOSPITAL BED, VARIABLE HGHTS,	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0260	HOSP BED, SEMI-ELECTRIC (HEAD	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.76
E0260	HOSP BED, SEMI-ELECTRIC (HEAD	NU	Yes	0	999	7/1/2020	12/31/9999	1	828.40
E0260	HOSP BED, SEMI-ELECTRIC (HEAD	RR	Yes	0	999	7/1/2020	12/31/9999	1	82.84
E0260	HOSP BED, SEMI-ELECTRIC (HEAD	UE	Yes	0	999	7/1/2020	12/31/9999	1	414.20
E0260	HOSP BED, SEMI-ELECTRIC (HEAD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0261	HOSP BED, SEMI ELEC HEAD AND	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.44
E0261	HOSP BED, SEMI ELEC HEAD AND	NU	Yes	0	999	7/1/2020	12/31/9999	1	731.76
E0261	HOSP BED, SEMI ELEC HEAD AND	RR	Yes	0	999	7/1/2020	12/31/9999	1	73.18
E0261	HOSP BED, SEMI ELEC HEAD AND	UE	Yes	0	999	7/1/2020	12/31/9999	1	365.88
E0261	HOSP BED, SEMI ELEC HEAD AND	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0265	HOSP BED TOTAL ELECTR W/ MAT	KR	Yes	0	999	7/1/2020	12/31/9999	1	4.43
E0265	HOSP BED TOTAL ELECTR W/ MAT	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,329.12
E0265	HOSP BED TOTAL ELECTR W/ MAT	RR	Yes	0	999	7/1/2020	12/31/9999	1	132.91
E0265	HOSP BED TOTAL ELECTR W/ MAT	UE	Yes	0	999	7/1/2020	12/31/9999	1	664.56
E0265	HOSP BED TOTAL ELECTR W/ MAT	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	1	0.00
E0266	HOSPITAL BED, TOTAL ELEC	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.71
E0266	HOSPITAL BED, TOTAL ELEC	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,112.72
E0266	HOSPITAL BED, TOTAL ELEC	RR	Yes	0	999	7/1/2020	12/31/9999	1	111.27
E0266	HOSPITAL BED, TOTAL ELEC	UE	Yes	0	999	7/1/2020	12/31/9999	1	556.36

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0266	HOSPITAL BED, TOTAL ELEC	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	1	0.00
E0271	MATTRESS, INNERSPRING	NU	Yes	0	999	7/1/2020	12/31/9999	1	129.21
E0272	MATTRESS, FOAM	NU	Yes	0	999	7/1/2020	12/31/9999	1	129.72
E0273	BED BOARD	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0273	BED BOARD	NU	Yes	0	20	10/1/1998	12/31/9999	1	59.36
E0274	OVERBED TABLE	KR	Yes	0	20	10/1/1998	12/31/9999	1	0.34
E0274	OVERBED TABLE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0274	OVERBED TABLE	NU	Yes	0	20	10/1/1998	12/31/9999	1	101.36
E0274	OVERBED TABLE	RR	Yes	0	20	10/1/1998	12/31/9999	1	10.14
E0274	OVERBED TABLE	UE	Yes	0	20	10/1/1998	12/31/9999	1	50.68
E0275	BED PAN, STANDARD, METAL OR PL	NU	Yes	0	999	7/1/2020	12/31/9999	1	13.17
E0276	BED PAN, FRACTURE, METAL OR PL	NU	Yes	0	999	7/1/2020	12/31/9999	1	11.38
E0277	POWERED PRESSURE REDUCING AIR	KR	Yes	0	999	7/1/2020	12/31/9999	1	12.17
E0277	POWERED PRESSURE REDUCING AIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,652.24
E0277	POWERED PRESSURE REDUCING AIR	RR	Yes	0	999	7/1/2020	12/31/9999	1	365.22
E0277	POWERED PRESSURE REDUCING AIR	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,826.12
E0277	POWERED PRESSURE REDUCING AIR	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0280	BED, CRADLE, ANY TYPE	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.09
E0280	BED, CRADLE, ANY TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	1	26.02
E0280	BED, CRADLE, ANY TYPE	RR	Yes	0	20	7/1/2020	12/31/9999	1	2.60
E0280	BED, CRADLE, ANY TYPE	UE	Yes	0	20	7/1/2020	12/31/9999	1	13.01
E0280	BED, CRADLE, ANY TYPE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0290	HOSPITAL BED, FIXED HGHT, WGHT	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.67
E0290	HOSPITAL BED, FIXED HGHT, WGHT	NU	Yes	0	999	7/1/2020	12/31/9999	1	501.68
E0290	HOSPITAL BED, FIXED HGHT, WGHT	RR	Yes	0	999	7/1/2020	12/31/9999	1	50.17
E0290	HOSPITAL BED, FIXED HGHT, WGHT	UE	Yes	0	999	7/1/2020	12/31/9999	1	250.84
E0290	HOSPITAL BED, FIXED HGHT, WGHT	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0291	HOSPITAL BED, FIXED HGHT, W/O	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.34
E0291	HOSPITAL BED, FIXED HGHT, W/O	NU	Yes	0	999	7/1/2020	12/31/9999	1	402.08
E0291	HOSPITAL BED, FIXED HGHT, W/O	RR	Yes	0	999	7/1/2020	12/31/9999	1	40.21
E0291	HOSPITAL BED, FIXED HGHT, W/O	UE	Yes	0	999	7/1/2020	12/31/9999	1	201.04
E0291	HOSPITAL BED, FIXED HGHT, W/O	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0300	ENCLOSED PER CRIB HOSP GRADE	KR	Yes	0	20	4/1/2020	12/31/9999	1	5.48
E0300	ENCLOSED PER CRIB HOSP GRADE	NU	Yes	0	20	4/1/2020	12/31/9999	1	1,998.56
E0300	ENCLOSED PER CRIB HOSP GRADE	RR	Yes	0	20	4/1/2020	12/31/9999	1	199.86
E0300	ENCLOSED PER CRIB HOSP GRADE	UE	Yes	0	20	4/1/2020	12/31/9999	1	999.28
E0300	ENCLOSED PER CRIB HOSP GRADE	RB-PRICED BY PA	Yes	0	20	1/1/2004	12/31/9999	1	0.00
E0301	HD HOSP BED, 350-600 LBS	KR	Yes	0	999	7/1/2020	12/31/9999	1	5.53
E0301	HD HOSP BED, 350-600 LBS	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,657.76
E0301	HD HOSP BED, 350-600 LBS	RR	Yes	0	999	7/1/2020	12/31/9999	1	165.78
E0301	HD HOSP BED, 350-600 LBS	UE	Yes	0	999	7/1/2020	12/31/9999	1	828.88
E0301	HD HOSP BED, 350-600 LBS	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0302	EX HD HOSP BED > 600 LBS	KR	Yes	0	999	7/1/2020	12/31/9999	1	16.35
E0302	EX HD HOSP BED > 600 LBS	NU	Yes	0	999	7/1/2020	12/31/9999	1	4,905.60
E0302	EX HD HOSP BED > 600 LBS	RR	Yes	0	999	7/1/2020	12/31/9999	1	490.56
E0302	EX HD HOSP BED > 600 LBS	UE	Yes	0	999	7/1/2020	12/31/9999	1	2,452.80

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0302	EX HD HOSP BED > 600 LBS	RB-PRICED BY PA	Yes	0	999	2/1/2014	12/31/9999	1	0.00
E0303	HOSP BED HVY DTY XTRA WIDE	KR	Yes	0	999	7/1/2020	12/31/9999	1	6.00
E0303	HOSP BED HVY DTY XTRA WIDE	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,800.48
E0303	HOSP BED HVY DTY XTRA WIDE	RR	Yes	0	999	7/1/2020	12/31/9999	1	180.05
E0303	HOSP BED HVY DTY XTRA WIDE	UE	Yes	0	999	7/1/2020	12/31/9999	1	900.24
E0303	HOSP BED HVY DTY XTRA WIDE	RB-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0304	HOSP BED XTRA HVY DTY X WIDE	KR	Yes	0	999	7/1/2020	12/31/9999	1	17.28
E0304	HOSP BED XTRA HVY DTY X WIDE	NU	Yes	0	999	7/1/2020	12/31/9999	1	5,182.88
E0304	HOSP BED XTRA HVY DTY X WIDE	RR	Yes	0	999	7/1/2020	12/31/9999	1	518.29
E0304	HOSP BED XTRA HVY DTY X WIDE	UE	Yes	0	999	7/1/2020	12/31/9999	1	2,591.44
E0304	HOSP BED XTRA HVY DTY X WIDE	RB-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0305	RAILS BED SIDE HALF LENGTH	KR	Yes	0	999	7/1/2020	12/31/9999	2	0.39
E0305	RAILS BED SIDE HALF LENGTH	NU	Yes	0	999	7/1/2020	12/31/9999	2	117.92
E0305	RAILS BED SIDE HALF LENGTH	RR	Yes	0	999	7/1/2020	12/31/9999	2	11.79
E0305	RAILS BED SIDE HALF LENGTH	UE	Yes	0	999	7/1/2020	12/31/9999	2	58.96
E0305	RAILS BED SIDE HALF LENGTH	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0310	RAILS BED SIDE FULL LENGTH	KR	Yes	0	999	7/1/2020	12/31/9999	2	0.40
E0310	RAILS BED SIDE FULL LENGTH	NU	Yes	0	999	7/1/2020	12/31/9999	2	118.63
E0310	RAILS BED SIDE FULL LENGTH	RR	Yes	0	999	7/1/2020	12/31/9999	2	11.86
E0310	RAILS BED SIDE FULL LENGTH	UE	Yes	0	999	7/1/2020	12/31/9999	2	59.32
E0310	RAILS BED SIDE FULL LENGTH	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0325	URINAL MALE JUG-TYPE	NU	Yes	0	999	7/1/2020	12/31/9999	1	8.66
E0326	URINAL, FEMALE, JUG/TYPE, ANY	NU	Yes	0	999	7/1/2020	12/31/9999	1	9.11
E0328	PED HOSPITAL BED, MANUAL	KR	Yes	0	20	4/1/2020	12/31/9999	1	12.36
E0328	PED HOSPITAL BED, MANUAL	NU	Yes	0	20	4/1/2020	12/31/9999	1	4,510.00
E0328	PED HOSPITAL BED, MANUAL	RR	Yes	0	20	4/1/2020	12/31/9999	1	451.00
E0328	PED HOSPITAL BED, MANUAL	UE	Yes	0	20	4/1/2020	12/31/9999	1	2,255.00
E0328	PED HOSPITAL BED, MANUAL	RB-PRICED BY PA	Yes	0	20	1/1/2008	12/31/9999	1	0.00
E0329	PED HOSPITAL BED SEMI/ELECT	KR	Yes	0	20	4/1/2020	12/31/9999	1	16.44
E0329	PED HOSPITAL BED SEMI/ELECT	NU	Yes	0	20	4/1/2020	12/31/9999	1	6,000.00
E0329	PED HOSPITAL BED SEMI/ELECT	RR	Yes	0	20	4/1/2020	12/31/9999	1	600.00
E0329	PED HOSPITAL BED SEMI/ELECT	UE	Yes	0	20	4/1/2020	12/31/9999	1	3,000.00
E0329	PED HOSPITAL BED SEMI/ELECT	RB-PRICED BY PA	Yes	0	20	1/1/2008	12/31/9999	1	0.00
E0371	NONPOWER MATTRESS OVERLAY	KR	Yes	0	20	7/1/2020	12/31/9999	1	8.10
E0371	NONPOWER MATTRESS OVERLAY	NU	Yes	0	20	7/1/2020	12/31/9999	1	2,429.12
E0371	NONPOWER MATTRESS OVERLAY	RR	Yes	0	20	7/1/2020	12/31/9999	1	242.91
E0371	NONPOWER MATTRESS OVERLAY	UE	Yes	0	20	7/1/2020	12/31/9999	1	1,214.56
E0371	NONPOWER MATTRESS OVERLAY	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0372	POWERED OVERLAY MATTRESS	KR	Yes	0	999	7/1/2020	12/31/9999	1	9.23
E0372	POWERED OVERLAY MATTRESS	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,770.48
E0372	POWERED OVERLAY MATTRESS	RR	Yes	0	999	7/1/2020	12/31/9999	1	277.05
E0372	POWERED OVERLAY MATTRESS	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,385.24
E0372	POWERED OVERLAY MATTRESS	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0373	NONPOWERED PRESSURE MATTRESS	KR	Yes	0	20	7/1/2020	12/31/9999	1	10.17
E0373	NONPOWERED PRESSURE MATTRESS	RR	Yes	0	20	7/1/2020	12/31/9999	1	305.21
E0424	STATIONARY COMPRESSED GAS O2	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.65
E0424	STATIONARY COMPRESSED GAS O2	RR	Yes	0	999	7/1/2020	12/31/9999	1	109.42

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0425	GAS SYSTEM STATIONARY COMPRE	RB-PRICED BY PA	Yes	0	999	5/1/1999	12/31/9999	1	0.00
E0425	GAS SYSTEM STATIONARY COMPRE	NU	Yes	0	999	5/1/1999	12/31/9999	1	303.60
E0425	GAS SYSTEM STATIONARY COMPRE	UE	Yes	0	999	5/1/1999	12/31/9999	1	151.80
E0430	OXYGEN SYSTEM GAS PORTABLE	RB-PRICED BY PA	Yes	0	999	5/1/1999	12/31/9999	1	0.00
E0430	OXYGEN SYSTEM GAS PORTABLE	UE	Yes	0	999	5/1/1999	12/31/9999	1	98.28
E0430	OXYGEN SYSTEM GAS PORTABLE	NU	Yes	0	999	1/1/1990	12/31/9999	1	196.56
E0431	PORTABLE GASEOUS O2	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.65
E0431	PORTABLE GASEOUS O2	RR	Yes	0	999	7/1/2020	12/31/9999	1	19.52
E0433	PORTABLE LIQUID OXYGEN SYS	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.20
E0433	PORTABLE LIQUID OXYGEN SYS	RR	Yes	0	999	7/1/2020	12/31/9999	1	35.97
E0433	PORTABLE LIQUID OXYGEN SYS	RB-PRICED BY PA	Yes	0	999	1/1/2010	12/31/9999	1	0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.20
E0434	PORTABLE LIQUID OXYGEN SYSTEM	RR	Yes	0	999	7/1/2020	12/31/9999	1	35.97
E0439	STATIONARY LIQUID O2	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.65
E0439	STATIONARY LIQUID O2	RR	Yes	0	999	7/1/2020	12/31/9999	1	109.42
E0440	OXYGEN SYSTEM LIQUID STATION	NU	Yes	0	999	5/1/1999	12/31/9999	1	303.60
E0440	OXYGEN SYSTEM LIQUID STATION	UE	Yes	0	999	5/1/1999	12/31/9999	1	151.80
E0441	STATIONARY O2 CONTENTS, GAS	NU	Yes	0	999	7/1/2020	12/31/9999	1	52.14
E0442	STATIONARY O2 CONTENTS, LIQ	NU	Yes	0	999	7/1/2020	12/31/9999	1	52.14
E0443	PORTABLE O2 CONTENTS, GAS	NU	Yes	0	999	7/1/2020	12/31/9999	1	50.06
E0444	PORTABLE O2 CONTENTS, LIQUID	NU	Yes	0	999	7/1/2020	12/31/9999	1	50.06
E0445	OXIMETER NON-INVASIVE	KR-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0445	OXIMETER NON-INVASIVE	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0445	OXIMETER NON-INVASIVE	NU-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0445	OXIMETER NON-INVASIVE	RR-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0445	OXIMETER NON-INVASIVE	UE-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0457	CHEST SHELL	KR	Yes	0	999	7/1/2013	12/31/9999	1	1.78
E0457	CHEST SHELL	NU	Yes	0	999	7/1/2013	12/31/9999	1	532.27
E0457	CHEST SHELL	RR	Yes	0	999	7/1/2013	12/31/9999	1	53.22
E0457	CHEST SHELL	UE	Yes	0	999	7/1/2013	12/31/9999	1	266.14
E0457	CHEST SHELL	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0459	CHEST WRAP	KR	Yes	0	999	7/1/2013	12/31/9999	1	1.25
E0459	CHEST WRAP	RR	Yes	0	999	7/1/2013	12/31/9999	1	37.47
E0465	HOME VENT W/ INVASIVE INTERFACE	KR	Yes	0	999	7/1/2020	12/31/9999	2	25.14
E0465	HOME VENT W/ INVASIVE INTERFACE	RR	Yes	0	999	7/1/2020	12/31/9999	2	754.06
E0465	HOME VENT W/ INVASIVE INTERFACE	RB-PRICED BY PA	Yes	0	999	1/1/2016	12/31/9999	1	0.00
E0466	HOME VENT W/ NON-INVASIVE INTERFACE	KR	Yes	0	999	7/1/2020	12/31/9999	2	25.14
E0466	HOME VENT W/ NON-INVASIVE INTERFACE	RR	Yes	0	999	7/1/2020	12/31/9999	2	754.06
E0466	HOME VENT W/ NON-INVASIVE INTERFACE	RB-PRICED BY PA	Yes	0	999	1/1/2016	12/31/9999	1	0.00
E0470	RAD W/O BACKUP NON-INV INTFC	KR	Yes	0	999	7/1/2020	12/31/9999	1	4.67
E0470	RAD W/O BACKUP NON-INV INTFC	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,402.32
E0470	RAD W/O BACKUP NON-INV INTFC	RR	Yes	0	999	7/1/2020	12/31/9999	1	140.23
E0470	RAD W/O BACKUP NON-INV INTFC	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0471	RAD W/BACKUP NON INV INTRFC	KR	Yes	0	999	7/1/2020	12/31/9999	1	11.64
E0471	RAD W/BACKUP NON INV INTRFC	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,493.12
E0471	RAD W/BACKUP NON INV INTRFC	RR	Yes	0	999	7/1/2020	12/31/9999	1	349.31
E0471	RAD W/BACKUP NON INV INTRFC	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E0472	RAD W BACKUP INVASIVE INTRFC	KR	Yes	0	999	7/1/2020	12/31/9999	1	13.59
E0472	RAD W BACKUP INVASIVE INTRFC	NU	Yes	0	999	7/1/2020	12/31/9999	1	4,076.88
E0472	RAD W BACKUP INVASIVE INTRFC	RR	Yes	0	999	7/1/2020	12/31/9999	1	407.69
E0472	RAD W BACKUP INVASIVE INTRFC	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.16
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT	NU	Yes	0	20	7/1/2020	12/31/9999	1	347.20
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT	RR	Yes	0	20	7/1/2020	12/31/9999	1	34.72
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT	UE	Yes	0	20	7/1/2020	12/31/9999	1	173.60
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0482	COUGH STIMULATING DEVICE	KR	Yes	0	999	7/1/2020	12/31/9999	1	11.94
E0482	COUGH STIMULATING DEVICE	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,581.36
E0482	COUGH STIMULATING DEVICE	RR	Yes	0	999	7/1/2020	12/31/9999	1	358.14
E0482	COUGH STIMULATING DEVICE	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,790.68
E0483	CHEST COMPRESSION GEN SYSTEM	NU	Yes	0	999	7/1/2020	12/31/9999	1	9,880.72
E0483	CHEST COMPRESSION GEN SYSTEM	RR	Yes	0	999	7/1/2020	12/31/9999	1	988.07
E0483	CHEST COMPRESSION GEN SYSTEM	RB-PRICED BY PA	Yes	0	999	1/1/2014	12/31/9999	1	0.00
E0484	NON-ELEC OSCILLATORY PEP DVC	NU	Yes	0	999	7/1/2020	12/31/9999	1	34.33
E0500	IPPB MACHINE, ALL TYPES	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.89
E0500	IPPB MACHINE, ALL TYPES	NU	Yes	0	999	7/1/2020	12/31/9999	1	867.04
E0500	IPPB MACHINE, ALL TYPES	RR	Yes	0	999	7/1/2020	12/31/9999	1	86.70
E0500	IPPB MACHINE, ALL TYPES	UE	Yes	0	999	7/1/2020	12/31/9999	1	433.52
E0500	IPPB MACHINE, ALL TYPES	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR	KR-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR	RB-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR	NU-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR	RR-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0555	HUMIDIFIER, DURABLE, GLASS OR	UE-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0561	HUMIDIFIER NONHEATED W PAP	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.25
E0561	HUMIDIFIER NONHEATED W PAP	NU	Yes	0	999	7/1/2020	12/31/9999	1	74.52
E0561	HUMIDIFIER NONHEATED W PAP	RR	Yes	0	999	7/1/2020	12/31/9999	1	7.45
E0561	HUMIDIFIER NONHEATED W PAP	UE	Yes	0	999	7/1/2020	12/31/9999	1	37.26
E0561	HUMIDIFIER NONHEATED W PAP	RB-PRICED BY PA	Yes	0	999	9/1/2007	12/31/9999	1	0.00
E0562	HUMIDIFIER HEATED USED W PAP	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.60
E0562	HUMIDIFIER HEATED USED W PAP	NU	Yes	0	999	7/1/2020	12/31/9999	1	181.14
E0562	HUMIDIFIER HEATED USED W PAP	RR	Yes	0	999	7/1/2020	12/31/9999	1	18.11
E0562	HUMIDIFIER HEATED USED W PAP	UE	Yes	0	999	7/1/2020	12/31/9999	1	90.57
E0562	HUMIDIFIER HEATED USED W PAP	RB-PRICED BY PA	Yes	0	999	5/1/2006	12/31/9999	1	0.00
E0565	COMPRESSOR, AIR POWER SOURCE	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.41
E0565	COMPRESSOR, AIR POWER SOURCE	NU	Yes	0	999	7/1/2020	12/31/9999	1	424.24
E0565	COMPRESSOR, AIR POWER SOURCE	RR	Yes	0	999	7/1/2020	12/31/9999	1	42.42
E0565	COMPRESSOR, AIR POWER SOURCE	UE	Yes	0	999	7/1/2020	12/31/9999	1	212.12

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0565	COMPRESSOR, AIR POWER SOURCE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0570	NEBULIZER WITH COMPRESSION	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.33
E0570	NEBULIZER WITH COMPRESSION	NU	Yes	0	999	7/1/2020	12/31/9999	1	99.92
E0570	NEBULIZER WITH COMPRESSION	RR	Yes	0	999	7/1/2020	12/31/9999	1	9.99
E0570	NEBULIZER WITH COMPRESSION	UE	Yes	0	999	7/1/2020	12/31/9999	1	49.96
E0570	NEBULIZER WITH COMPRESSION	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0575	NEBULIZER ULTRASONIC	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.71
E0575	NEBULIZER ULTRASONIC	NU	Yes	0	999	7/1/2020	12/31/9999	1	812.00
E0575	NEBULIZER ULTRASONIC	RR	Yes	0	999	7/1/2020	12/31/9999	1	81.20
E0575	NEBULIZER ULTRASONIC	UE	Yes	0	999	7/1/2020	12/31/9999	1	406.00
E0575	NEBULIZER ULTRASONIC	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0580	NEBULIZER, FOR USE W/REGULATOR	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.36
E0580	NEBULIZER, FOR USE W/REGULATOR	NU	Yes	0	999	7/1/2020	12/31/9999	1	106.68
E0580	NEBULIZER, FOR USE W/REGULATOR	RR	Yes	0	999	7/1/2020	12/31/9999	1	10.67
E0580	NEBULIZER, FOR USE W/REGULATOR	UE	Yes	0	999	7/1/2020	12/31/9999	1	53.34
E0580	NEBULIZER, FOR USE W/REGULATOR	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0585	NEBULIZER WITH COMPRESSOR	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.87
E0585	NEBULIZER WITH COMPRESSOR	NU	Yes	0	999	7/1/2020	12/31/9999	1	262.00
E0585	NEBULIZER WITH COMPRESSOR	RR	Yes	0	999	7/1/2020	12/31/9999	1	26.20
E0585	NEBULIZER WITH COMPRESSOR	UE	Yes	0	999	7/1/2020	12/31/9999	1	131.00
E0585	NEBULIZER WITH COMPRESSOR	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0600	SUCTION PUMP PORTAB HOM MODL	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.21
E0600	SUCTION PUMP PORTAB HOM MODL	NU	Yes	0	999	7/1/2020	12/31/9999	1	361.68
E0600	SUCTION PUMP PORTAB HOM MODL	RR	Yes	0	999	7/1/2020	12/31/9999	1	36.17
E0600	SUCTION PUMP PORTAB HOM MODL	UE	Yes	0	999	7/1/2020	12/31/9999	1	180.84
E0600	SUCTION PUMP PORTAB HOM MODL	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0601	CONT AIRWAY PRESSURE DEVICE	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.94
E0601	CONT AIRWAY PRESSURE DEVICE	NU	Yes	0	999	7/1/2020	12/31/9999	1	582.32
E0601	CONT AIRWAY PRESSURE DEVICE	RR	Yes	0	999	7/1/2020	12/31/9999	1	58.23
E0601	CONT AIRWAY PRESSURE DEVICE	UE	Yes	0	999	7/1/2020	12/31/9999	1	291.16
E0601	CONT AIRWAY PRESSURE DEVICE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0602	MANUAL BREAST PUMP	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.09
E0602	MANUAL BREAST PUMP	NU	Yes	0	999	7/1/2020	12/31/9999	1	27.43
E0602	MANUAL BREAST PUMP	RR	Yes	0	999	7/1/2020	12/31/9999	1	2.74
E0602	MANUAL BREAST PUMP	RB-PRICED BY PA	Yes	0	999	1/1/2015	12/31/9999	1	0.00
E0603	ELECTRIC BREAST PUMP	KR	Yes	0	999	4/1/2020	12/31/9999	1	0.43
E0603	ELECTRIC BREAST PUMP	NU	Yes	0	999	4/1/2020	12/31/9999	1	157.15
E0603	ELECTRIC BREAST PUMP	RR	Yes	0	999	4/1/2020	12/31/9999	1	15.72
E0603	ELECTRIC BREAST PUMP	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0605	VAPORIZER, ROOM TYPE	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.08
E0605	VAPORIZER, ROOM TYPE	NU	Yes	0	999	7/1/2020	12/31/9999	1	24.55
E0605	VAPORIZER, ROOM TYPE	RR	Yes	0	999	7/1/2020	12/31/9999	1	2.46
E0605	VAPORIZER, ROOM TYPE	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0606	POSTURAL DRAINAGE BOARD	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.71
E0606	POSTURAL DRAINAGE BOARD	NU	Yes	0	999	7/1/2020	12/31/9999	1	213.36
E0606	POSTURAL DRAINAGE BOARD	RR	Yes	0	999	7/1/2020	12/31/9999	1	21.34

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0606	POSTURAL DRAINAGE BOARD	UE	Yes	0	999	7/1/2020	12/31/9999	1	106.68
E0606	POSTURAL DRAINAGE BOARD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0607	BLOOD GLUCOSE MONITOR HOME	NU	No	0	999	7/1/2020	12/31/9999	1	62.10
E0607	BLOOD GLUCOSE MONITOR HOME	UE	No	0	999	7/1/2020	12/31/9999	1	31.05
E0607	BLOOD GLUCOSE MONITOR HOME	RB-PRICED BY PA	No	0	999	10/1/1998	12/31/9999	1	0.00
E0610	PACEMAKER MONITOR, SELF CONTAI	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.74
E0610	PACEMAKER MONITOR, SELF CONTAI	NU	Yes	0	999	7/1/2020	12/31/9999	1	221.06
E0610	PACEMAKER MONITOR, SELF CONTAI	RR	Yes	0	999	7/1/2020	12/31/9999	1	22.11
E0610	PACEMAKER MONITOR, SELF CONTAI	UE	Yes	0	999	7/1/2020	12/31/9999	1	110.53
E0610	PACEMAKER MONITOR, SELF CONTAI	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0615	PACEMAKER MONITOR, SELF CONTAI	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.48
E0615	PACEMAKER MONITOR, SELF CONTAI	NU	Yes	0	999	7/1/2020	12/31/9999	1	444.99
E0615	PACEMAKER MONITOR, SELF CONTAI	RR	Yes	0	999	7/1/2020	12/31/9999	1	44.50
E0615	PACEMAKER MONITOR, SELF CONTAI	UE	Yes	0	999	7/1/2020	12/31/9999	1	222.50
E0615	PACEMAKER MONITOR, SELF CONTAI	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0618	APNEA MONITOR	KR	Yes	0	999	7/1/2020	12/31/9999	1	8.69
E0618	APNEA MONITOR	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,605.76
E0618	APNEA MONITOR	RR	Yes	0	999	7/1/2020	12/31/9999	1	260.58
E0618	APNEA MONITOR	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,302.88
E0618	APNEA MONITOR	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0619	APNEA MONITOR W RECORDER	KR	Yes	0	999	10/1/2003	12/31/9999	1	7.49
E0619	APNEA MONITOR W RECORDER	RB-PRICED BY PA	Yes	0	999	10/1/2003	12/31/9999	1	0.00
E0619	APNEA MONITOR W RECORDER	NU	Yes	0	999	10/1/2003	12/31/9999	1	2,246.92
E0619	APNEA MONITOR W RECORDER	RR	Yes	0	999	10/1/2003	12/31/9999	1	224.62
E0619	APNEA MONITOR W RECORDER	UE	Yes	0	999	10/1/2003	12/31/9999	1	1,123.46
E0627	SEAT LIFT ELEC ANY TYPE	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.89
E0627	SEAT LIFT ELEC ANY TYPE	NU	Yes	0	999	7/1/2020	12/31/9999	1	267.54
E0627	SEAT LIFT ELEC ANY TYPE	RR	Yes	0	999	7/1/2020	12/31/9999	1	26.75
E0627	SEAT LIFT ELEC ANY TYPE	UE	Yes	0	999	7/1/2020	12/31/9999	1	133.77
E0627	SEAT LIFT ELEC ANY TYPE	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	1	0.00
E0630	PATIENT LIFT HYDRAULIC	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.19
E0630	PATIENT LIFT HYDRAULIC	NU	Yes	0	999	7/1/2020	12/31/9999	1	657.36
E0630	PATIENT LIFT HYDRAULIC	RR	Yes	0	999	7/1/2020	12/31/9999	1	65.74
E0630	PATIENT LIFT HYDRAULIC	UE	Yes	0	999	7/1/2020	12/31/9999	1	328.68
E0630	PATIENT LIFT HYDRAULIC	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0635	PATIENT LIFT, ELECTRIC WITH SE	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.59
E0635	PATIENT LIFT, ELECTRIC WITH SE	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,077.44
E0635	PATIENT LIFT, ELECTRIC WITH SE	RR	Yes	0	999	7/1/2020	12/31/9999	1	107.74
E0635	PATIENT LIFT, ELECTRIC WITH SE	UE	Yes	0	999	7/1/2020	12/31/9999	1	538.72
E0635	PATIENT LIFT, ELECTRIC WITH SE	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	5	0.00
E0637	COMBINATION SIT TO STAND SYS	KR	Yes	0	999	4/1/2020	12/31/9999	1	5.97
E0637	COMBINATION SIT TO STAND SYS	NU	Yes	0	999	4/1/2020	12/31/9999	1	2,179.95
E0637	COMBINATION SIT TO STAND SYS	RR	Yes	0	999	4/1/2020	12/31/9999	1	218.00
E0637	COMBINATION SIT TO STAND SYS	UE	Yes	0	999	4/1/2020	12/31/9999	1	1,089.98
E0637	COMBINATION SIT TO STAND SYS	RB-PRICED BY PA	Yes	0	999	6/14/2004	12/31/9999	1	0.00
E0638	STANDING FRAME SYS	KR	Yes	0	999	4/1/2020	12/31/9999	1	5.01

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0638	STANDING FRAME SYS	NU	Yes	0	999	4/1/2020	12/31/9999	1	1,828.17
E0638	STANDING FRAME SYS	RR	Yes	0	999	4/1/2020	12/31/9999	1	182.82
E0638	STANDING FRAME SYS	UE	Yes	0	999	4/1/2020	12/31/9999	1	914.08
E0638	STANDING FRAME SYS	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E0641	MULTI-POSITION STND FRAM SYS	KR	Yes	0	999	4/1/2020	12/31/9999	1	6.00
E0641	MULTI-POSITION STND FRAM SYS	NU	Yes	0	999	4/1/2020	12/31/9999	1	2,190.55
E0641	MULTI-POSITION STND FRAM SYS	RR	Yes	0	999	4/1/2020	12/31/9999	1	219.06
E0641	MULTI-POSITION STND FRAM SYS	UE	Yes	0	999	4/1/2020	12/31/9999	1	1,095.28
E0641	MULTI-POSITION STND FRAM SYS	RB-PRICED BY PA	Yes	0	999	1/1/2006	12/31/9999	1	0.00
E0642	DYNAMIC STANDING FRAME	KR	Yes	0	999	4/1/2020	12/31/9999	1	6.54
E0642	DYNAMIC STANDING FRAME	NU	Yes	0	999	4/1/2020	12/31/9999	1	2,388.91
E0642	DYNAMIC STANDING FRAME	RR	Yes	0	999	4/1/2020	12/31/9999	1	238.89
E0642	DYNAMIC STANDING FRAME	UE	Yes	0	999	4/1/2020	12/31/9999	1	1,194.46
E0642	DYNAMIC STANDING FRAME	RB-PRICED BY PA	Yes	0	999	1/1/2006	12/31/9999	1	0.00
E0650	PNEUMATIC COMPRESSOR, NON SEGM	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.90
E0650	PNEUMATIC COMPRESSOR, NON SEGM	NU	Yes	0	20	7/1/2020	12/31/9999	1	568.95
E0650	PNEUMATIC COMPRESSOR, NON SEGM	RR	Yes	0	20	7/1/2020	12/31/9999	1	56.90
E0650	PNEUMATIC COMPRESSOR, NON SEGM	UE	Yes	0	20	7/1/2020	12/31/9999	1	284.48
E0650	PNEUMATIC COMPRESSOR, NON SEGM	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0651	PNEUMATIC COMPRESSOR, SEGMENTA	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.85
E0651	PNEUMATIC COMPRESSOR, SEGMENTA	NU	Yes	0	999	7/1/2020	12/31/9999	1	853.57
E0651	PNEUMATIC COMPRESSOR, SEGMENTA	RR	Yes	0	999	7/1/2020	12/31/9999	1	85.36
E0651	PNEUMATIC COMPRESSOR, SEGMENTA	UE	Yes	0	999	7/1/2020	12/31/9999	1	426.78
E0651	PNEUMATIC COMPRESSOR, SEGMENTA	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0652	PNEUMATIC COMPRESSOR, SEGMENTA	KR	Yes	0	999	7/1/2020	12/31/9999	1	13.96
E0652	PNEUMATIC COMPRESSOR, SEGMENTA	NU	Yes	0	999	7/1/2020	12/31/9999	1	4,188.06
E0652	PNEUMATIC COMPRESSOR, SEGMENTA	RR	Yes	0	999	7/1/2020	12/31/9999	1	418.81
E0652	PNEUMATIC COMPRESSOR, SEGMENTA	UE	Yes	0	999	7/1/2020	12/31/9999	1	2,094.03
E0652	PNEUMATIC COMPRESSOR, SEGMENTA	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0655	NON SEGMENTAL PNEUMATIC APPLIA	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.28
E0655	NON SEGMENTAL PNEUMATIC APPLIA	NU	Yes	0	20	7/1/2020	12/31/9999	2	85.26
E0655	NON SEGMENTAL PNEUMATIC APPLIA	RR	Yes	0	20	7/1/2020	12/31/9999	2	8.53
E0655	NON SEGMENTAL PNEUMATIC APPLIA	UE	Yes	0	20	7/1/2020	12/31/9999	2	42.63
E0655	NON SEGMENTAL PNEUMATIC APPLIA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.49
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	NU	Yes	0	20	7/1/2020	12/31/9999	2	148.48
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	RR	Yes	0	20	7/1/2020	12/31/9999	2	14.85
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	UE	Yes	0	20	7/1/2020	12/31/9999	2	74.24

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.36
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	NU	Yes	0	20	7/1/2020	12/31/9999	2	108.23
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	RR	Yes	0	20	7/1/2020	12/31/9999	2	10.82
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	UE	Yes	0	20	7/1/2020	12/31/9999	2	54.12
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0666	NON SEGMENTAL PNEUMATIC APPLIA	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.36
E0666	NON SEGMENTAL PNEUMATIC APPLIA	NU	Yes	0	20	7/1/2020	12/31/9999	2	109.10
E0666	NON SEGMENTAL PNEUMATIC APPLIA	RR	Yes	0	20	7/1/2020	12/31/9999	2	10.91
E0666	NON SEGMENTAL PNEUMATIC APPLIA	UE	Yes	0	20	7/1/2020	12/31/9999	2	54.55
E0666	NON SEGMENTAL PNEUMATIC APPLIA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0667	SEGMENTAL PNEUMATIC APPLIANCE	KR	Yes	0	999	7/1/2020	12/31/9999	2	0.85
E0667	SEGMENTAL PNEUMATIC APPLIANCE	NU	Yes	0	999	7/1/2020	12/31/9999	2	255.78
E0667	SEGMENTAL PNEUMATIC APPLIANCE	RR	Yes	0	999	7/1/2020	12/31/9999	2	25.58
E0667	SEGMENTAL PNEUMATIC APPLIANCE	UE	Yes	0	999	7/1/2020	12/31/9999	2	127.89
E0668	SEGMENTAL PNEUMATIC APPLIANCE	KR	Yes	0	999	7/1/2020	12/31/9999	2	1.16
E0668	SEGMENTAL PNEUMATIC APPLIANCE	NU	Yes	0	999	7/1/2020	12/31/9999	2	349.08
E0668	SEGMENTAL PNEUMATIC APPLIANCE	RR	Yes	0	999	7/1/2020	12/31/9999	2	34.91
E0668	SEGMENTAL PNEUMATIC APPLIANCE	UE	Yes	0	999	7/1/2020	12/31/9999	2	174.54
E0668	SEGMENTAL PNEUMATIC APPLIANCE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0669	SEGMENTAL PNEUMATIC APPLIANCE	KR	Yes	0	999	7/1/2020	12/31/9999	2	0.57
E0669	SEGMENTAL PNEUMATIC APPLIANCE	NU	Yes	0	999	7/1/2020	12/31/9999	2	170.38
E0669	SEGMENTAL PNEUMATIC APPLIANCE	RR	Yes	0	999	7/1/2020	12/31/9999	2	17.04
E0669	SEGMENTAL PNEUMATIC APPLIANCE	UE	Yes	0	999	7/1/2020	12/31/9999	2	85.19
E0669	SEGMENTAL PNEUMATIC APPLIANCE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0670	SEG PNEUM INT LEGS/TRUNK	KR	Yes	0	20	7/1/2020	12/31/9999	1	3.43
E0670	SEG PNEUM INT LEGS/TRUNK	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,030.00
E0670	SEG PNEUM INT LEGS/TRUNK	RR	Yes	0	20	7/1/2020	12/31/9999	1	103.00
E0670	SEG PNEUM INT LEGS/TRUNK	UE	Yes	0	20	7/1/2020	12/31/9999	1	515.00
E0670	SEG PNEUM INT LEGS/TRUNK	RB-PRICED BY PA	Yes	0	20	1/1/2013	12/31/9999	1	0.00
E0671	SEGMENTAL GRADIENT PRESSURE PN	KR	Yes	0	20	7/1/2020	12/31/9999	2	1.29
E0671	SEGMENTAL GRADIENT PRESSURE PN	NU	Yes	0	20	7/1/2020	12/31/9999	2	386.02
E0671	SEGMENTAL GRADIENT PRESSURE PN	RR	Yes	0	20	7/1/2020	12/31/9999	2	38.60
E0671	SEGMENTAL GRADIENT PRESSURE PN	UE	Yes	0	20	7/1/2020	12/31/9999	2	193.01
E0671	SEGMENTAL GRADIENT PRESSURE PN	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0672	SEGMENTAL PRESSURE PNEUMATIC	KR	Yes	0	20	7/1/2020	12/31/9999	2	1.00
E0672	SEGMENTAL PRESSURE PNEUMATIC	NU	Yes	0	20	7/1/2020	12/31/9999	2	299.93
E0672	SEGMENTAL PRESSURE PNEUMATIC	RR	Yes	0	20	7/1/2020	12/31/9999	2	29.99
E0672	SEGMENTAL PRESSURE PNEUMATIC	UE	Yes	0	20	7/1/2020	12/31/9999	2	149.96
E0672	SEGMENTAL PRESSURE PNEUMATIC	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0673	SEGMENTAL GRADIENT PRESSURE	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.83
E0673	SEGMENTAL GRADIENT PRESSURE	NU	Yes	0	20	7/1/2020	12/31/9999	2	249.23
E0673	SEGMENTAL GRADIENT PRESSURE	RR	Yes	0	20	7/1/2020	12/31/9999	2	24.92
E0673	SEGMENTAL GRADIENT PRESSURE	UE	Yes	0	20	7/1/2020	12/31/9999	2	124.62
E0673	SEGMENTAL GRADIENT PRESSURE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0676	Inter limb compress dev NOS	NU-PRICED BY PA	Yes	0	20	1/1/2007	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0691	UVL PNL 2 SQ FT OR LESS	KR	Yes	0	20	7/1/2020	12/31/9999	1	2.78
E0691	UVL PNL 2 SQ FT OR LESS	NU	Yes	0	20	7/1/2020	12/31/9999	1	835.14
E0691	UVL PNL 2 SQ FT OR LESS	RR	Yes	0	20	7/1/2020	12/31/9999	1	83.51
E0691	UVL PNL 2 SQ FT OR LESS	UE	Yes	0	20	7/1/2020	12/31/9999	1	417.57
E0691	UVL PNL 2 SQ FT OR LESS	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
E0692	UVL SYS PANEL 4 FT	KR	Yes	0	20	7/1/2020	12/31/9999	1	3.50
E0692	UVL SYS PANEL 4 FT	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,048.71
E0692	UVL SYS PANEL 4 FT	RR	Yes	0	20	7/1/2020	12/31/9999	1	104.87
E0692	UVL SYS PANEL 4 FT	UE	Yes	0	20	7/1/2020	12/31/9999	1	524.36
E0692	UVL SYS PANEL 4 FT	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
E0693	UVL SYS PANEL 6 FT	KR	Yes	0	20	7/1/2020	12/31/9999	1	4.31
E0693	UVL SYS PANEL 6 FT	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,292.76
E0693	UVL SYS PANEL 6 FT	RR	Yes	0	20	7/1/2020	12/31/9999	1	129.28
E0693	UVL SYS PANEL 6 FT	UE	Yes	0	20	7/1/2020	12/31/9999	1	646.38
E0693	UVL SYS PANEL 6 FT	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
E0694	UVL MD CABINET SYS 6 FT	KR	Yes	0	20	7/1/2020	12/31/9999	1	13.72
E0694	UVL MD CABINET SYS 6 FT	NU	Yes	0	20	7/1/2020	12/31/9999	1	4,114.74
E0694	UVL MD CABINET SYS 6 FT	RR	Yes	0	20	7/1/2020	12/31/9999	1	411.47
E0694	UVL MD CABINET SYS 6 FT	UE	Yes	0	20	7/1/2020	12/31/9999	1	2,057.37
E0694	UVL MD CABINET SYS 6 FT	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
E0705	TRANSFER DEVICE	NU	Yes	0	999	7/1/2020	12/31/9999	1	45.66
E0720	TENS TWO LEAD	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.67
E0720	TENS TWO LEAD	NU	Yes	0	999	7/1/2020	12/31/9999	1	199.82
E0720	TENS TWO LEAD	RR	Yes	0	999	7/1/2020	12/31/9999	1	19.98
E0720	TENS TWO LEAD	UE	Yes	0	999	7/1/2020	12/31/9999	1	99.91
E0720	TENS TWO LEAD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0730	TENS FOUR LEAD	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.67
E0730	TENS FOUR LEAD	NU	Yes	0	999	7/1/2020	12/31/9999	1	201.50
E0730	TENS FOUR LEAD	RR	Yes	0	999	7/1/2020	12/31/9999	1	20.15
E0730	TENS FOUR LEAD	UE	Yes	0	999	7/1/2020	12/31/9999	1	100.75
E0730	TENS FOUR LEAD	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0731	FORM FITTING CONDUCTIVE GARMEN	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.67
E0731	FORM FITTING CONDUCTIVE GARMEN	NU	Yes	0	999	7/1/2020	12/31/9999	1	202.08
E0731	FORM FITTING CONDUCTIVE GARMEN	RR	Yes	0	999	7/1/2020	12/31/9999	1	20.21
E0731	FORM FITTING CONDUCTIVE GARMEN	UE	Yes	0	999	7/1/2020	12/31/9999	1	101.04
E0744	NEUROMUSCULAR ELECTRICAL STIMU	KR	Yes	0	20	7/1/2020	12/31/9999	1	2.41
E0744	NEUROMUSCULAR ELECTRICAL STIMU	RR	Yes	0	20	7/1/2020	12/31/9999	1	72.34
E0745	NEUROMUSCULAR STIMULATOR, ELEC	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.36
E0745	NEUROMUSCULAR STIMULATOR, ELEC	RR	Yes	0	999	7/1/2020	12/31/9999	1	70.72
E0746	EMG/ BIOFEEDBACK DEVICE	KR	Yes	0	999	10/1/1998	12/31/9999	1	0.99
E0746	EMG/ BIOFEEDBACK DEVICE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0746	EMG/ BIOFEEDBACK DEVICE	NU	Yes	0	999	10/1/1998	12/31/9999	1	296.25
E0746	EMG/ BIOFEEDBACK DEVICE	RR	Yes	0	999	10/1/1998	12/31/9999	1	29.63
E0746	EMG/ BIOFEEDBACK DEVICE	UE	Yes	0	999	10/1/1998	12/31/9999	1	148.13
E0747	ELEC OSTEOGEN STIM NOT SPINE	KR	Yes	0	20	7/1/2020	12/31/9999	1	12.13
E0747	ELEC OSTEOGEN STIM NOT SPINE	RR	Yes	0	20	7/1/2020	12/31/9999	1	363.96
E0748	OSTEGENESIS STIMULATOR, ELECT	KR	Yes	0	20	7/1/2020	12/31/9999	1	12.05
E0748	OSTEGENESIS STIMULATOR, ELECT	NU	Yes	0	20	7/1/2020	12/31/9999	1	3,616.00
E0748	OSTEGENESIS STIMULATOR, ELECT	RR	Yes	0	20	7/1/2020	12/31/9999	1	361.60

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0748	OSTEGENESIS STIMULATOR, ELECT	UE	Yes	0	20	7/1/2020	12/31/9999	1	1,808.00
E0755	ELECTRONIC SALIVARY REFLEX STI	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0755	ELECTRONIC SALIVARY REFLEX STI	NU	Yes	0	20	10/1/1998	12/31/9999	1	31.96
E0755	ELECTRONIC SALIVARY REFLEX STI	UE	Yes	0	20	10/1/1998	12/31/9999	1	15.98
E0760	OSTOGENESIS STIMULATOR, LOW	KR	Yes	0	999	7/1/2020	12/31/9999	1	10.02
E0760	OSTOGENESIS STIMULATOR, LOW	RR	Yes	0	999	7/1/2020	12/31/9999	1	300.48
E0762	RANS ELEC JT STIM DEV SYS	KR	Yes	0	20	7/1/2020	12/31/9999	1	3.41
E0762	RANS ELEC JT STIM DEV SYS	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,021.92
E0762	RANS ELEC JT STIM DEV SYS	RR	Yes	0	20	7/1/2020	12/31/9999	1	102.19
E0762	RANS ELEC JT STIM DEV SYS	UE	Yes	0	20	7/1/2020	12/31/9999	1	510.96
E0762	RANS ELEC JT STIM DEV SYS	RB-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
E0770	FUNCTIONAL ELECTRIC STIM NOS	KR-PRICED BY PA	Yes	0	20	1/1/2009	12/31/9999	1	0.00
E0770	FUNCTIONAL ELECTRIC STIM NOS	RR-PRICED BY PA	Yes	0	20	1/1/2009	12/31/9999	1	0.00
E0776	IV POLE	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.42
E0776	IV POLE	NU	Yes	0	999	7/1/2020	12/31/9999	1	125.05
E0776	IV POLE	RR	Yes	0	999	7/1/2020	12/31/9999	1	12.50
E0776	IV POLE	UE	Yes	0	999	7/1/2020	12/31/9999	1	62.52
E0776	IV POLE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	2	0.00
E0781	EXTERNAL AMBULATORY INFUS PU	KR	Yes	0	999	7/1/2020	12/31/9999	1	6.98
E0781	EXTERNAL AMBULATORY INFUS PU	RR	Yes	0	999	7/1/2020	12/31/9999	1	209.54
E0784	EXTERNAL AMBULATORY INFUSION	KR	Yes	0	999	7/1/2020	12/31/9999	1	12.39
E0784	EXTERNAL AMBULATORY INFUSION	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,717.04
E0784	EXTERNAL AMBULATORY INFUSION	RR	Yes	0	999	7/1/2020	12/31/9999	1	371.70
E0784	EXTERNAL AMBULATORY INFUSION	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,858.52
E0784	EXTERNAL AMBULATORY INFUSION	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0791	PARENTERAL INFUSION PUMP, STAT	KR	Yes	0	999	7/1/2020	12/31/9999	1	8.07
E0791	PARENTERAL INFUSION PUMP, STAT	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,419.52
E0791	PARENTERAL INFUSION PUMP, STAT	RR	Yes	0	999	7/1/2020	12/31/9999	1	241.95
E0791	PARENTERAL INFUSION PUMP, STAT	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,209.76
E0791	PARENTERAL INFUSION PUMP, STAT	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0840	TRACT FRAME ATTACH HEADBOARD	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.23
E0840	TRACT FRAME ATTACH HEADBOARD	NU	Yes	0	999	7/1/2020	12/31/9999	1	68.10
E0840	TRACT FRAME ATTACH HEADBOARD	RR	Yes	0	999	7/1/2020	12/31/9999	1	6.81
E0840	TRACT FRAME ATTACH HEADBOARD	UE	Yes	0	999	7/1/2020	12/31/9999	1	34.05
E0840	TRACT FRAME ATTACH HEADBOARD	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0849	CERVICAL PNEUM TRAC EQUIP	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.60
E0849	CERVICAL PNEUM TRAC EQUIP	NU	Yes	0	999	7/1/2020	12/31/9999	1	478.96
E0849	CERVICAL PNEUM TRAC EQUIP	RR	Yes	0	999	7/1/2020	12/31/9999	1	47.90
E0849	CERVICAL PNEUM TRAC EQUIP	UE	Yes	0	999	7/1/2020	12/31/9999	1	239.48
E0849	CERVICAL PNEUM TRAC EQUIP	RB-PRICED BY PA	Yes	0	999	1/1/2005	12/31/9999	1	0.00
E0850	TRACTION STAND FREE STANDING	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.33
E0850	TRACTION STAND FREE STANDING	NU	Yes	0	999	7/1/2020	12/31/9999	1	97.63
E0850	TRACTION STAND FREE STANDING	RR	Yes	0	999	7/1/2020	12/31/9999	1	9.76
E0850	TRACTION STAND FREE STANDING	UE	Yes	0	999	7/1/2020	12/31/9999	1	48.82
E0850	TRACTION STAND FREE STANDING	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0855	CERVICAL TRACTION EQUIPMENT NO	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.56

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0855	CERVICAL TRACTION EQUIPMENT NO	NU	Yes	0	999	7/1/2020	12/31/9999	1	467.12
E0855	CERVICAL TRACTION EQUIPMENT NO	RR	Yes	0	999	7/1/2020	12/31/9999	1	46.71
E0855	CERVICAL TRACTION EQUIPMENT NO	UE	Yes	0	999	7/1/2020	12/31/9999	1	233.56
E0855	CERVICAL TRACTION EQUIPMENT NO	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E0856	CERVICAL TRACTION DEVICE	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.48
E0856	CERVICAL TRACTION DEVICE	NU	Yes	0	999	7/1/2020	12/31/9999	1	143.04
E0856	CERVICAL TRACTION DEVICE	RR	Yes	0	999	7/1/2020	12/31/9999	1	14.30
E0856	CERVICAL TRACTION DEVICE	UE	Yes	0	999	7/1/2020	12/31/9999	1	71.52
E0860	TRACT EQUIP CERVICAL TRACT	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.12
E0860	TRACT EQUIP CERVICAL TRACT	NU	Yes	0	999	7/1/2020	12/31/9999	1	35.82
E0860	TRACT EQUIP CERVICAL TRACT	RR	Yes	0	999	7/1/2020	12/31/9999	1	3.58
E0860	TRACT EQUIP CERVICAL TRACT	UE	Yes	0	999	7/1/2020	12/31/9999	1	17.91
E0860	TRACT EQUIP CERVICAL TRACT	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0870	TRACTION FRAME, ATTACHED TO FO	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.31
E0870	TRACTION FRAME, ATTACHED TO FO	NU	Yes	0	20	7/1/2020	12/31/9999	1	91.89
E0870	TRACTION FRAME, ATTACHED TO FO	RR	Yes	0	20	7/1/2020	12/31/9999	1	9.19
E0870	TRACTION FRAME, ATTACHED TO FO	UE	Yes	0	20	7/1/2020	12/31/9999	1	45.94
E0870	TRACTION FRAME, ATTACHED TO FO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0880	TRAC STAND FREE STAND EXTREM	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.33
E0880	TRAC STAND FREE STAND EXTREM	NU	Yes	0	20	7/1/2020	12/31/9999	1	99.18
E0880	TRAC STAND FREE STAND EXTREM	RR	Yes	0	20	7/1/2020	12/31/9999	1	9.92
E0880	TRAC STAND FREE STAND EXTREM	UE	Yes	0	20	7/1/2020	12/31/9999	1	49.59
E0880	TRAC STAND FREE STAND EXTREM	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0890	TRACTION FRAME ATTACH PELVIC	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.32
E0890	TRACTION FRAME ATTACH PELVIC	NU	Yes	0	999	7/1/2020	12/31/9999	1	95.11
E0890	TRACTION FRAME ATTACH PELVIC	RR	Yes	0	999	7/1/2020	12/31/9999	1	9.51
E0890	TRACTION FRAME ATTACH PELVIC	UE	Yes	0	999	7/1/2020	12/31/9999	1	47.56
E0890	TRACTION FRAME ATTACH PELVIC	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0900	TRAC STAND FREE STAND PELVIC	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.34
E0900	TRAC STAND FREE STAND PELVIC	NU	Yes	0	999	7/1/2020	12/31/9999	1	101.22
E0900	TRAC STAND FREE STAND PELVIC	RR	Yes	0	999	7/1/2020	12/31/9999	1	10.12
E0900	TRAC STAND FREE STAND PELVIC	UE	Yes	0	999	7/1/2020	12/31/9999	1	50.61
E0900	TRAC STAND FREE STAND PELVIC	RB-PRICED BY PA	Yes	0	999	5/1/1999	12/31/9999	1	0.00
E0910	TRAPEZE BAR ATTACHED TO BED	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.40
E0910	TRAPEZE BAR ATTACHED TO BED	NU	Yes	0	999	7/1/2020	12/31/9999	1	118.72
E0910	TRAPEZE BAR ATTACHED TO BED	RR	Yes	0	999	7/1/2020	12/31/9999	1	11.87
E0910	TRAPEZE BAR ATTACHED TO BED	UE	Yes	0	999	7/1/2020	12/31/9999	1	59.36
E0910	TRAPEZE BAR ATTACHED TO BED	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0911	D TRAPEZE BAR ATTACH TO BED	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.27
E0911	D TRAPEZE BAR ATTACH TO BED	NU	Yes	0	999	7/1/2020	12/31/9999	1	382.08
E0911	D TRAPEZE BAR ATTACH TO BED	RR	Yes	0	999	7/1/2020	12/31/9999	1	38.21
E0911	D TRAPEZE BAR ATTACH TO BED	UE	Yes	0	999	7/1/2020	12/31/9999	1	191.04
E0911	D TRAPEZE BAR ATTACH TO BED	RB-PRICED BY PA	Yes	0	999	1/1/2006	12/31/9999	1	0.00
E0912	D TRAPEZE BAR FREE STANDING	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.71
E0912	D TRAPEZE BAR FREE STANDING	NU	Yes	0	999	7/1/2020	12/31/9999	1	812.56
E0912	D TRAPEZE BAR FREE STANDING	RR	Yes	0	999	7/1/2020	12/31/9999	1	81.26
E0912	D TRAPEZE BAR FREE STANDING	UE	Yes	0	999	7/1/2020	12/31/9999	1	406.28

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0912	D TRAPEZE BAR FREE STANDING	RB-PRICED BY PA	Yes	0	999	1/1/2006	12/31/9999	1	0.00
E0940	TRAPEZE BAR FREE STANDING	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.70
E0940	TRAPEZE BAR FREE STANDING	NU	Yes	0	999	7/1/2020	12/31/9999	1	209.52
E0940	TRAPEZE BAR FREE STANDING	RR	Yes	0	999	7/1/2020	12/31/9999	1	20.95
E0940	TRAPEZE BAR FREE STANDING	UE	Yes	0	999	7/1/2020	12/31/9999	1	104.76
E0940	TRAPEZE BAR FREE STANDING	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E0941	GRAVITY ASSISTED TRACTION DEVI	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.14
E0941	GRAVITY ASSISTED TRACTION DEVI	NU	Yes	0	20	7/1/2020	12/31/9999	1	342.88
E0941	GRAVITY ASSISTED TRACTION DEVI	RR	Yes	0	20	7/1/2020	12/31/9999	1	34.29
E0941	GRAVITY ASSISTED TRACTION DEVI	UE	Yes	0	20	7/1/2020	12/31/9999	1	171.44
E0941	GRAVITY ASSISTED TRACTION DEVI	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E0950	TRAY	NU	Yes	0	999	7/1/2020	12/31/9999	1	74.15
E0950	TRAY	UE	Yes	0	999	7/1/2020	12/31/9999	1	37.08
E0951	LOOP HEEL	NU	Yes	0	999	7/1/2020	12/31/9999	2	12.07
E0951	LOOP HEEL	UE	Yes	0	999	7/1/2020	12/31/9999	2	6.04
E0952	TOE LOOP/HOLDER, EACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	14.13
E0952	TOE LOOP/HOLDER, EACH	UE	Yes	0	20	7/1/2020	12/31/9999	2	7.06
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	NU	Yes	0	20	7/1/2020	12/31/9999	1	360.56
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	UE	Yes	0	20	7/1/2020	12/31/9999	1	180.28
E0959	AMPUTEE ADAPTER	NU	Yes	0	20	7/1/2020	12/31/9999	2	39.07
E0959	AMPUTEE ADAPTER	UE	Yes	0	20	7/1/2020	12/31/9999	2	19.54
E0961	WHEELCHAIR BRAKE EXTENSION	NU	Yes	0	20	7/1/2020	12/31/9999	2	20.50
E0961	WHEELCHAIR BRAKE EXTENSION	UE	Yes	0	20	7/1/2020	12/31/9999	2	10.25
E0966	WHEELCHAIR HEAD REST EXTENSI	NU	Yes	0	20	7/1/2020	12/31/9999	1	56.38
E0966	WHEELCHAIR HEAD REST EXTENSI	UE	Yes	0	20	7/1/2020	12/31/9999	1	28.19
E0967	MAN WC RIM/PROJECTION REP EA	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.04
E0967	MAN WC RIM/PROJECTION REP EA	UE	Yes	0	20	7/1/2020	12/31/9999	2	30.52
E0968	COMMODE SEAT, WHEELCHAIR	NU	Yes	0	20	7/1/2020	12/31/9999	1	166.56
E0968	COMMODE SEAT, WHEELCHAIR	UE	Yes	0	20	7/1/2020	12/31/9999	1	83.28
E0969	NARROWING DEVICE, WHEELCHAIR	NU	Yes	0	20	7/1/2020	12/31/9999	1	145.57
E0969	NARROWING DEVICE, WHEELCHAIR	UE	Yes	0	20	7/1/2020	12/31/9999	1	72.78
E0970	NO.2 FOOTPLATES, EXCEPT FOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	31.24
E0970	NO.2 FOOTPLATES, EXCEPT FOR	UE	Yes	0	20	7/1/2020	12/31/9999	2	15.62
E0971	WHEELCHAIR ANTI-TIPPING DEVI	NU	Yes	0	999	7/1/2020	12/31/9999	2	33.06
E0971	WHEELCHAIR ANTI-TIPPING DEVI	UE	Yes	0	999	7/1/2020	12/31/9999	2	16.53
E0973	W/CH ACCESS DET ADJ ARMREST	NU	Yes	0	999	7/1/2020	12/31/9999	2	61.94
E0973	W/CH ACCESS DET ADJ ARMREST	UE	Yes	0	999	7/1/2020	12/31/9999	2	30.97
E0974	W/CH ACCESS ANTI-ROLLBACK	NU	Yes	0	20	7/1/2020	12/31/9999	2	67.78
E0974	W/CH ACCESS ANTI-ROLLBACK	UE	Yes	0	20	7/1/2020	12/31/9999	2	33.89
E0978	W/C ACC,SAF BELT PELV STRAP	NU	Yes	0	999	7/1/2020	12/31/9999	1	27.55
E0978	W/C ACC,SAF BELT PELV STRAP	UE	Yes	0	999	7/1/2020	12/31/9999	1	13.78
E0980	SAFETY VEST, WHEELCHAIR	NU	Yes	0	20	7/1/2020	12/31/9999	1	30.28
E0980	SAFETY VEST, WHEELCHAIR	UE	Yes	0	20	7/1/2020	12/31/9999	1	15.14
E0990	WHELLCHAIR ELEVATING LEG RES	NU	Yes	0	999	7/1/2020	12/31/9999	2	69.95
E0990	WHELLCHAIR ELEVATING LEG RES	UE	Yes	0	999	7/1/2020	12/31/9999	2	34.98
E0992	WHEELCHAIR SOLID SEAT INSERT	NU	Yes	0	20	7/1/2020	12/31/9999	1	77.77
E0992	WHEELCHAIR SOLID SEAT INSERT	UE	Yes	0	20	7/1/2020	12/31/9999	1	38.88
E0994	ARM REST, EACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	13.93
E0994	ARM REST, EACH	UE	Yes	0	20	7/1/2020	12/31/9999	2	6.96
E0995	WC CALF REST, PAD REPLACEMNT	NU	Yes	0	20	7/1/2020	12/31/9999	2	20.70
E0995	WC CALF REST, PAD REPLACEMNT	UE	Yes	0	20	7/1/2020	12/31/9999	2	10.35
E1012	WHLCHR CNTR MNT ELEV LEG REST EA	KR	Yes	0	20	7/1/2020	12/31/9999	1	3.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1012	WHLCHR CNTR MNT ELEV LEG REST EA	NU	Yes	0	20	7/1/2020	12/31/9999	1	899.76
E1012	WHLCHR CNTR MNT ELEV LEG REST EA	RR	Yes	0	20	7/1/2020	12/31/9999	1	89.98
E1012	WHLCHR CNTR MNT ELEV LEG REST EA	UE	Yes	0	20	7/1/2020	12/31/9999	1	449.88
E1012	WHLCHR CNTR MNT ELEV LEG REST EA	RB-PRICED BY PA	Yes	0	20	1/1/2016	12/31/9999	1	0.00
E1020	RESIDUAL LIMB SUPPORT SYSTEM	NU	Yes	0	20	7/1/2020	12/31/9999	2	174.08
E1020	RESIDUAL LIMB SUPPORT SYSTEM	UE	Yes	0	20	7/1/2020	12/31/9999	2	87.04
E1031	ROLL ABOUT CHAIR, ANY AND ALL	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.27
E1031	ROLL ABOUT CHAIR, ANY AND ALL	NU	Yes	0	20	7/1/2020	12/31/9999	1	382.32
E1031	ROLL ABOUT CHAIR, ANY AND ALL	RR	Yes	0	20	7/1/2020	12/31/9999	1	38.23
E1031	ROLL ABOUT CHAIR, ANY AND ALL	UE	Yes	0	20	7/1/2020	12/31/9999	1	191.16
E1031	ROLL ABOUT CHAIR, ANY AND ALL	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E1037	TRANSPORT CHAIR, PED SIZE	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.21
E1037	TRANSPORT CHAIR, PED SIZE	NU	Yes	0	999	7/1/2020	12/31/9999	1	962.16
E1037	TRANSPORT CHAIR, PED SIZE	RR	Yes	0	999	7/1/2020	12/31/9999	1	96.22
E1037	TRANSPORT CHAIR, PED SIZE	UE	Yes	0	999	7/1/2020	12/31/9999	1	481.08
E1037	TRANSPORT CHAIR, PED SIZE	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	10	0.00
E1038	TRANSPORT CHAIR PT WT<=300LB	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.49
E1038	TRANSPORT CHAIR PT WT<=300LB	NU	Yes	0	999	7/1/2020	12/31/9999	1	146.40
E1038	TRANSPORT CHAIR PT WT<=300LB	RR	Yes	0	999	7/1/2020	12/31/9999	1	14.64
E1038	TRANSPORT CHAIR PT WT<=300LB	UE	Yes	0	999	7/1/2020	12/31/9999	1	73.20
E1038	TRANSPORT CHAIR PT WT<=300LB	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	15	0.00
E1039	TRANSPORT CHAIR PT WT >300LB	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.00
E1039	TRANSPORT CHAIR PT WT >300LB	NU	Yes	0	999	7/1/2020	12/31/9999	1	299.68
E1039	TRANSPORT CHAIR PT WT >300LB	RR	Yes	0	999	7/1/2020	12/31/9999	1	29.97
E1039	TRANSPORT CHAIR PT WT >300LB	UE	Yes	0	999	7/1/2020	12/31/9999	1	149.84
E1039	TRANSPORT CHAIR PT WT >300LB	RB-PRICED BY PA	Yes	0	999	9/1/2018	12/31/9999	20	0.00
E1050	WHELCHR FXD FULL LENGTH ARMS	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.68
E1050	WHELCHR FXD FULL LENGTH ARMS	NU	Yes	0	999	7/1/2020	12/31/9999	1	804.56
E1050	WHELCHR FXD FULL LENGTH ARMS	RR	Yes	0	999	7/1/2020	12/31/9999	1	80.46
E1050	WHELCHR FXD FULL LENGTH ARMS	UE	Yes	0	999	7/1/2020	12/31/9999	1	402.28
E1060	WHEELCHAIR DETACHABLE ARMS	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.32
E1060	WHEELCHAIR DETACHABLE ARMS	NU	Yes	0	999	7/1/2020	12/31/9999	1	995.84
E1060	WHEELCHAIR DETACHABLE ARMS	RR	Yes	0	999	7/1/2020	12/31/9999	1	99.58
E1060	WHEELCHAIR DETACHABLE ARMS	UE	Yes	0	999	7/1/2020	12/31/9999	1	497.92
E1060	WHEELCHAIR DETACHABLE ARMS	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1070	WHEELCHAIR DETACHABLE FOOT R	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.88
E1070	WHEELCHAIR DETACHABLE FOOT R	NU	Yes	0	999	7/1/2020	12/31/9999	1	865.36
E1070	WHEELCHAIR DETACHABLE FOOT R	RR	Yes	0	999	7/1/2020	12/31/9999	1	86.54
E1070	WHEELCHAIR DETACHABLE FOOT R	UE	Yes	0	999	7/1/2020	12/31/9999	1	432.68
E1070	WHEELCHAIR DETACHABLE FOOT R	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1083	HEMI WHEELCHAIR; FIXED FULL	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.07
E1083	HEMI WHEELCHAIR; FIXED FULL	NU	Yes	0	999	7/1/2020	12/31/9999	1	622.08
E1083	HEMI WHEELCHAIR; FIXED FULL	RR	Yes	0	999	7/1/2020	12/31/9999	1	62.21
E1083	HEMI WHEELCHAIR; FIXED FULL	UE	Yes	0	999	7/1/2020	12/31/9999	1	311.04
E1083	HEMI WHEELCHAIR; FIXED FULL	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1084	HEMI WHEELCHAIR; DETACHABLE AR	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.58
E1084	HEMI WHEELCHAIR; DETACHABLE AR	NU	Yes	0	999	7/1/2020	12/31/9999	1	774.96
E1084	HEMI WHEELCHAIR; DETACHABLE AR	RR	Yes	0	999	7/1/2020	12/31/9999	1	77.50

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1084	HEMI WHEELCHAIR; DETACHABLE AR	UE	Yes	0	999	7/1/2020	12/31/9999	1	387.48
E1084	HEMI WHEELCHAIR; DETACHABLE AR	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1085	HWTMI WHEELCHAIR; FIXED FULL LE	NU	Yes	0	999	5/1/1999	12/31/9999	1	471.32
E1085	HWTMI WHEELCHAIR; FIXED FULL LE	UE	Yes	0	999	5/1/1999	12/31/9999	1	235.66
E1085	HWTMI WHEELCHAIR; FIXED FULL LE	KR	Yes	0	999	10/1/1998	12/31/9999	1	1.57
E1085	HWTMI WHEELCHAIR; FIXED FULL LE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1085	HWTMI WHEELCHAIR; FIXED FULL LE	RR	Yes	0	999	10/1/1998	12/31/9999	1	47.13
E1086	HEMI WHEELCHAIR; DETACHABLE	NU	Yes	0	999	5/1/1999	12/31/9999	1	572.38
E1086	HEMI WHEELCHAIR; DETACHABLE	KR	Yes	0	999	10/1/1998	12/31/9999	1	1.91
E1086	HEMI WHEELCHAIR; DETACHABLE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1086	HEMI WHEELCHAIR; DETACHABLE	RR	Yes	0	999	10/1/1998	12/31/9999	1	57.24
E1086	HEMI WHEELCHAIR; DETACHABLE	UE	Yes	0	999	10/1/1998	12/31/9999	1	286.21
E1087	WHEELCHAIR LIGHTWT FIXED ARM	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.33
E1087	WHEELCHAIR LIGHTWT FIXED ARM	NU	Yes	0	999	7/1/2020	12/31/9999	1	999.60
E1087	WHEELCHAIR LIGHTWT FIXED ARM	RR	Yes	0	999	7/1/2020	12/31/9999	1	99.96
E1087	WHEELCHAIR LIGHTWT FIXED ARM	UE	Yes	0	999	7/1/2020	12/31/9999	1	499.80
E1087	WHEELCHAIR LIGHTWT FIXED ARM	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1088	HIGH STRENGTH LIGHTWEIGHT WHE	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.97
E1088	HIGH STRENGTH LIGHTWEIGHT WHE	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,191.12
E1088	HIGH STRENGTH LIGHTWEIGHT WHE	RR	Yes	0	999	7/1/2020	12/31/9999	1	119.11
E1088	HIGH STRENGTH LIGHTWEIGHT WHE	UE	Yes	0	999	7/1/2020	12/31/9999	1	595.56
E1088	HIGH STRENGTH LIGHTWEIGHT WHE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1089	HIGH STRENGTH WHEELCHAIR, FIXE	NU	Yes	0	999	5/1/1999	12/31/9999	1	818.58
E1089	HIGH STRENGTH WHEELCHAIR, FIXE	UE	Yes	0	999	5/1/1999	12/31/9999	1	409.29
E1089	HIGH STRENGTH WHEELCHAIR, FIXE	KR	Yes	0	999	10/1/1998	12/31/9999	1	2.73
E1089	HIGH STRENGTH WHEELCHAIR, FIXE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1089	HIGH STRENGTH WHEELCHAIR, FIXE	RR	Yes	0	999	10/1/1998	12/31/9999	1	81.86
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE	KR	Yes	0	999	5/1/1999	12/31/9999	1	3.09
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE	NU	Yes	0	999	5/1/1999	12/31/9999	1	927.36
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE	RR	Yes	0	999	5/1/1999	12/31/9999	1	92.74
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE	UE	Yes	0	999	5/1/1999	12/31/9999	1	463.68
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1092	WIDE HEAVY DUTY WHEELCHAIR, D	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.90
E1092	WIDE HEAVY DUTY WHEELCHAIR, D	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,168.96
E1092	WIDE HEAVY DUTY WHEELCHAIR, D	RR	Yes	0	999	7/1/2020	12/31/9999	1	116.90
E1092	WIDE HEAVY DUTY WHEELCHAIR, D	UE	Yes	0	999	7/1/2020	12/31/9999	1	584.48
E1092	WIDE HEAVY DUTY WHEELCHAIR, D	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1093	WIDE HEAVY DUTY WHEELCHAIR; D	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.34
E1093	WIDE HEAVY DUTY WHEELCHAIR; D	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,002.16
E1093	WIDE HEAVY DUTY WHEELCHAIR; D	RR	Yes	0	999	7/1/2020	12/31/9999	1	100.22
E1093	WIDE HEAVY DUTY WHEELCHAIR; D	UE	Yes	0	999	7/1/2020	12/31/9999	1	501.08
E1093	WIDE HEAVY DUTY WHEELCHAIR; D	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1100	SEMI-RECLINING WHEELCHAIR; FIX	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.73
E1100	SEMI-RECLINING WHEELCHAIR; FIX	NU	Yes	0	999	7/1/2020	12/31/9999	1	820.00
E1100	SEMI-RECLINING WHEELCHAIR; FIX	RR	Yes	0	999	7/1/2020	12/31/9999	1	82.00
E1100	SEMI-RECLINING WHEELCHAIR; FIX	UE	Yes	0	999	7/1/2020	12/31/9999	1	410.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1100	SEMI-RECLINING WHEELCHAIR; FIX	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1110	SEMI-RECLINING WHEELCHAIR, DET	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.68
E1110	SEMI-RECLINING WHEELCHAIR, DET	NU	Yes	0	999	7/1/2020	12/31/9999	1	803.04
E1110	SEMI-RECLINING WHEELCHAIR, DET	RR	Yes	0	999	7/1/2020	12/31/9999	1	80.30
E1110	SEMI-RECLINING WHEELCHAIR, DET	UE	Yes	0	999	7/1/2020	12/31/9999	1	401.52
E1110	SEMI-RECLINING WHEELCHAIR, DET	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1130	WHLCHR STAND FXD ARM FT REST	KR	Yes	0	999	5/1/1999	12/31/9999	1	1.06
E1130	WHLCHR STAND FXD ARM FT REST	NU	Yes	0	999	5/1/1999	12/31/9999	1	318.02
E1130	WHLCHR STAND FXD ARM FT REST	RR	Yes	0	999	5/1/1999	12/31/9999	1	31.80
E1130	WHLCHR STAND FXD ARM FT REST	UE	Yes	0	999	5/1/1999	12/31/9999	1	159.01
E1130	WHLCHR STAND FXD ARM FT REST	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1140	WHEELCHAIR STANDARD DETACH A	KR	Yes	0	999	5/1/1999	12/31/9999	1	1.63
E1140	WHEELCHAIR STANDARD DETACH A	NU	Yes	0	999	5/1/1999	12/31/9999	1	489.22
E1140	WHEELCHAIR STANDARD DETACH A	RR	Yes	0	999	5/1/1999	12/31/9999	1	48.92
E1140	WHEELCHAIR STANDARD DETACH A	UE	Yes	0	999	5/1/1999	12/31/9999	1	244.61
E1140	WHEELCHAIR STANDARD DETACH A	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1150	WHEELCHAIR STANDARD W/ LEG R	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.15
E1150	WHEELCHAIR STANDARD W/ LEG R	NU	Yes	0	999	7/1/2020	12/31/9999	1	644.40
E1150	WHEELCHAIR STANDARD W/ LEG R	RR	Yes	0	999	7/1/2020	12/31/9999	1	64.44
E1150	WHEELCHAIR STANDARD W/ LEG R	UE	Yes	0	999	7/1/2020	12/31/9999	1	322.20
E1150	WHEELCHAIR STANDARD W/ LEG R	RB-PRICED BY PA	Yes	0	999	7/1/1987	12/31/9999	1	0.00
E1160	WHEELCHAIR FIXED ARMS	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.65
E1160	WHEELCHAIR FIXED ARMS	NU	Yes	0	999	7/1/2020	12/31/9999	1	493.84
E1160	WHEELCHAIR FIXED ARMS	RR	Yes	0	999	7/1/2020	12/31/9999	1	49.38
E1160	WHEELCHAIR FIXED ARMS	UE	Yes	0	999	7/1/2020	12/31/9999	1	246.92
E1160	WHEELCHAIR FIXED ARMS	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1161	MANUAL ADULT WC W TILTINSPAC	KR	Yes	0	999	7/1/2020	12/31/9999	1	7.33
E1161	MANUAL ADULT WC W TILTINSPAC	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,198.96
E1161	MANUAL ADULT WC W TILTINSPAC	RR	Yes	0	999	7/1/2020	12/31/9999	1	219.90
E1161	MANUAL ADULT WC W TILTINSPAC	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,099.48
E1170	WHLCHR AMPU FXD ARM LEG REST	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.35
E1170	WHLCHR AMPU FXD ARM LEG REST	NU	Yes	0	999	7/1/2020	12/31/9999	1	705.60
E1170	WHLCHR AMPU FXD ARM LEG REST	RR	Yes	0	999	7/1/2020	12/31/9999	1	70.56
E1170	WHLCHR AMPU FXD ARM LEG REST	UE	Yes	0	999	7/1/2020	12/31/9999	1	352.80
E1170	WHLCHR AMPU FXD ARM LEG REST	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1171	WHEELCHAIR AMPUTEE W/O LEG R	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.11
E1171	WHEELCHAIR AMPUTEE W/O LEG R	NU	Yes	0	999	7/1/2020	12/31/9999	1	633.12
E1171	WHEELCHAIR AMPUTEE W/O LEG R	RR	Yes	0	999	7/1/2020	12/31/9999	1	63.31
E1171	WHEELCHAIR AMPUTEE W/O LEG R	UE	Yes	0	999	7/1/2020	12/31/9999	1	316.56
E1171	WHEELCHAIR AMPUTEE W/O LEG R	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1172	AMPUTEE, WHEELCHAIR, DETACHABL	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.58
E1172	AMPUTEE, WHEELCHAIR, DETACHABL	NU	Yes	0	999	7/1/2020	12/31/9999	1	774.00
E1172	AMPUTEE, WHEELCHAIR, DETACHABL	RR	Yes	0	999	7/1/2020	12/31/9999	1	77.40
E1172	AMPUTEE, WHEELCHAIR, DETACHABL	UE	Yes	0	999	7/1/2020	12/31/9999	1	387.00
E1172	AMPUTEE, WHEELCHAIR, DETACHABL	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.67
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	NU	Yes	0	999	7/1/2020	12/31/9999	1	800.48

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	RR	Yes	0	999	7/1/2020	12/31/9999	1	80.05
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	UE	Yes	0	999	7/1/2020	12/31/9999	1	400.24
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.08
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	NU	Yes	0	999	7/1/2020	12/31/9999	1	924.88
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	RR	Yes	0	999	7/1/2020	12/31/9999	1	92.49
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	UE	Yes	0	999	7/1/2020	12/31/9999	1	462.44
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1195	HEAVY DUTY WHEELCHAIR, FIXED F	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.31
E1195	HEAVY DUTY WHEELCHAIR, FIXED F	NU	Yes	0	999	7/1/2020	12/31/9999	1	992.40
E1195	HEAVY DUTY WHEELCHAIR, FIXED F	RR	Yes	0	999	7/1/2020	12/31/9999	1	99.24
E1195	HEAVY DUTY WHEELCHAIR, FIXED F	UE	Yes	0	999	7/1/2020	12/31/9999	1	496.20
E1195	HEAVY DUTY WHEELCHAIR, FIXED F	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1200	AMPUTEE WHEELCHAIR, FIXED FULL	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.29
E1200	AMPUTEE WHEELCHAIR, FIXED FULL	NU	Yes	0	999	7/1/2020	12/31/9999	1	687.36
E1200	AMPUTEE WHEELCHAIR, FIXED FULL	RR	Yes	0	999	7/1/2020	12/31/9999	1	68.74
E1200	AMPUTEE WHEELCHAIR, FIXED FULL	UE	Yes	0	999	7/1/2020	12/31/9999	1	343.68
E1200	AMPUTEE WHEELCHAIR, FIXED FULL	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1220	CUSTOM WHEELCHAIR AND/OR SEAT	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1220	CUSTOM WHEELCHAIR AND/OR SEAT	NU-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1221	WHEELCHAIR W/FIXED ARM, FTREST	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.47
E1221	WHEELCHAIR W/FIXED ARM, FTREST	NU	Yes	0	999	7/1/2020	12/31/9999	1	441.60
E1221	WHEELCHAIR W/FIXED ARM, FTREST	RR	Yes	0	999	7/1/2020	12/31/9999	1	44.16
E1221	WHEELCHAIR W/FIXED ARM, FTREST	UE	Yes	0	999	7/1/2020	12/31/9999	1	220.80
E1222	WHLCHR W/FIXED ARM,ELEVA LGRST	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.10
E1222	WHLCHR W/FIXED ARM,ELEVA LGRST	NU	Yes	0	999	7/1/2020	12/31/9999	1	629.92
E1222	WHLCHR W/FIXED ARM,ELEVA LGRST	RR	Yes	0	999	7/1/2020	12/31/9999	1	62.99
E1222	WHLCHR W/FIXED ARM,ELEVA LGRST	UE	Yes	0	999	7/1/2020	12/31/9999	1	314.96
E1223	WHLCHR W/DETCHABLE ARMS, FTRST	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.29
E1223	WHLCHR W/DETCHABLE ARMS, FTRST	NU	Yes	0	999	7/1/2020	12/31/9999	1	687.92
E1223	WHLCHR W/DETCHABLE ARMS, FTRST	RR	Yes	0	999	7/1/2020	12/31/9999	1	68.79
E1223	WHLCHR W/DETCHABLE ARMS, FTRST	UE	Yes	0	999	7/1/2020	12/31/9999	1	343.96
E1224	WHLCHR W/DETCHABLE ARMS, LGRST	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.51
E1224	WHLCHR W/DETCHABLE ARMS, LGRST	NU	Yes	0	999	7/1/2020	12/31/9999	1	754.16
E1224	WHLCHR W/DETCHABLE ARMS, LGRST	RR	Yes	0	999	7/1/2020	12/31/9999	1	75.42
E1224	WHLCHR W/DETCHABLE ARMS, LGRST	UE	Yes	0	999	7/1/2020	12/31/9999	1	377.08
E1225	MANUAL SEMI-RECLINING BACK	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.17
E1225	MANUAL SEMI-RECLINING BACK	NU	Yes	0	999	7/1/2020	12/31/9999	1	349.52
E1225	MANUAL SEMI-RECLINING BACK	RR	Yes	0	999	7/1/2020	12/31/9999	1	34.95
E1225	MANUAL SEMI-RECLINING BACK	UE	Yes	0	999	7/1/2020	12/31/9999	1	174.76
E1226	RECLINING BACK ADD PED W/C	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.38
E1226	RECLINING BACK ADD PED W/C	NU	Yes	0	999	7/1/2020	12/31/9999	1	415.27
E1226	RECLINING BACK ADD PED W/C	RR	Yes	0	999	7/1/2020	12/31/9999	1	41.53
E1226	RECLINING BACK ADD PED W/C	UE	Yes	0	999	7/1/2020	12/31/9999	1	207.64
E1227	SPECIAL HEIGHT ARMS FOR WHEEL	NU	Yes	0	999	7/1/2020	12/31/9999	1	257.91
E1228	SPECIAL BACK HEIGHT FOR WHEEL	NU	Yes	0	999	7/1/2020	12/31/9999	1	221.44
E1230	POWER OPERATED VEHICLE (THREE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,786.79
E1230	POWER OPERATED VEHICLE (THREE	UE	Yes	0	20	7/1/2020	12/31/9999	1	893.40
E1230	POWER OPERATED VEHICLE (THREE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1232	FOLDING PED WC TILT-IN-SPACE	KR	Yes	0	20	7/1/2020	12/31/9999	1	6.63
E1232	FOLDING PED WC TILT-IN-SPACE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,987.60
E1232	FOLDING PED WC TILT-IN-SPACE	RR	Yes	0	20	7/1/2020	12/31/9999	1	198.76
E1232	FOLDING PED WC TILT-IN-SPACE	UE	Yes	0	20	7/1/2020	12/31/9999	1	993.80
E1233	RIG PED WC TLTNSPC W/O SEAT	KR	Yes	0	20	7/1/2020	12/31/9999	1	6.86
E1233	RIG PED WC TLTNSPC W/O SEAT	NU	Yes	0	20	7/1/2020	12/31/9999	1	2,059.28
E1233	RIG PED WC TLTNSPC W/O SEAT	RR	Yes	0	20	7/1/2020	12/31/9999	1	205.93
E1233	RIG PED WC TLTNSPC W/O SEAT	UE	Yes	0	20	7/1/2020	12/31/9999	1	1,029.64
E1234	FLD PED WC TLTNSPC W/O SEAT	KR	Yes	0	20	7/1/2020	12/31/9999	1	5.98
E1234	FLD PED WC TLTNSPC W/O SEAT	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,792.80
E1234	FLD PED WC TLTNSPC W/O SEAT	RR	Yes	0	20	7/1/2020	12/31/9999	1	179.28
E1234	FLD PED WC TLTNSPC W/O SEAT	UE	Yes	0	20	7/1/2020	12/31/9999	1	896.40
E1235	RIGID PED WC ADJUSTABLE	KR	Yes	0	20	7/1/2020	12/31/9999	1	5.75
E1235	RIGID PED WC ADJUSTABLE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,726.40
E1235	RIGID PED WC ADJUSTABLE	RR	Yes	0	20	7/1/2020	12/31/9999	1	172.64
E1235	RIGID PED WC ADJUSTABLE	UE	Yes	0	20	7/1/2020	12/31/9999	1	863.20
E1236	FOLDING PED WC ADJUSTABLE	KR	Yes	0	20	7/1/2020	12/31/9999	1	5.08
E1236	FOLDING PED WC ADJUSTABLE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,523.04
E1236	FOLDING PED WC ADJUSTABLE	RR	Yes	0	20	7/1/2020	12/31/9999	1	152.30
E1236	FOLDING PED WC ADJUSTABLE	UE	Yes	0	20	7/1/2020	12/31/9999	1	761.52
E1237	RGD PED WC ADJSTABL W/O SEAT	KR	Yes	0	20	7/1/2020	12/31/9999	1	5.12
E1237	RGD PED WC ADJSTABL W/O SEAT	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,536.32
E1237	RGD PED WC ADJSTABL W/O SEAT	RR	Yes	0	20	7/1/2020	12/31/9999	1	153.63
E1237	RGD PED WC ADJSTABL W/O SEAT	UE	Yes	0	20	7/1/2020	12/31/9999	1	768.16
E1238	FLD PED WC ADJSTABL W/O SEAT	KR	Yes	0	20	7/1/2020	12/31/9999	1	5.08
E1238	FLD PED WC ADJSTABL W/O SEAT	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,523.04
E1238	FLD PED WC ADJSTABL W/O SEAT	RR	Yes	0	20	7/1/2020	12/31/9999	1	152.30
E1238	FLD PED WC ADJSTABL W/O SEAT	UE	Yes	0	20	7/1/2020	12/31/9999	1	761.52
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.71
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC	NU	Yes	0	999	7/1/2020	12/31/9999	1	813.92
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC	RR	Yes	0	999	7/1/2020	12/31/9999	1	81.39
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC	UE	Yes	0	999	7/1/2020	12/31/9999	1	406.96
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.73
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED	NU	Yes	0	999	5/1/1999	12/31/9999	1	517.61
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED	RR	Yes	0	999	5/1/1999	12/31/9999	1	51.76
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED	UE	Yes	0	999	5/1/1999	12/31/9999	1	258.80
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH	KR	Yes	0	999	5/1/1999	12/31/9999	1	2.12
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH	NU	Yes	0	999	5/1/1999	12/31/9999	1	634.79
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH	RR	Yes	0	999	5/1/1999	12/31/9999	1	63.48
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH	UE	Yes	0	999	5/1/1999	12/31/9999	1	317.39
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.08
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED	NU	Yes	0	999	7/1/2020	12/31/9999	1	623.60
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED	RR	Yes	0	999	7/1/2020	12/31/9999	1	62.36
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED	UE	Yes	0	999	7/1/2020	12/31/9999	1	311.80
E1280	WHCHR H-DUTY DET ARM LEG RES	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.46
E1280	WHCHR H-DUTY DET ARM LEG RES	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,036.96
E1280	WHCHR H-DUTY DET ARM LEG RES	RR	Yes	0	999	7/1/2020	12/31/9999	1	103.70
E1280	WHCHR H-DUTY DET ARM LEG RES	UE	Yes	0	999	7/1/2020	12/31/9999	1	518.48

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1280	WHCHR H-DUTY DET ARM LEG RES	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1285	HEAVY DUTY WHEELCHAIR; FIXED F	KR	Yes	0	999	5/1/1999	12/31/9999	1	2.74
E1285	HEAVY DUTY WHEELCHAIR; FIXED F	NU	Yes	0	999	5/1/1999	12/31/9999	1	821.35
E1285	HEAVY DUTY WHEELCHAIR; FIXED F	RR	Yes	0	999	5/1/1999	12/31/9999	1	82.14
E1285	HEAVY DUTY WHEELCHAIR; FIXED F	UE	Yes	0	999	5/1/1999	12/31/9999	1	410.68
E1285	HEAVY DUTY WHEELCHAIR; FIXED F	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1290	WHEELCHAIR HVY DUTY DETACH A	KR	Yes	0	999	5/1/1999	12/31/9999	1	2.84
E1290	WHEELCHAIR HVY DUTY DETACH A	NU	Yes	0	999	5/1/1999	12/31/9999	1	852.26
E1290	WHEELCHAIR HVY DUTY DETACH A	RR	Yes	0	999	5/1/1999	12/31/9999	1	85.23
E1290	WHEELCHAIR HVY DUTY DETACH A	UE	Yes	0	999	5/1/1999	12/31/9999	1	426.13
E1290	WHEELCHAIR HVY DUTY DETACH A	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1295	HEAVY DUTY WHEELCHAIR, FIXED F	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.20
E1295	HEAVY DUTY WHEELCHAIR, FIXED F	NU	Yes	0	999	7/1/2020	12/31/9999	1	959.52
E1295	HEAVY DUTY WHEELCHAIR, FIXED F	RR	Yes	0	999	7/1/2020	12/31/9999	1	95.95
E1295	HEAVY DUTY WHEELCHAIR, FIXED F	UE	Yes	0	999	7/1/2020	12/31/9999	1	479.76
E1295	HEAVY DUTY WHEELCHAIR, FIXED F	RB-PRICED BY PA	Yes	0	999	10/1/1998	12/31/9999	1	0.00
E1296	SPECIAL WHEELCHAIR; SEAT HEIGH	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.52
E1296	SPECIAL WHEELCHAIR; SEAT HEIGH	NU	Yes	0	999	7/1/2020	12/31/9999	1	456.94
E1296	SPECIAL WHEELCHAIR; SEAT HEIGH	RR	Yes	0	999	7/1/2020	12/31/9999	1	45.69
E1296	SPECIAL WHEELCHAIR; SEAT HEIGH	UE	Yes	0	999	7/1/2020	12/31/9999	1	228.47
E1297	WHEELCHAIR SPECIAL SEAT DEPT	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.32
E1297	WHEELCHAIR SPECIAL SEAT DEPT	NU	Yes	0	999	7/1/2020	12/31/9999	1	97.22
E1297	WHEELCHAIR SPECIAL SEAT DEPT	RR	Yes	0	999	7/1/2020	12/31/9999	1	9.72
E1297	WHEELCHAIR SPECIAL SEAT DEPT	UE	Yes	0	999	7/1/2020	12/31/9999	1	48.61
E1297	WHEELCHAIR SPECIAL SEAT DEPT	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1298	SPECIAL WHEELCHAIR; SEAT HEIGH	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.31
E1298	SPECIAL WHEELCHAIR; SEAT HEIGH	NU	Yes	0	999	7/1/2020	12/31/9999	1	393.75
E1298	SPECIAL WHEELCHAIR; SEAT HEIGH	RR	Yes	0	999	7/1/2020	12/31/9999	1	39.38
E1298	SPECIAL WHEELCHAIR; SEAT HEIGH	UE	Yes	0	999	7/1/2020	12/31/9999	1	196.88
E1300	WHIRLPOOL, PORTABLE (OVERBED	KR	Yes	0	20	10/1/1998	12/31/9999	1	0.20
E1300	WHIRLPOOL, PORTABLE (OVERBED	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E1300	WHIRLPOOL, PORTABLE (OVERBED	NU	Yes	0	20	10/1/1998	12/31/9999	1	59.25
E1300	WHIRLPOOL, PORTABLE (OVERBED	RR	Yes	0	20	10/1/1998	12/31/9999	1	5.93
E1300	WHIRLPOOL, PORTABLE (OVERBED	UE	Yes	0	20	10/1/1998	12/31/9999	1	29.63
E1390	OXYGEN CONCENTRATOR	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.65
E1390	OXYGEN CONCENTRATOR	RR	Yes	0	999	7/1/2020	12/31/9999	1	109.42
E1391	OXYGEN CONCENTRATOR	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.65
E1391	OXYGEN CONCENTRATOR	RR	Yes	0	999	7/1/2020	12/31/9999	1	109.42
E1392	Portable oxygen concentrator	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.20
E1392	Portable oxygen concentrator	RR	Yes	0	999	7/1/2020	12/31/9999	1	35.97
E1399	DURABLE MEDICAL EQUIPMENT MI	KR-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1399	DURABLE MEDICAL EQUIPMENT MI	RB-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1399	DURABLE MEDICAL EQUIPMENT MI	NU-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1399	DURABLE MEDICAL EQUIPMENT MI	RR-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00
E1399	DURABLE MEDICAL EQUIPMENT MI	UE-PRICED BY PA	Yes	0	999	1/1/1983	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1405	OXYGEN AND VAPOR ENRICHING SYS	KR	Yes	0	999	7/1/2020	12/31/9999	1	4.53
E1405	OXYGEN AND VAPOR ENRICHING SYS	RR	Yes	0	999	7/1/2020	12/31/9999	1	135.82
E1406	OXYGEN AND WATER ENRICHING SYS	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.99
E1406	OXYGEN AND WATER ENRICHING SYS	RR	Yes	0	999	7/1/2020	12/31/9999	1	119.62
E1700	JAW MOTION REHABILITATION SYST	NU	Yes	0	20	7/1/2020	12/31/9999	1	320.56
E1700	JAW MOTION REHABILITATION SYST	UE	Yes	0	20	7/1/2020	12/31/9999	1	160.28
E1700	JAW MOTION REHABILITATION SYST	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
E1701	REPLACEMENT CUSHIONS FPR JAW M	NU	Yes	0	20	7/1/2020	12/31/9999	3	8.37
E1702	REPLACEMENT MEASURING SCALES	NU	Yes	0	20	7/1/2020	12/31/9999	1	17.82
E1800	ADJUST ELBOW EXT/FLEX DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.23
E1800	ADJUST ELBOW EXT/FLEX DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	967.76
E1800	ADJUST ELBOW EXT/FLEX DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	96.78
E1800	ADJUST ELBOW EXT/FLEX DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	483.88
E1801	SPS ELBOW DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.58
E1801	SPS ELBOW DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,074.48
E1801	SPS ELBOW DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	107.45
E1801	SPS ELBOW DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	537.24
E1805	ADJUST WRIST EXT/FLEX DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.33
E1805	ADJUST WRIST EXT/FLEX DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	998.16
E1805	ADJUST WRIST EXT/FLEX DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	99.82
E1805	ADJUST WRIST EXT/FLEX DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	499.08
E1806	SPS WRIST DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	2.94
E1806	SPS WRIST DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	881.76
E1806	SPS WRIST DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	88.18
E1806	SPS WRIST DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	440.88
E1810	ADJUST KNEE EXT/FLEX DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.28
E1810	ADJUST KNEE EXT/FLEX DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	984.24
E1810	ADJUST KNEE EXT/FLEX DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	98.42
E1810	ADJUST KNEE EXT/FLEX DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	492.12
E1811	SPS KNEE DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.72
E1811	SPS KNEE DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,117.12
E1811	SPS KNEE DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	111.71
E1811	SPS KNEE DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	558.56
E1812	NEE EXT/FLEX W ACT RES CTRL	KR	Yes	0	20	7/1/2020	12/31/9999	2	2.66
E1812	NEE EXT/FLEX W ACT RES CTRL	NU	Yes	0	20	7/1/2020	12/31/9999	2	799.20
E1812	NEE EXT/FLEX W ACT RES CTRL	RR	Yes	0	20	7/1/2020	12/31/9999	2	79.92
E1812	NEE EXT/FLEX W ACT RES CTRL	UE	Yes	0	20	7/1/2020	12/31/9999	2	399.60
E1815	ADJUST ANKLE EXT/FLEX DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.33
E1815	ADJUST ANKLE EXT/FLEX DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	998.16
E1815	ADJUST ANKLE EXT/FLEX DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	99.82
E1815	ADJUST ANKLE EXT/FLEX DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	499.08
E1816	SPS ANKLE DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.78
E1816	SPS ANKLE DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,134.32
E1816	SPS ANKLE DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	113.43
E1816	SPS ANKLE DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	567.16
E1818	SPS FOREARM DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.86
E1818	SPS FOREARM DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,158.40
E1818	SPS FOREARM DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	115.84
E1818	SPS FOREARM DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	579.20
E1820	SOFT INTERFACE MATERIAL	KR	Yes	0	20	7/1/2020	12/31/9999	2	0.25
E1820	SOFT INTERFACE MATERIAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	75.98
E1820	SOFT INTERFACE MATERIAL	RR	Yes	0	20	7/1/2020	12/31/9999	2	7.60
E1820	SOFT INTERFACE MATERIAL	UE	Yes	0	20	7/1/2020	12/31/9999	2	37.99

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1821	REPLACEMENT INTERFACE SPSPD	KR	Yes	0	20	7/1/2020	12/31/9999	1	0.33
E1821	REPLACEMENT INTERFACE SPSPD	NU	Yes	0	20	7/1/2020	12/31/9999	1	97.81
E1821	REPLACEMENT INTERFACE SPSPD	RR	Yes	0	20	7/1/2020	12/31/9999	1	9.78
E1821	REPLACEMENT INTERFACE SPSPD	UE	Yes	0	20	7/1/2020	12/31/9999	1	48.90
E1825	ADJUST FINGER EXT/FLEX DEVC	KR	Yes	0	20	7/1/2020	12/31/9999	3	3.33
E1825	ADJUST FINGER EXT/FLEX DEVC	NU	Yes	0	20	7/1/2020	12/31/9999	3	998.16
E1825	ADJUST FINGER EXT/FLEX DEVC	RR	Yes	0	20	7/1/2020	12/31/9999	3	99.82
E1825	ADJUST FINGER EXT/FLEX DEVC	UE	Yes	0	20	7/1/2020	12/31/9999	3	499.08
E1830	ADJUST TOE EXT/FLEX DEVICE	KR	Yes	0	20	7/1/2020	12/31/9999	2	3.33
E1830	ADJUST TOE EXT/FLEX DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	998.16
E1830	ADJUST TOE EXT/FLEX DEVICE	RR	Yes	0	20	7/1/2020	12/31/9999	2	99.82
E1830	ADJUST TOE EXT/FLEX DEVICE	UE	Yes	0	20	7/1/2020	12/31/9999	2	499.08
E2000	GASTRIC SUCTION PUMP HME MDL	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.44
E2000	GASTRIC SUCTION PUMP HME MDL	NU	Yes	0	20	7/1/2020	12/31/9999	1	431.52
E2000	GASTRIC SUCTION PUMP HME MDL	RR	Yes	0	20	7/1/2020	12/31/9999	1	43.15
E2000	GASTRIC SUCTION PUMP HME MDL	UE	Yes	0	20	7/1/2020	12/31/9999	1	215.76
E2100	BLD GLUCOSE MONITOR W VOICE	KR	Yes	0	20	7/1/2020	12/31/9999	1	1.99
E2100	BLD GLUCOSE MONITOR W VOICE	NU	Yes	0	20	7/1/2020	12/31/9999	1	597.77
E2100	BLD GLUCOSE MONITOR W VOICE	RR	Yes	0	20	7/1/2020	12/31/9999	1	59.78
E2100	BLD GLUCOSE MONITOR W VOICE	UE	Yes	0	20	7/1/2020	12/31/9999	1	298.88
E2208	YLINDER TANK CARRIER	NU	Yes	0	999	7/1/2020	12/31/9999	1	80.06
E2359	PWR W/C ACC, GR 34 SEALED LEAD ACID BATT	NU	Yes	0	999	7/1/2020	12/31/9999	2	151.86
E2361	22NF SEALED LEADACID BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	2	104.78
E2363	GR24 SEALED LEADACID BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	2	136.34
E2365	U1 SEALED LEADACID BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	2	77.54
E2366	BATTERY CHARGER, SINGLE MODE	NU	Yes	0	999	7/1/2020	12/31/9999	1	172.10
E2371	R27 SEALED LEADACID BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	2	119.74
E2397	PWC ACC, LITH-BASED BATTERY EA	NU	Yes	0	999	7/1/2020	12/31/9999	1	381.42
E2402	NEG PRESS WOUND THERAPY PUMP	KR	Yes	0	999	7/1/2020	12/31/9999	1	32.44
E2402	NEG PRESS WOUND THERAPY PUMP	NU	Yes	0	999	7/1/2020	12/31/9999	1	9,732.48
E2402	NEG PRESS WOUND THERAPY PUMP	RR	Yes	0	999	7/1/2020	12/31/9999	1	973.25
E2500	SGD DIGITIZED PRE-REC <=8MIN	NU	Yes	0	999	7/1/2020	12/31/9999	1	363.43
E2500	SGD DIGITIZED PRE-REC <=8MIN	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2502	SGD PREREC MSG >8MIN <=20MIN	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,111.35
E2502	SGD PREREC MSG >8MIN <=20MIN	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2504	SGD PREREC MSG>20MIN <=40MIN	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,466.04
E2504	SGD PREREC MSG>20MIN <=40MIN	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2506	SGD PREREC MSG > 40 MIN	NU	Yes	0	999	7/1/2020	12/31/9999	1	2,149.65
E2506	SGD PREREC MSG > 40 MIN	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2508	SGD SPELLING PHYS CONTACT	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,324.07
E2508	SGD SPELLING PHYS CONTACT	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2510	SGD W MULTI METHODS MSG/ACCS	NU	Yes	0	999	7/1/2020	12/31/9999	1	6,290.37
E2510	SGD W MULTI METHODS MSG/ACCS	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2511	SGD SFTWRE PRGRM FOR PC/PDA	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2511	SGD SFTWRE PRGRM FOR PC/PDA	NU-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2512	SGD ACCESSORY, MOUNTING SYS	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E2512	SGD ACCESSORY, MOUNTING SYS	NU-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2599	SGD ACCESSORY NOC	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2599	SGD ACCESSORY NOC	NU-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
E2601	GEN W/C CUSHION WIDTH < 22 IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	41.04
E2602	GEN W/C CUSHION WIDTH >=22 IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	83.50
E2603	SKIN PROTECT WC CUS WD <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	104.44
E2604	SKIN PROTECT WC CUS WD>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	137.39
E2605	POSITION WC CUSH WIDTH <22 IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	197.05
E2606	POSITION WC CUSH WIDTH>=22 IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	311.29
E2607	SKIN PRO/POS WC CUS WD <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	202.50
E2608	SKIN PRO/POS WC CUS WD>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	248.27
E2609	CUSTOM FABRICATE W/C CUSHION	NU-PRICED BY PA	Yes	0	999	1/1/2005	12/31/9999	1	0.00
E2610	POWERED W/C CUSHION	NU-PRICED BY PA	Yes	0	999	1/1/2005	12/31/9999	1	0.00
E2611	GEN USE BACK CUSH WIDTH <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	191.61
E2612	GEN USE BACK CUSH WIDTH>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	299.02
E2613	POSITION BACK CUSH WD <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	288.76
E2614	POSITION BACK CUSH WD>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	411.65
E2615	POS BACK POST/LAT WIDTH <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	330.98
E2616	POS BACK POST/LAT WIDTH>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	445.54
E2617	CUSTOM FAB W/C BACK CUSHION	NU-PRICED BY PA	Yes	0	999	1/1/2005	12/31/9999	1	0.00
E2619	REPLACE COVER W/C SEAT CUSH	NU	Yes	0	999	7/1/2020	12/31/9999	2	40.00
E2620	WC PLANAR BACK CUSH WD <22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	379.94
E2621	WC PLANAR BACK CUSH WD>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	420.42
E2622	ADJ SKIN PRO W/C CUS WD<22IN	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.85
E2622	ADJ SKIN PRO W/C CUS WD<22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	256.14
E2622	ADJ SKIN PRO W/C CUS WD<22IN	RR	Yes	0	999	7/1/2020	12/31/9999	1	25.61
E2622	ADJ SKIN PRO W/C CUS WD<22IN	UE	Yes	0	999	7/1/2020	12/31/9999	1	128.07
E2622	ADJ SKIN PRO W/C CUS WD<22IN	RB-PRICED BY PA	Yes	0	999	1/1/2011	12/31/9999	1	0.00
E2623	ADJ SKIN PRO WC CUS WD>=22IN	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.08
E2623	ADJ SKIN PRO WC CUS WD>=22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	324.94
E2623	ADJ SKIN PRO WC CUS WD>=22IN	RR	Yes	0	999	7/1/2020	12/31/9999	1	32.49
E2623	ADJ SKIN PRO WC CUS WD>=22IN	UE	Yes	0	999	7/1/2020	12/31/9999	1	162.47
E2623	ADJ SKIN PRO WC CUS WD>=22IN	RB-PRICED BY PA	Yes	0	999	1/1/2011	12/31/9999	1	0.00
E2624	ADJ SKIN PRO/POS CUS<22IN	KR	Yes	0	999	7/1/2020	12/31/9999	1	0.86
E2624	ADJ SKIN PRO/POS CUS<22IN	NU	Yes	0	999	7/1/2020	12/31/9999	1	259.22
E2624	ADJ SKIN PRO/POS CUS<22IN	RR	Yes	0	999	7/1/2020	12/31/9999	1	25.92
E2624	ADJ SKIN PRO/POS CUS<22IN	UE	Yes	0	999	7/1/2020	12/31/9999	1	129.61
E2624	ADJ SKIN PRO/POS CUS<22IN	RB-PRICED BY PA	Yes	0	999	1/1/2011	12/31/9999	1	0.00
E2625	ADJ SKIN PRO/POS WC CUS>=22	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.08
E2625	ADJ SKIN PRO/POS WC CUS>=22	NU	Yes	0	999	7/1/2020	12/31/9999	1	324.60
E2625	ADJ SKIN PRO/POS WC CUS>=22	RR	Yes	0	999	7/1/2020	12/31/9999	1	32.46
E2625	ADJ SKIN PRO/POS WC CUS>=22	UE	Yes	0	999	7/1/2020	12/31/9999	1	162.30
E2625	ADJ SKIN PRO/POS WC CUS>=22	RB-PRICED BY PA	Yes	0	999	1/1/2011	12/31/9999	1	0.00
E8000	POSTERIOR GAIT TRAINER	KR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8000	POSTERIOR GAIT TRAINER	RB-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E8000	POSTERIOR GAIT TRAINER	NU-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8000	POSTERIOR GAIT TRAINER	RR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8000	POSTERIOR GAIT TRAINER	UE-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8001	UPRIGHT GAIT TRAINER	KR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8001	UPRIGHT GAIT TRAINER	RB-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8001	UPRIGHT GAIT TRAINER	NU-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8001	UPRIGHT GAIT TRAINER	RR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8001	UPRIGHT GAIT TRAINER	UE-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8002	ANTERIOR GAIT TRAINER	KR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8002	ANTERIOR GAIT TRAINER	RB-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8002	ANTERIOR GAIT TRAINER	NU-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8002	ANTERIOR GAIT TRAINER	RR-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
E8002	ANTERIOR GAIT TRAINER	UE-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	1	0.00
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	KR	Yes	0	999	7/1/2020	12/31/9999	1	5.73
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,718.24
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	RR	Yes	0	999	7/1/2020	12/31/9999	1	171.82
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	UE	Yes	0	999	7/1/2020	12/31/9999	1	859.12
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
K0006	HEAVY DUTY WHEELCHAIR	KR	Yes	0	999	7/1/2020	12/31/9999	1	2.56
K0006	HEAVY DUTY WHEELCHAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	768.32
K0006	HEAVY DUTY WHEELCHAIR	RR	Yes	0	999	7/1/2020	12/31/9999	1	76.83
K0006	HEAVY DUTY WHEELCHAIR	UE	Yes	0	999	7/1/2020	12/31/9999	1	384.16
K0006	HEAVY DUTY WHEELCHAIR	RB-PRICED BY PA	Yes	0	999	6/1/2006	12/31/9999	1	0.00
K0007	EXTRA HEAVY DUTY WHEELCHAIR	KR	Yes	0	999	7/1/2020	12/31/9999	1	3.79
K0007	EXTRA HEAVY DUTY WHEELCHAIR	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,136.80
K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR	Yes	0	999	7/1/2020	12/31/9999	1	113.68
K0007	EXTRA HEAVY DUTY WHEELCHAIR	UE	Yes	0	999	7/1/2020	12/31/9999	1	568.40
K0007	EXTRA HEAVY DUTY WHEELCHAIR	RB-PRICED BY PA	Yes	0	999	1/1/2004	12/31/9999	1	0.00
K0010	STANDARD - WEIGHT FRAME MOTORI	KR	Yes	0	999	7/1/2020	12/31/9999	1	11.22
K0010	STANDARD - WEIGHT FRAME MOTORI	NU	Yes	0	999	7/1/2020	12/31/9999	1	3,365.28
K0010	STANDARD - WEIGHT FRAME MOTORI	RR	Yes	0	999	7/1/2020	12/31/9999	1	336.53
K0010	STANDARD - WEIGHT FRAME MOTORI	UE	Yes	0	999	7/1/2020	12/31/9999	1	1,682.64
K0010	STANDARD - WEIGHT FRAME MOTORI	RB-PRICED BY PA	Yes	0	999	4/1/2006	12/31/9999	1	0.00
K0037	HI MOUNT FLIP-UP FOOTREST EA	NU	Yes	0	20	7/1/2020	12/31/9999	2	32.79
K0038	LEG STRAP, EACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	19.08
K0039	LEG STRAP, H STYLE, EACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	41.67
K0040	ADJUSTABLE ANGLE FOOTPLATE, EA	NU	Yes	0	20	7/1/2020	12/31/9999	2	52.22
K0041	LARGE SIZE FOOTPLATE, EACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	40.39
K0043	FTRST LOWR EXTEN TUBE REP EA	NU	Yes	0	20	7/1/2020	12/31/9999	2	15.43
K0105	IV HANGER	NU	Yes	0	20	7/1/2020	12/31/9999	1	88.59
K0554	THER CGM RECEIVER/MONITOR	KR	No	0	999	7/1/2020	12/31/9999	1	0.65

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
K0554	THER CGM RECEIVER/MONITOR	NU	No	0	999	7/1/2020	12/31/9999	1	196.47
K0554	THER CGM RECEIVER/MONITOR	RR	No	0	999	7/1/2020	12/31/9999	1	19.65
K0603	REPL BATT ALKALINE 1.5 V	NU	No	0	999	7/1/2020	12/31/9999	2	0.52
K0606	AED GARMENT W ELEC ANALYSIS	NU	Yes	0	999	7/1/2020	12/31/9999	1	23,404.80
K0606	AED GARMENT W ELEC ANALYSIS	RR	Yes	0	999	7/1/2020	12/31/9999	1	2,340.48
K0672	REMOVE SOFT INTERFACE, REPL	NU	Yes	0	20	7/1/2020	12/31/9999	4	68.33
K0733	PWR WC 12-24 HR SEALED LEAD ACID	NU	Yes	0	999	7/1/2020	12/31/9999	2	24.20
K0738	PORTABLE GAS OXYGEN SYSTEM	KR	Yes	0	999	7/1/2020	12/31/9999	1	1.20
K0738	PORTABLE GAS OXYGEN SYSTEM	RR	Yes	0	999	7/1/2020	12/31/9999	1	35.97
L0112	CRANIAL CERVICAL ORTHOSIS	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,127.81
L0120	CERV FLEX N/ADJ FOAM PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	22.54
L0120	CERV FLEX N/ADJ FOAM PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0130	CERVICAL, FLEXIBLE, THERMOPLAS	NU	Yes	0	20	7/1/2020	12/31/9999	1	163.02
L0130	CERVICAL, FLEXIBLE, THERMOPLAS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0140	CERVICAL, SEMI-RIGID, ADJUSTA	NU	Yes	0	20	7/1/2020	12/31/9999	1	56.26
L0140	CERVICAL, SEMI-RIGID, ADJUSTA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0150	CERVICAL, SEMI-RIGID, ADJUSTA	NU	Yes	0	20	7/1/2020	12/31/9999	1	93.81
L0150	CERVICAL, SEMI-RIGID, ADJUSTA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0160	CERV SR WIRE OCC/MAN PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	133.56
L0160	CERV SR WIRE OCC/MAN PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0170	CERVICAL, COLLAR, MOLDED TO	NU	Yes	0	20	7/1/2020	12/31/9999	1	565.18
L0170	CERVICAL, COLLAR, MOLDED TO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0172	CERV COL SR FOAM 2PC PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	114.59
L0172	CERV COL SR FOAM 2PC PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0174	CERV SR 2PC THOR EXT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	205.86
L0174	CERV SR 2PC THOR EXT PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0180	CERVICAL, MULTIPLE POST COLLAR	NU	Yes	0	20	7/1/2020	12/31/9999	1	279.97
L0180	CERVICAL, MULTIPLE POST COLLAR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0190	CERVICAL, MULTIPLE POST COLLAR	NU	Yes	0	20	7/1/2020	12/31/9999	1	421.46
L0190	CERVICAL, MULTIPLE POST COLLAR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0200	CERVICAL, MULTIPLE POST COLLAR	NU	Yes	0	20	7/1/2020	12/31/9999	1	386.99
L0200	CERVICAL, MULTIPLE POST COLLAR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0220	THORACIC, RIB BELT, CUSTOM FA	NU	Yes	0	20	7/1/2020	12/31/9999	1	91.78
L0220	THORACIC, RIB BELT, CUSTOM FA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0450	TLSO FLEX TRUNK/THOR PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	151.52
L0450	TLSO FLEX TRUNK/THOR PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0452	TLSO FLEX CUSTOM FAB THORACI	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0452	TLSO FLEX CUSTOM FAB THORACI	NU-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0454	TLSO FLEX PREFAB SACROCOC-T9	NU	Yes	0	20	7/1/2020	12/31/9999	1	279.46
L0454	TLSO FLEX PREFAB SACROCOC-T9	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	279.46

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: **October 5, 2021**



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0456	TLSO FLEX PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	801.43
L0456	TLSO FLEX PREFAB	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	801.43
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	718.64
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0460	TLSO2MOD SYMPHYSIS-STERN PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	808.90
L0460	TLSO2MOD SYMPHYSIS-STERN PRE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0462	TLSO 3MOD SACRO-SCAP PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,006.12
L0462	TLSO 3MOD SACRO-SCAP PRE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0464	TLSO 4MOD SACRO-SCAP PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,197.76
L0464	TLSO 4MOD SACRO-SCAP PRE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0466	TLSO RIGID FRAME PRE SOFT AP	NU	Yes	0	20	7/1/2020	12/31/9999	1	307.99
L0466	TLSO RIGID FRAME PRE SOFT AP	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0467	TLSO R FRAM SOFT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	307.99
L0467	TLSO R FRAM SOFT PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0468	TLSO RIGID FRAME PREFAB PELV	NU	Yes	0	20	7/1/2020	12/31/9999	1	386.16
L0468	TLSO RIGID FRAME PREFAB PELV	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0469	TLSO RIG FRAM PELVIC PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	386.16
L0469	TLSO RIG FRAM PELVIC PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0470	TLSO RIGID FRAME PRE SUBCLAV	NU	Yes	0	20	7/1/2020	12/31/9999	1	549.76
L0470	TLSO RIGID FRAME PRE SUBCLAV	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0472	TLSO RIGID FRAME HYPEREX PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	345.09
L0472	TLSO RIGID FRAME HYPEREX PRE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0480	TLSO RIGID PLASTIC CUSTOM FA	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,067.09
L0480	TLSO RIGID PLASTIC CUSTOM FA	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0482	TLSO RIGID LINED CUSTOM FAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,223.28
L0482	TLSO RIGID LINED CUSTOM FAB	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0484	TLSO RIGID PLASTIC CUST FAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,426.31
L0486	TLSO RIGIDLINED CUST FAB TWO	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,412.94
L0486	TLSO RIGIDLINED CUST FAB TWO	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0488	TLSO RIGID LINED PRE ONE PIE	NU	Yes	0	20	7/1/2020	12/31/9999	1	808.90
L0488	TLSO RIGID LINED PRE ONE PIE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0490	TLSO RIGID PLASTIC PRE ONE	NU	Yes	0	20	7/1/2020	12/31/9999	1	227.94
L0490	TLSO RIGID PLASTIC PRE ONE	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L0491	TLSO 2 PIECE RIGID SHELL	NU	Yes	0	20	7/1/2020	12/31/9999	1	618.83
L0492	TLSO 3 PIECE RIGID SHELL	NU	Yes	0	20	7/1/2020	12/31/9999	1	401.06
L0621	SIO FLEX PELVISACRAL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	71.86
L0622	SIO FLEX PELVISACRAL CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	1	194.83

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L0623	SIO PANEL PREFAB	NU	Yes	0	20	7/1/2021	12/31/9999	1	123.30
L0624	SIO PANEL CUSTOM	NU-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
L0625	LO FLEXIBL L1-BELOW L5 PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	44.42
L0626	LO SAG STAYS/PANELS PRE-FAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	62.82
L0627	LO SAGITT RIGID PANEL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	331.24
L0628	LO FLEX W/O RIGID STAYS PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	67.58
L0629	LSO FLEX W/RIGID STAYS CUST	NU-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
L0630	LSO POST RIGID PANEL PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	130.48
L0631	LSO SAG-CORO RIGID FRAME PRE	NU	Yes	0	20	7/1/2020	12/31/9999	1	827.22
L0632	LSO SAG RIGID FRAME CUST	NU-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
L0633	LSO FLEXION CONTROL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	231.07
L0634	LSO FLEXION CONTROL CUSTOM	NU-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
L0635	LSO SAGIT RIGID PANEL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	856.86
L0636	LSO SAGITTAL RIGID PANEL CUS	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,264.35
L0637	LSO SAG-CORONAL PANEL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,096.98
L0638	LSO SAG-CORONAL PANEL CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,062.78
L0639	LSO S/C SHELL/PANEL PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,096.98
L0640	LSO S/C SHELL/PANEL CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	1	843.19
L0641	LO RIG POS PNL L1-L5 PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	62.82
L0641	LO RIG POS PNL L1-L5 PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0642	LO SAG RI AN/POS PNL PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	331.24
L0642	LO SAG RI AN/POS PNL PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0643	LSO SAG CTR RIGI POS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	130.48
L0643	LSO SAG CTR RIGI POS PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0648	LSO SAG R AN/POS PNL PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	827.22
L0648	LSO SAG R AN/POS PNL PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0649	LSO SC R POS/LAT PNL PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	231.07
L0649	LSO SC R POS/LAT PNL PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0650	LSO SC R ANT/POS PNL PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,096.98
L0650	LSO SC R ANT/POS PNL PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0651	LSO SC R RIG SHELL/POST PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,096.98
L0651	LSO SC R RIG SHELL/POST PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L0700	CTL SO, ANTERIOR-POSTERIOR-LATE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,734.90
L0700	CTL SO, ANTERIOR-POSTERIOR-LATE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0710	CTL SO, ANTERIOR-POSTERIOR-LATE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,893.76
L0710	CTL SO, ANTERIOR-POSTERIOR-LATE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0810	HALO PROCEDURES, CERVICAL HALO	NU	Yes	0	20	7/1/2020	12/31/9999	1	2,011.85
L0810	HALO PROCEDURES, CERVICAL HALO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0820	HALO PROCEDURES, CERVICAL HAL	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,627.50
L0820	HALO PROCEDURES, CERVICAL HAL	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0830	HALO PROCEDURES, CERVICAL HAL	NU	Yes	0	20	7/1/2020	12/31/9999	1	2,349.93

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L0830	HALO PROCEDURES, CERVICAL HAL	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L0859	MRI COMPATIBLE SYSTEM	NU	Yes	0	20	7/1/2020	12/31/9999	1	912.94
L0861	HALO REPL LINER/INTERFACE	NU	Yes	0	20	7/1/2020	12/31/9999	1	173.69
L0970	TLSO, CORSET FRONT	NU	Yes	0	20	7/1/2020	12/31/9999	1	85.65
L0972	LSO, CORSET FRONT	NU	Yes	0	20	7/1/2020	12/31/9999	1	87.55
L0974	TLSO, FULL CORSET	NU	Yes	0	20	7/1/2020	12/31/9999	1	178.89
L0976	LOS, FULL CORSET	NU	Yes	0	20	7/1/2020	12/31/9999	1	159.78
L0978	AXILLARY CRUTCH EXTENSION	NU	Yes	0	20	7/1/2020	12/31/9999	2	144.26
L0980	PERONEAL STRAPS PAIR PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	13.09
L0982	STOCKING SUP GRIPS 4 PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	14.26
L0984	PROTECT BODY SOCK EA PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	3	45.50
L1000	CERVICAL-THORACIC-LUMBAR-SCAR	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,521.43
L1000	CERVICAL-THORACIC-LUMBAR-SCAR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1001	CTLSO infant immobilizer	NU-PRICED BY PA	Yes	0	20	1/1/2007	12/31/9999	1	0.00
L1010	ADDITIONS TO CERVICAL-THORACI	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.27
L1020	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	83.71
L1025	KYPHOSIS PAD FLOATING	NU	Yes	0	20	7/1/2020	12/31/9999	1	95.14
L1030	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	1	63.56
L1040	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	1	76.50
L1050	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	1	66.23
L1060	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	1	74.71
L1070	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	76.40
L1080	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	52.94
L1085	ADDITION TO CTLSO OF SCOLIOSIS	NU	Yes	0	20	7/1/2020	12/31/9999	1	147.06
L1090	ADDITION TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	1	68.69
L1100	ADDITION TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	121.26
L1110	ADDITIONS TO CTLSO OR SCOLIOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	205.38
L1120	ADDITIONS TO CTLSO OR SIO	NU	Yes	0	20	7/1/2020	12/31/9999	3	32.71
L1200	THORACIC-LUMBAR-SACAL-OTHOSE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,302.34
L1210	ADDITIONS TO TLSO, (LOW PROFI	NU	Yes	0	20	7/1/2020	12/31/9999	2	196.09
L1210	ADDITIONS TO TLSO, (LOW PROFI	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	4	0.00
L1220	ADDITIONS TO TLSO, (LOW PROFI	NU	Yes	0	20	7/1/2020	12/31/9999	1	166.02
L1220	ADDITIONS TO TLSO, (LOW PROFI	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	4	0.00
L1230	ADDITIONS TO TLSO, (LOW PROFI	NU	Yes	0	20	7/1/2020	12/31/9999	1	425.99
L1240	ADDITION TO TLSO (LOW PROFILE	NU	Yes	0	20	7/1/2020	12/31/9999	1	73.31
L1250	ADDITION TO TLSO (LOW PROFILE)	NU	Yes	0	20	7/1/2020	12/31/9999	2	72.19
L1260	ADDITION TO TLSO (LOW PROFILE)	NU	Yes	0	20	7/1/2020	12/31/9999	1	74.19
L1270	ADDITION TO TLSO (LOW PROFILE)	NU	Yes	0	20	7/1/2020	12/31/9999	3	74.10
L1280	ADDITION TO TLSO (LOW PROFILE)	NU	Yes	0	20	7/1/2020	12/31/9999	2	66.05
L1290	ADDITION TO TLSO (LOW PROFILE)	NU	Yes	0	20	7/1/2020	12/31/9999	2	74.88
L1300	OTHER SCOLIOSIS PROCEDURES, B	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,251.81
L1300	OTHER SCOLIOSIS PROCEDURES, B	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L1310	OTHER SCOLIOSIS PROCEDURES,	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,288.10
L1310	OTHER SCOLIOSIS PROCEDURES,	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L1499	SPINAL ORTHOSIS NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	1	0.00
L1600	ABDUCT HIP FLEX FREJKA W CVR	NU	Yes	0	20	7/1/2020	12/31/9999	1	96.57
L1600	ABDUCT HIP FLEX FREJKA W CVR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L1610	ABDUCT HIP FLEX FREJKA COVR	NU	Yes	0	20	7/1/2020	12/31/9999	1	32.90
L1610	ABDUCT HIP FLEX FREJKA COVR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1620	ABDUCT HIP FLEX PAVLIK HARNE	NU	Yes	0	20	7/1/2020	12/31/9999	1	108.34
L1620	ABDUCT HIP FLEX PAVLIK HARNE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1630	ABDUCT CONTROL HIP SEMI-FLEX	NU	Yes	0	20	7/1/2020	12/31/9999	1	129.28
L1630	ABDUCT CONTROL HIP SEMI-FLEX	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1640	PELV BAND/SPREAD BAR THIGH C	NU	Yes	0	20	7/1/2020	12/31/9999	1	345.79
L1640	PELV BAND/SPREAD BAR THIGH C	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1650	HO ABDUCTION HIP ADJUSTABLE	NU	Yes	0	20	7/1/2020	12/31/9999	1	183.38
L1650	HO ABDUCTION HIP ADJUSTABLE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1652	HO BI THIGHCUFFS W SPRDR BAR	NU	Yes	0	20	7/1/2020	12/31/9999	1	287.25
L1652	HO BI THIGHCUFFS W SPRDR BAR	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L1660	HO ABDUCTION STATIC PLASTIC	NU	Yes	0	20	7/1/2020	12/31/9999	1	128.25
L1660	HO ABDUCTION STATIC PLASTIC	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1680	PELVIC & HIP CONTROL THIGH C	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,054.38
L1680	PELVIC & HIP CONTROL THIGH C	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1685	POST-OP HIP ABDUCT CUSTOM FA	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,112.55
L1685	POST-OP HIP ABDUCT CUSTOM FA	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1686	HO POST-OP HIP ABDUCTION	NU	Yes	0	20	7/1/2020	12/31/9999	1	746.37
L1686	HO POST-OP HIP ABDUCTION	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1690	COMBINATION BILATERAL HO	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,558.22
L1690	COMBINATION BILATERAL HO	RB-PRICED BY PA	Yes	0	20	1/1/1999	12/31/9999	1	0.00
L1700	LEG PERTHES ORTH TORONTO TYP	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,296.34
L1700	LEG PERTHES ORTH TORONTO TYP	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1710	LEGG PERTHES ORTH NEWINGTON	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,523.77
L1710	LEGG PERTHES ORTH NEWINGTON	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1720	LEGG PERTHES ORTHOSIS TRILAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,125.61
L1720	LEGG PERTHES ORTHOSIS TRILAT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1730	LEGG PERTHES ORTH SCOTTISH R	NU	Yes	0	20	7/1/2020	12/31/9999	1	849.24
L1730	LEGG PERTHES ORTH SCOTTISH R	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L1755	LEGG PERTHES PATTEN BOTTOM T	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,236.10
L1755	LEGG PERTHES PATTEN BOTTOM T	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L1810	KO ELASTIC WITH JOINTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	97.56
L1810	KO ELASTIC WITH JOINTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1812	KO ELASTIC W/JOINTS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	97.56
L1812	KO ELASTIC W/JOINTS PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L1820	KO ELAS W/ CONDYLE PADS & JO	NU	Yes	0	20	7/1/2020	12/31/9999	2	97.17
L1820	KO ELAS W/ CONDYLE PADS & JO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1830	KO IMMOB CANVAS LONG PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	81.28

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L1830	KO IMMOB CANVAS LONG PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1831	KNEE ORTH POS LOCKING JOINT	NU	Yes	0	20	7/1/2020	12/31/9999	2	237.14
L1832	KO ADJ JNT POS RIGID SUPPORT	NU	Yes	0	20	7/1/2020	12/31/9999	2	607.47
L1832	KO ADJ JNT POS RIGID SUPPORT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1833	KO ADJ JNT POS R SUP PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	607.47
L1833	KO ADJ JNT POS R SUP PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L1834	KO W/O JOINT RIGID MOLDED TO	NU	Yes	0	20	7/1/2020	12/31/9999	2	714.69
L1834	KO W/O JOINT RIGID MOLDED TO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1836	KO RIGID W/O JOINTS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	107.51
L1836	KO RIGID W/O JOINTS PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	1	0.00
L1840	KO DEROT ANT CRUCIATE CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	2	751.26
L1840	KO DEROT ANT CRUCIATE CUSTOM	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1843	KO SINGLE UPRIGHT CUSTOM FIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	723.01
L1843	KO SINGLE UPRIGHT CUSTOM FIT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L1844	KO W/ADJ JT ROT CNTRL MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,252.81
L1844	KO W/ADJ JT ROT CNTRL MOLDED	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1845	KO W/ ADJ FLEX/EXT ROTAT CUS	NU	Yes	0	20	7/1/2020	12/31/9999	2	754.75
L1845	KO W/ ADJ FLEX/EXT ROTAT CUS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1846	KO W ADJ FLEX/EXT ROTAT MOLD	NU	Yes	0	20	7/1/2020	12/31/9999	2	957.66
L1846	KO W ADJ FLEX/EXT ROTAT MOLD	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1847	KO ADJUSTABLE W AIR CHAMBERS	NU	Yes	0	20	7/1/2020	12/31/9999	2	463.49
L1847	KO ADJUSTABLE W AIR CHAMBERS	RB-PRICED BY PA	Yes	0	20	1/1/1999	12/31/9999	1	0.00
L1848	KO DBL UPRIGHT W/AIR PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	463.49
L1848	KO DBL UPRIGHT W/AIR PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L1850	KO SWEDISH TYPE PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	215.70
L1850	KO SWEDISH TYPE PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1851	KO SINGLE UPRIGHT PREFAB OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	723.01
L1851	KO SINGLE UPRIGHT PREFAB OTS	RR	Yes	0	20	7/1/2020	12/31/9999	2	72.30
L1851	KO SINGLE UPRIGHT PREFAB OTS	RB-PRICED BY PA	Yes	0	20	1/1/2017	12/31/9999	2	0.00
L1852	KO DOUBLE UPRIGHT PREFAB OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	754.75
L1852	KO DOUBLE UPRIGHT PREFAB OTS	RR	Yes	0	20	7/1/2020	12/31/9999	2	75.48
L1852	KO DOUBLE UPRIGHT PREFAB OTS	RB-PRICED BY PA	Yes	0	20	1/1/2017	12/31/9999	2	0.00
L1860	KO SUPRACONDYLAR SOCKET MOLD	NU	Yes	0	20	7/1/2020	12/31/9999	2	836.64
L1860	KO SUPRACONDYLAR SOCKET MOLD	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1900	AFO SPRNG WIR DRSFLX CALF BD	NU	Yes	0	20	7/1/2020	12/31/9999	2	226.66
L1900	AFO SPRNG WIR DRSFLX CALF BD	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1902	ANKLE ORTH WI/WO JOINTS OFF SHELF	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.56
L1902	ANKLE ORTH WI/WO JOINTS OFF SHELF	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1904	ANKLE ORTH W/WO JOINTS CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	2	352.39

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L1904	ANKLE ORTH W/WO JOINTS CUSTOM	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	99999	0.00
L1906	AFO MULTILIG ANK SUP PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	102.98
L1906	AFO MULTILIG ANK SUP PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1907	AFO SUPRAMALLEOLAR CUSTOM	NU	Yes	0	20	7/1/2020	12/31/9999	2	453.42
L1907	AFO SUPRAMALLEOLAR CUSTOM	RB-PRICED BY PA	Yes	0	20	1/1/2004	12/31/9999	2	0.00
L1910	AFO SING BAR CLASP ATTACH SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	200.41
L1910	AFO SING BAR CLASP ATTACH SH	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1920	AFO SING UPRIGHT W/ ADJUST S	NU	Yes	0	20	7/1/2020	12/31/9999	2	261.98
L1920	AFO SING UPRIGHT W/ ADJUST S	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1930	AFO PLASTIC	NU	Yes	0	20	7/1/2020	12/31/9999	2	177.28
L1930	AFO PLASTIC	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1932	AFO RIG ANT TIB PREFAB TCF/=	NU	Yes	0	20	7/1/2020	12/31/9999	2	719.06
L1940	AFO MOLDED TO PATIENT PLASTI	NU	Yes	0	20	7/1/2020	12/31/9999	2	400.63
L1940	AFO MOLDED TO PATIENT PLASTI	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1945	AFO MOLDED PLAS RIG ANT TIB	NU	Yes	0	20	7/1/2020	12/31/9999	2	735.71
L1945	AFO MOLDED PLAS RIG ANT TIB	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1950	AFO SPIRAL MOLDED TO PT PLAS	NU	Yes	0	20	7/1/2020	12/31/9999	2	558.18
L1950	AFO SPIRAL MOLDED TO PT PLAS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1951	AFO SPIRAL PREFABRICATED	NU	Yes	0	20	7/1/2020	12/31/9999	2	676.74
L1960	AFO POS SOLID ANK PLASTIC MO	NU	Yes	0	20	7/1/2020	12/31/9999	2	415.38
L1960	AFO POS SOLID ANK PLASTIC MO	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	4	0.00
L1970	AFO PLASTIC MOLDED W/ANKLE J	NU	Yes	0	20	7/1/2020	12/31/9999	2	614.38
L1970	AFO PLASTIC MOLDED W/ANKLE J	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1971	AFO W/ANKLE JOINT, PREFAB	NU	Yes	0	20	7/1/2020	12/31/9999	2	377.70
L1980	AFO SING SOLID STIRRUP CALF	NU	Yes	0	20	7/1/2020	12/31/9999	2	275.03
L1980	AFO SING SOLID STIRRUP CALF	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L1990	AFO DOUB SOLID STIRRUP CALF	NU	Yes	0	20	7/1/2020	12/31/9999	2	353.38
L1990	AFO DOUB SOLID STIRRUP CALF	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2000	KAFO SING FRE STIRR THI/CALF	NU	Yes	0	20	7/1/2020	12/31/9999	2	760.10
L2000	KAFO SING FRE STIRR THI/CALF	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2005	KAFO SNG/DBL MECHANICAL ACT	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,301.96
L2010	KAFO SNG SOLID STIRRUP W/O J	NU	Yes	0	20	7/1/2020	12/31/9999	2	692.90
L2020	KAFO DBL SOLID STIRRUP BAND/	NU	Yes	0	20	7/1/2020	12/31/9999	2	875.02
L2030	KAFO DBL SOLID STIRRUP W/O J	NU	Yes	0	20	7/1/2020	12/31/9999	2	759.17
L2034	KAFO PLA SIN UP W/WO K/A CUS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,654.56
L2035	KAFO PLASTIC PEDIATRIC SIZE	NU	Yes	0	20	7/1/2020	12/31/9999	2	139.59
L2036	KAFO PLAS DOUB FREE KNEE MOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,390.36
L2037	KAFO PLAS SING FREE KNEE MOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,281.30
L2038	KAFO W/O JOINT MULTI-AXIS AN	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,071.43
L2040	HKAFO TORSION BIL ROT STRAPS	NU	Yes	0	20	7/1/2020	12/31/9999	1	136.86
L2050	HKAFO TORSION CABLE HIP PELV	NU	Yes	0	20	7/1/2020	12/31/9999	1	364.46
L2060	HKAFO TORSION BALL BEARING J	NU	Yes	0	20	7/1/2020	12/31/9999	1	467.78
L2070	HKAFO TORSION UNILAT ROT STR	NU	Yes	0	20	7/1/2020	12/31/9999	1	134.38

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L2070	HKAFO TORSION UNILAT ROT STR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L2080	HKAFO UNILAT TORSION CABLE	NU	Yes	0	20	7/1/2020	12/31/9999	1	286.58
L2080	HKAFO UNILAT TORSION CABLE	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L2090	HKAFO UNILAT TORSION BALL BR	NU	Yes	0	20	7/1/2020	12/31/9999	1	353.22
L2090	HKAFO UNILAT TORSION BALL BR	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L2106	AFO TIB FX CAST PLASTER MOLD	NU	Yes	0	20	7/1/2020	12/31/9999	2	509.53
L2106	AFO TIB FX CAST PLASTER MOLD	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2108	AFO TIB FX CAST MOLDED TO PT	NU	Yes	0	20	7/1/2020	12/31/9999	2	800.69
L2108	AFO TIB FX CAST MOLDED TO PT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2112	AFO TIBIAL FRACTURE SOFT	NU	Yes	0	20	7/1/2020	12/31/9999	2	380.18
L2112	AFO TIBIAL FRACTURE SOFT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2114	AFO TIB FX SEMI-RIGID	NU	Yes	0	20	7/1/2020	12/31/9999	2	434.97
L2114	AFO TIB FX SEMI-RIGID	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2116	AFO TIBIAL FRACTURE RIGID	NU	Yes	0	20	7/1/2020	12/31/9999	2	573.08
L2116	AFO TIBIAL FRACTURE RIGID	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2126	KAFO FEM FX CAST THERMOPLAS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,019.67
L2126	KAFO FEM FX CAST THERMOPLAS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2128	KAFO FEM FX CAST MOLDED TO P	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,285.01
L2128	KAFO FEM FX CAST MOLDED TO P	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2132	KAFO FEMORAL FX CAST SOFT	NU	Yes	0	20	7/1/2020	12/31/9999	2	604.52
L2132	KAFO FEMORAL FX CAST SOFT	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2134	KAFO FEM FX CAST SEMI-RIGID	NU	Yes	0	20	7/1/2020	12/31/9999	2	724.79
L2134	KAFO FEM FX CAST SEMI-RIGID	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2136	KAFO FEMORAL FX CAST RIGID	NU	Yes	0	20	7/1/2020	12/31/9999	2	886.23
L2136	KAFO FEMORAL FX CAST RIGID	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L2180	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	2	87.76
L2182	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	4	68.69
L2184	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	4	123.78
L2186	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	4	137.16
L2188	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	2	299.25
L2190	ADDITION TO LOWER EXTREMITY FR	NU	Yes	0	20	7/1/2020	12/31/9999	2	77.73
L2192	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	267.20
L2200	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	4	35.63
L2210	ADDITION TO LOWER EXTREMITY, D	NU	Yes	0	20	7/1/2020	12/31/9999	4	57.81
L2220	ADDITION TO LOWER EXTREMITY, D	NU	Yes	0	20	7/1/2020	12/31/9999	4	66.38
L2230	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	57.50
L2232	ROCKER BOTTOM, CONTACT AFO	NU	Yes	0	20	7/1/2020	12/31/9999	2	77.86
L2240	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	62.68
L2250	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	266.28
L2260	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	150.22
L2265	ADDITION TO LOWER EXTREMITY,LO	NU	Yes	0	20	7/1/2020	12/31/9999	2	88.26
L2270	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	40.25
L2275	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	97.93
L2280	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	363.78

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L2300	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	1	205.35
L2310	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	1	92.19
L2320	NON-MOLDED LACER	NU	Yes	0	20	7/1/2020	12/31/9999	2	154.19
L2330	LACER MOLDED TO PATIENT MODE	NU	Yes	0	20	7/1/2020	12/31/9999	2	294.26
L2335	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	173.10
L2340	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	408.48
L2350	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	667.74
L2360	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	38.78
L2370	ADDITIONTO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	192.37
L2375	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	84.67
L2380	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	92.26
L2385	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	100.38
L2387	ADD LE POLY KNEE CUSTOM KAFO	NU	Yes	0	20	7/1/2020	12/31/9999	4	136.22
L2390	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	82.03
L2395	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	125.25
L2397	ADDITION TO LOWER EXTREMITY OR	NU	Yes	0	20	7/1/2020	12/31/9999	4	87.83
L2405	KNEE JOINT DROP LOCK EA JNT	NU	Yes	0	20	7/1/2020	12/31/9999	4	70.26
L2415	KNEE JOINT CAM LOCK EACH JOI	NU	Yes	0	20	7/1/2020	12/31/9999	4	97.90
L2425	ADDITION TO KNEE JOINT, DISC	NU	Yes	0	20	7/1/2020	12/31/9999	4	115.50
L2430	KNEE JNT RATCHET LOCK, EA JNT	NU	Yes	0	20	7/1/2020	12/31/9999	4	115.50
L2492	ADDITION TO KNEE JOINT, LIFT	NU	Yes	0	20	7/1/2020	12/31/9999	4	76.42
L2500	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	236.42
L2510	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	632.98
L2520	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	345.23
L2525	ADDITION TO LOWER EXTREMITY,TH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,184.41
L2526	ADDITION TO LOWER EXTREMITY,TH	NU	Yes	0	20	7/1/2020	12/31/9999	2	638.41
L2530	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	176.07
L2540	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	316.83
L2550	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	215.23
L2570	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	475.92
L2580	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	451.14
L2600	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	153.91
L2610	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	181.99
L2620	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	200.37
L2622	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	229.81
L2624	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	312.42
L2627	ADDITION TO LOWER EXTREMITY,PE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,287.14
L2628	ADDITION TO LOWER EXTREMITY,PE	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,511.98
L2630	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	1	185.57
L2640	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	1	251.84
L2650	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	89.93
L2660	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	1	139.67
L2670	ADDITION TO LOWER EXTREMITY,T	NU	Yes	0	20	7/1/2020	12/31/9999	2	127.83
L2680	ADDITION TO LOWER EXTREMITY, T	NU	Yes	0	20	7/1/2020	12/31/9999	2	117.27
L2750	ADDITION TO LOWER EXTREMITY OF	NU	Yes	0	20	7/1/2020	12/31/9999	8	62.64
L2755	CARBON GRAPHITE LAMINATION	NU	Yes	0	20	7/1/2020	12/31/9999	8	105.31
L2760	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	8	45.54
L2780	ADDITION TO LOWER EXTREMITY OF	NU	Yes	0	20	7/1/2020	12/31/9999	8	53.86
L2785	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	31.66
L2795	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	63.68
L2800	KNEE CAP MEDIAL OR LATERAL P	NU	Yes	0	20	7/1/2020	12/31/9999	2	79.94
L2810	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	58.53
L2820	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	65.08
L2830	ADDITION TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	2	73.18

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L2840	ADDITION TO LOWER EXTREMITY OR	NU	Yes	0	20	7/1/2020	12/31/9999	4	40.85
L2850	ADDITION TO LOWER EXTREMITY,OR	NU	Yes	0	20	7/1/2020	12/31/9999	4	46.40
L2861	TORSION MECHANISM KNEE/ANKLE	RB-PRICED BY PA	Yes	0	20	1/1/2010	12/31/9999	1	0.00
L2861	TORSION MECHANISM KNEE/ANKLE	NU-PRICED BY PA	Yes	0	20	1/1/2010	12/31/9999	2	0.00
L2999	LOWER EXTREMITY ORTHOSIS NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	2	0.00
L3000	FT INSERT UCB BERKELEY SHELL	NU	Yes	0	20	7/1/2020	12/31/9999	2	253.14
L3001	FOOT INSERT REMOV MOLDED SPE	NU	Yes	0	20	7/1/2020	12/31/9999	2	106.57
L3002	FOOT INSERT PLASTAZOTE OR EQ	NU	Yes	0	20	7/1/2020	12/31/9999	2	130.14
L3003	FOOT INSERT SILICONE GEL EAC	NU	Yes	0	20	7/1/2020	12/31/9999	2	140.40
L3010	FOOT LONGITUDINAL ARCH SUPPO	NU	Yes	0	20	7/1/2020	12/31/9999	2	140.40
L3020	FOOT LONGITUD/METATARSAL SUP	NU	Yes	0	20	7/1/2020	12/31/9999	2	159.87
L3030	FOOT ARCH SUPPORT REMOV PREM	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.50
L3031	FOOT LAMIN/PREPREG COMPOSITE	NU	Yes	0	20	7/1/2020	12/31/9999	2	98.68
L3040	FT ARCH SUPRT PREMOLD LONGIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	37.93
L3050	FOOT ARCH SUPP PREMOLD METAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	37.93
L3060	FOOT ARCH SUPP LONGITUD/META	NU	Yes	0	20	7/1/2020	12/31/9999	2	59.43
L3070	ARCH SUPRT ATT TO SHO LONGIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	25.62
L3080	ARCH SUPP ATT TO SHOE METATA	NU	Yes	0	20	7/1/2020	12/31/9999	2	25.62
L3090	ARCH SUPP ATT TO SHOE LONG/M	NU	Yes	0	20	7/1/2020	12/31/9999	2	32.80
L3100	HALLUS-VALGUS NT DYN PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	34.82
L3140	ABDUCTION ROTATION BAR SHOE	NU	Yes	0	20	7/1/2020	12/31/9999	1	71.75
L3150	ABDUCT ROTATION BAR W/O SHOE	NU	Yes	0	20	7/1/2020	12/31/9999	1	65.60
L3160	FOOT, ADJUSTABLE SHOE-STYLED P	NU-PRICED BY PA	Yes	0	20	5/1/1999	12/31/9999	2	0.00
L3170	FOOT PLAS HEEL STABI PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	41.00
L3201	OXFORD W SUPINAT/PRONAT INF	NU	Yes	0	20	10/1/1998	12/31/9999	2	23.00
L3202	OXFORD W/SUPINAT/PRONATOR C	NU	Yes	0	20	10/1/1998	12/31/9999	2	25.00
L3203	OXFORD W/ SUPINATOR/PRONATOR	NU	Yes	0	20	10/1/1998	12/31/9999	2	28.00
L3204	HIGHTOP W/ SUPP/PRONATOR INF	NU	Yes	0	20	10/1/1998	12/31/9999	2	24.00
L3206	HIGHTOP W/ SUPP/PRONATOR CHI	NU	Yes	0	20	10/1/1998	12/31/9999	2	25.00
L3207	HIGHTOP W/ SUPP/PRONATOR JUN	NU	Yes	0	20	10/1/1998	12/31/9999	2	27.00
L3208	SURGICAL BOOT, EACH, INFANT	NU	Yes	0	20	10/1/1998	12/31/9999	2	21.00
L3209	SURGICAL BOOT, EACH, CHILD	NU	Yes	0	20	10/1/1998	12/31/9999	2	23.00
L3211	SURGICAL BOOT, EACH, JUNIOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	26.00
L3212	BENESCH BOOT, PAIR, INFANT	NU	Yes	0	20	10/1/1998	12/31/9999	1	59.00
L3213	BENESCH BOOT, PAIR, CHILD	NU	Yes	0	20	10/1/1998	12/31/9999	1	62.00
L3214	BENESCH BOOT, PAIR, JUNIOR	NU	Yes	0	20	10/1/1998	12/31/9999	1	68.00
L3215	ORTHOPEDIC FTWEAR LADIES OXF	NU	Yes	0	20	7/1/2020	12/31/9999	2	63.15
L3217	LADIES SHOES HIGHTOP DEPTH I	NU	Yes	0	20	7/1/2020	12/31/9999	2	86.16
L3219	ORTHOPEDIC MENS SHOES OXFORD	NU	Yes	0	20	7/1/2020	12/31/9999	2	72.64
L3222	MENS SHOES HIGHTOP DEPTH INL	NU	Yes	0	20	7/1/2020	12/31/9999	2	104.30
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S S	NU	Yes	0	20	7/1/2020	12/31/9999	2	44.07
L3225	ORTHOPEDIC FOOTWEAR MAN'S SHOE	NU	Yes	0	20	7/1/2020	12/31/9999	2	50.70
L3230	CUSTOM SHOES DEPTH INLAY	NU	Yes	0	20	7/1/2020	12/31/9999	2	249.00
L3250	CUSTOM MOLD SHOE REMOV PROST	NU	Yes	0	20	10/1/1998	12/31/9999	2	190.98
L3251	SHOE MOLDED TO PT SILICONE S	NU	Yes	0	20	5/1/1999	12/31/9999	2	261.18
L3252	SHOE MOLDED PLASTAZOTE CUST	NU	Yes	0	20	5/1/1999	12/31/9999	2	169.77
L3253	SHOE MOLDED PLASTAZOTE CUST	NU	Yes	0	20	5/1/1999	12/31/9999	2	80.71
L3300	SHO LIFT TAPER TO METATARSAL	NU	Yes	0	20	7/1/2020	12/31/9999	4	42.01
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	NU	Yes	0	20	7/1/2020	12/31/9999	4	65.60
L3320	SHOE LIFT ELEV HEEL/SOLE COR	NU	Yes	0	20	7/1/2005	12/31/9999	4	58.78
L3330	LIFTS ELEVATION METAL EXTENS	NU	Yes	0	20	7/1/2020	12/31/9999	2	456.02

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L3332	SHOE LIFTS TAPERED TO ONE-HA	NU	Yes	0	20	7/1/2020	12/31/9999	2	59.43
L3334	SHOE LIFTS ELEVATION HEEL/I	NU	Yes	0	20	7/1/2020	12/31/9999	4	30.74
L3340	SHOE WEDGE SACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	68.68
L3350	SHOE HEEL WEDGE	NU	Yes	0	20	7/1/2020	12/31/9999	2	18.42
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	NU	Yes	0	20	7/1/2020	12/31/9999	2	28.70
L3370	SHOE SOLE WEDGE BETWEEN SOLE	NU	Yes	0	20	7/1/2020	12/31/9999	2	39.98
L3380	SHOE CLUBFOOT WEDGE	NU	Yes	0	20	7/1/2020	12/31/9999	2	39.98
L3390	SHOE OUTFLARE WEDGE	NU	Yes	0	20	7/1/2020	12/31/9999	2	39.98
L3400	SHOE METATARSAL BAR WEDGE RO	NU	Yes	0	20	7/1/2020	12/31/9999	2	32.80
L3410	SHOE METATARSAL BAR BETWEEN	NU	Yes	0	20	7/1/2020	12/31/9999	2	74.82
L3420	FULL SOLE/HEEL WEDGE BTWEEN	NU	Yes	0	20	7/1/2020	12/31/9999	2	44.06
L3430	SHO HEEL COUNT PLAST REINFOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	129.13
L3440	HEEL LEATHER REINFORCED	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.50
L3450	SHOW HEEL SACH CUSHION TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	2	85.04
L3455	SHOE HEEL NEW LEATHER STANDA	NU	Yes	0	20	7/1/2020	12/31/9999	2	32.80
L3460	SHOE HEEL NEW RUBBER STANDAR	NU	Yes	0	20	7/1/2020	12/31/9999	2	27.66
L3465	SHOE HEEL THOMAS WITH WEDGE	NU	Yes	0	20	7/1/2020	12/31/9999	2	47.14
L3470	SHOE HEEL THOMAS EXTEND TO B	NU	Yes	0	20	7/1/2020	12/31/9999	2	50.20
L3480	SHOE HEEL PAD & DEPRESS FOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	50.20
L3485	SHOE HEEL PAD REMOVABLE FOR	NU	Yes	0	20	7/1/2005	12/31/9999	2	18.62
L3500	ORTHO SHOE ADD LEATHER INSOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	23.59
L3510	ORTHOPEDIC SHOE ADD RUB INSL	NU	Yes	0	20	7/1/2020	12/31/9999	2	23.59
L3520	O SHOE ADD FELT W LEATH INSL	NU	Yes	0	20	7/1/2020	12/31/9999	2	25.62
L3530	ORTHO SHOE ADD HALF SOLE	NU	Yes	0	20	7/1/2020	12/31/9999	2	25.62
L3540	ORTHO SHOE ADD FULL SOLE	NU	Yes	0	20	7/1/2020	12/31/9999	2	41.00
L3550	O SHOE ADD STANDARD TOE TAP	NU	Yes	0	20	7/1/2020	12/31/9999	2	7.18
L3560	O SHOE ADD HORSESHOE TOE TAP	NU	Yes	0	20	7/1/2020	12/31/9999	2	18.42
L3570	O SHOE ADD INSTEP EXTENSION	NU	Yes	0	20	7/1/2020	12/31/9999	2	68.68
L3580	O SHOE ADD INSTEP VELCRO CLO	NU	Yes	0	20	7/1/2020	12/31/9999	2	52.26
L3590	O SHOE CONVERT TO SOF COUNT	NU	Yes	0	20	7/1/2020	12/31/9999	2	43.05
L3595	ORTHO SHOE ADD MARCH BAR	NU	Yes	0	20	7/1/2020	12/31/9999	2	33.82
L3600	TRANS SHOE CALIP PLATE EXIST	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.50
L3650	SO 8 ABD RESTRAINT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	1	43.90
L3671	SO CAP DESIGN W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	660.78
L3674	SO AIRPLANE W/WO JOINT CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	866.85
L3678	SO HARD PLAS STABILI PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3678	SO HARD PLAS STABILI PRE OTS	NU-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	2	0.00
L3702	EO W/O JOINTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	211.76
L3710	EO ELAS W/METAL JNTS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	106.33
L3720	FOREARM/ARM CUFFS FREE MOTIO	NU	Yes	0	20	7/1/2020	12/31/9999	2	530.46
L3730	FOREARM/ARM CUFFS EXT/FLEX A	NU	Yes	0	20	7/1/2020	12/31/9999	2	698.28
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	NU	Yes	0	20	7/1/2020	12/31/9999	2	784.76
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L3762	EO RIGID W/O JOINTS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	78.86
L3763	EWHO RIGID W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	582.24
L3764	EWHO W/JOINT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	580.66
L3765	EWHFO RIGID W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	940.33
L3766	EWHFO W/JOINT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	995.74
L3806	WHFO w/joint(s) custom fab	NU	Yes	0	20	7/1/2020	12/31/9999	2	333.11
L3807	WHFO W/O JOINTS PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	183.38
L3808	WHFO, rigid w/o joints	NU	Yes	0	20	7/1/2020	12/31/9999	2	244.94
L3809	WHFO W/O JOINTS PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	183.38

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L3809	WHFO W/O JOINTS PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3891	TORSION MECHANISM KNEE/ANKLE	RB-PRICED BY PA	Yes	0	20	1/1/2010	12/31/9999	1	0.00
L3891	TORSION MECHANISM KNEE/ANKLE	NU-PRICED BY PA	Yes	0	20	1/1/2010	12/31/9999	2	0.00
L3900	HINGE EXTENSION/FLEX WRIST/F	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,145.62
L3901	HINGE EXT/FLEX WRIST FINGER	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,284.54
L3901	HINGE EXT/FLEX WRIST FINGER	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L3904	WHFO ELECTRIC CUSTOM FITTED	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,614.96
L3905	WHO W/NONTORSION JNT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	727.26
L3906	WHO W/O JOINTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	309.37
L3908	WHO COCK-UP NONMOLDE PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	43.94
L3912	HFO FLEXION GLOVE PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	70.48
L3913	HFO W/O JOINTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	198.62
L3915	WHO NONTORSION JNTS PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	389.84
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	389.84
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3917	METACARP FX ORTHOSIS PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	77.47
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO	NU	Yes	0	20	7/1/2020	12/31/9999	2	77.47
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3919	HO W/O JOINTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	198.62
L3921	HFO W/JOINT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	2	235.54
L3923	HFO WITHOUT JOINTS PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	63.78
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	NU	Yes	0	20	7/1/2020	12/31/9999	2	63.78
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3925	FO PIP DIP JNT/SPRNG PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	4	38.74
L3927	FO PIP DIP NO JT SPR PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	4	25.66
L3929	HFO NONTORSION JNTS PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.74
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	NU	Yes	0	20	7/1/2020	12/31/9999	2	61.74
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L3931	WHFO NONTORSION JOINT PREF AB	NU	Yes	0	20	7/1/2020	12/31/9999	2	149.35
L3933	FO W/O JOINTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	3	156.47
L3935	FO NONTORSION JOINT CF	NU	Yes	0	20	7/1/2020	12/31/9999	3	162.03
L3956	ADD JOINT UPPER EXT ORTHOSIS	NU-PRICED BY PA	Yes	0	20	5/1/1999	12/31/9999	1	0.00
L3960	SEWHO AIRPLAN DESIG ABDU POS	NU	Yes	0	20	7/1/2020	12/31/9999	1	604.48
L3961	SEWHO CAP DESIGN W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,232.11
L3962	SEWHO ERBS PALSEY DESIGN ABD	NU	Yes	0	20	7/1/2020	12/31/9999	1	629.40
L3967	SEWHO AIRPLANE W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,454.70
L3971	SEWHO CAP DESIGN W/JNT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,380.83
L3973	SEWHO AIRPLANE W/JNT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,454.70
L3975	SEWHFO CAP DESIGN W/O JNT CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,232.11
L3976	SEWHFO AIRPLANE W/O JNTS CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,232.11
L3977	SEWHFO CAP DESGN W/JNT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,380.83
L3978	SEWHFO AIRPLANE W/JNT(S) CF	NU	Yes	0	20	7/1/2020	12/31/9999	1	1,454.70
L3980	UPP EXT FX ORTHOSIS HUMERAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	226.70
L3981	FRACTURE ORTHOSIS HUMERAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	738.16

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L3982	UPPER EXT FX ORTHOSIS RAD/UL	NU	Yes	0	20	7/1/2020	12/31/9999	2	280.08
L3984	UPPER EXT FX ORTHOSIS WRIST	NU	Yes	0	20	7/1/2020	12/31/9999	2	298.97
L3984	UPPER EXT FX ORTHOSIS WRIST	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L3995	ADDITION TO UPPER EXTREMITY,OR	NU	Yes	0	20	7/1/2020	12/31/9999	2	25.09
L3999	UPPER LIMB ORTHOSIS NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	2	0.00
L4000	REPL GIRDLE MILWAUKEE ORTH	NU	Yes	0	20	7/1/2020	12/31/9999	1	977.61
L4002	REPLACE STRAP, ANY ORTHOSIS	NU-PRICED BY PA	Yes	0	20	1/1/2005	12/31/9999	2	0.00
L4010	REPAIR TRILATERAL SOCKET BRI	NU	Yes	0	20	7/1/2020	12/31/9999	2	550.14
L4020	REPAIR QUADRILATERAL SOCKET	NU	Yes	0	20	7/1/2020	12/31/9999	2	687.17
L4030	REPAIR QUADRILATERAL SOCKET	NU	Yes	0	20	7/1/2020	12/31/9999	2	378.35
L4040	REPLACE MOLDED THIGH LACER	NU	Yes	0	20	7/1/2020	12/31/9999	2	305.90
L4045	REPLACE NON-MOLDED THIGH LAC	NU	Yes	0	20	7/1/2020	12/31/9999	2	245.82
L4050	REPLACE MOLDED CALF LACER	NU	Yes	0	20	7/1/2020	12/31/9999	2	309.38
L4055	REPLACE NON-MOLDED CALF LACE	NU	Yes	0	20	7/1/2020	12/31/9999	2	200.34
L4060	REPAIR HIGH ROLL CUFF	NU	Yes	0	20	7/1/2020	12/31/9999	2	238.16
L4070	REPAIR PROXIMAL AND DISTAL U	NU	Yes	0	20	7/1/2020	12/31/9999	2	227.21
L4080	REPAIR METAL BANDS KAFO-AFO,	NU	Yes	0	20	7/1/2020	12/31/9999	2	80.10
L4090	REPAIR METAL BANDS KAFO-AFO,	NU	Yes	0	20	7/1/2020	12/31/9999	4	70.90
L4100	REPLACE LEATHER CUFF KAFO, PRO	NU	Yes	0	20	7/1/2020	12/31/9999	2	79.97
L4110	REPAIR LEATHER CUFF KAFO-AFO	NU	Yes	0	20	7/1/2020	12/31/9999	4	63.55
L4130	REPLACE PRETIBIAL SHELL	NU	Yes	0	20	7/1/2020	12/31/9999	2	437.38
L4350	ANKLE CONTROL ORTHO PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	78.80
L4350	ANKLE CONTROL ORTHO PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L4360	PNEUMAT WALKING BOOT PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	220.46
L4360	PNEUMAT WALKING BOOT PRE CST	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L4361	PNEUMA/VAC WALK BOOT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	220.46
L4361	PNEUMA/VAC WALK BOOT PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L4370	PNEUM FULL LEG SPLNT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	141.47
L4370	PNEUM FULL LEG SPLNT PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	2	0.00
L4387	NON-PNEUM WALK BOOT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	127.75
L4387	NON-PNEUM WALK BOOT PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L4392	REPLACE AFO SOFT INTERFACE	NU	Yes	0	20	7/1/2020	12/31/9999	2	18.98
L4394	REPLACE FOOT DROP SPINT	NU	Yes	0	20	7/1/2020	12/31/9999	2	13.85
L4396	STATIC OR DYNAMI AFO PRE CST	NU	Yes	0	20	7/1/2020	12/31/9999	2	135.26
L4396	STATIC OR DYNAMI AFO PRE CST	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L4397	STATIC OR DYNAMI AFO PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	135.26
L4397	STATIC OR DYNAMI AFO PRE OTS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L4398	FOOT DROP SPLINT PRE OTS	NU	Yes	0	20	7/1/2020	12/31/9999	2	62.24
L4398	FOOT DROP SPLINT PRE OTS	RB-PRICED BY PA	Yes	0	20	10/1/1998	12/31/9999	1	0.00
L4631	AFO, WALK BOOT TYPE, CUS FAB	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,202.50
L5000	PARTIAL FOOT, SHOE INSERT WIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	422.52
L5000	PARTIAL FOOT, SHOE INSERT WIT	RB-PRICED BY PA	Yes	0	20	3/8/1999	12/31/9999	2	0.00
L5010	PARTIAL FOOT, MOLDED SOCKET, A	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,020.49
L5020	PARTIAL FOOT, MOLDED SOCKET	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,733.01
L5050	ANKLE (SYMES), MOLDED SOCKET,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,917.02

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5050	ANKLE (SYMES), MOLDED SOCKET,	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5060	ANKLE (SYME), METAL FRAME, MO	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,205.14
L5060	ANKLE (SYME), METAL FRAME, MO	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5100	BELOW KNEE, MOLDED SOCKET, SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,921.26
L5100	BELOW KNEE, MOLDED SOCKET, SH	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5105	BEL KNE,PLA SOC,JOI AND THI LA	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,773.55
L5105	BEL KNE,PLA SOC,JOI AND THI LA	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5150	KNEE DISARTICULATION (OR THRO	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,803.67
L5150	KNEE DISARTICULATION (OR THRO	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5160	KNEE DISARTICULATION (OR THRO	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,049.50
L5160	KNEE DISARTICULATION (OR THRO	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5200	ABOVE KNEE, MOLDED SOCKET, SI	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,920.33
L5200	ABOVE KNEE, MOLDED SOCKET, SI	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5210	ABOVE KNEE, SHORT PROTHESIS,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,937.34
L5210	ABOVE KNEE, SHORT PROTHESIS,	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5220	ABOVE KNEE, SHORT PROTHESIS	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,202.14
L5220	ABOVE KNEE, SHORT PROTHESIS	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5230	ABOVE KNEE, FOR PROXIMAL FEMO	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,037.18
L5230	ABOVE KNEE, FOR PROXIMAL FEMO	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	2	0.00
L5250	HIP DISARTICULATION, CANADIAN	NU	Yes	0	20	7/1/2020	12/31/9999	2	4,142.46
L5250	HIP DISARTICULATION, CANADIAN	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	1	0.00
L5270	HIP DISARTICULATION, TILT TAB	NU	Yes	0	20	7/1/2020	12/31/9999	2	4,124.07
L5270	HIP DISARTICULATION, TILT TAB	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	1	0.00
L5280	HEMIPELVECTOMY, CANADIAN TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	2	4,092.50
L5280	HEMIPELVECTOMY, CANADIAN TYPE	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	1	0.00
L5301	BK MOLD SOCKET SACH FT ENDO	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,196.13
L5301	BK MOLD SOCKET SACH FT ENDO	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	2	0.00
L5312	KNEE DISART, SACH FT, ENDO	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,143.60
L5321	AK OPEN END SACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,183.34
L5321	AK OPEN END SACH	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	2	0.00
L5331	HIP DISART CANADIAN SACH FT	NU	Yes	0	20	7/1/2020	12/31/9999	2	4,056.21
L5331	HIP DISART CANADIAN SACH FT	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	2	0.00
L5341	HEMIPELVECTOMY CANADIAN SACH	NU	Yes	0	20	7/1/2020	12/31/9999	2	4,222.54
L5341	HEMIPELVECTOMY CANADIAN SACH	RB-PRICED BY PA	Yes	0	20	10/1/2003	12/31/9999	2	0.00
L5500	INITIAL, BELOW KNEE PTB TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,025.38
L5500	INITIAL, BELOW KNEE PTB TYPE	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	1	0.00
L5505	INITIAL, ABOVE KNEE-KNEE DIS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,418.14
L5505	INITIAL, ABOVE KNEE-KNEE DIS	RB-PRICED BY PA	Yes	0	20	3/9/1999	12/31/9999	1	0.00
L5510	PREPARATORY, BELOW KNEE PTB	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,162.34

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5520	PERP BK PTB THERMOPLS DIRECT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,148.12
L5530	PREPARATORY, BELOW KNEE PTB	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,379.00
L5535	PRE,BEL KNE PTB TYP SOC, USM	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,353.90
L5540	PREPARATORY, BELOW KNEE PTB	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,445.04
L5560	PREPARATORY, ABOVE KNEE- KNEE	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,551.72
L5570	PREPARATORY, ABOVE KNEE-KNEE D	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,613.24
L5580	PREPARATORY, ABOVE KNEE-KNEE D	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,883.35
L5585	PREPARATORY,ABOVE KNEE-KNEE DI	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,317.77
L5590	PREPARATORY, ABOVE KNEE-KNEE D	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,919.26
L5595	PRE, HIP DIS-HEM,PYL, NO COV	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,390.63
L5600	PRE, HIP DIS-HEM.PLY NO COV	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,644.78
L5610	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,652.96
L5611	ADDITION TO LOWER EXTREMITY, A	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,286.34
L5613	ADDITION TO LOWER EXTREMITY, A	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,011.14
L5614	ADDITIONS TO LOWER EXTEMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,362.41
L5616	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,086.81
L5617	AK/BK SELF-ALIGNING UNIT EA	NU	Yes	0	20	7/1/2020	12/31/9999	2	451.73
L5618	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	4	238.98
L5620	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	4	221.96
L5622	TEST SOCKET KNEE DISARTICULA	NU	Yes	0	20	7/1/2020	12/31/9999	4	289.43
L5624	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	4	290.26
L5626	ADDITIONS TO LOWER EXTREMITY	NU	Yes	0	20	7/1/2020	12/31/9999	4	380.66
L5628	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	407.02
L5629	ADD TO LOWE EXTR,BELO KNE,ACR	NU	Yes	0	20	7/1/2020	12/31/9999	2	253.73
L5630	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	358.31
L5631	ADD TO LOW EXT,ABO KNE OR KNE	NU	Yes	0	20	7/1/2020	12/31/9999	2	350.79
L5632	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	195.78
L5634	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	242.86
L5636	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	203.42
L5637	ADD TO LOW EXT,BEL KNE, TOT CO	NU	Yes	0	20	7/1/2020	12/31/9999	2	230.64
L5638	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	401.78
L5639	ADD TO LOW EXT, BEL KNE WOOD C	NU	Yes	0	20	7/1/2020	12/31/9999	2	895.13
L5640	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	510.51
L5642	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	494.65
L5643	ADDITION TO LOWER EXTREMITY,HI	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,242.64
L5644	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	471.56
L5645	ADDITION TO LOWER EXTREMITY,BE	NU	Yes	0	20	7/1/2020	12/31/9999	2	637.02
L5646	BELOW KNEE CUSHION SOCKET	NU	Yes	0	20	7/1/2020	12/31/9999	2	437.44
L5647	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	635.08
L5648	ABOVE KNEE CUSHION SOCKET	NU	Yes	0	20	7/1/2020	12/31/9999	2	525.64
L5649	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,904.68
L5650	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	389.76
L5651	ADDITION TO LOWER EXTREMITY,AB	NU	Yes	0	20	7/1/2020	12/31/9999	2	958.79
L5652	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	348.08
L5653	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	464.66
L5654	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	264.78
L5655	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	224.38
L5656	ADDITION TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	301.01
L5658	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	290.29
L5661	ADDITION TO LOWER EXTREMITY,SO	NU	Yes	0	20	7/1/2020	12/31/9999	2	485.86
L5665	ADDITION TO LOWER EXTREMITY,SO	NU	Yes	0	20	7/1/2020	12/31/9999	2	408.79
L5666	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	55.89
L5668	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	90.14
L5670	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	216.64

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5671	BK/AK LOCKING MECHANISM	NU	Yes	0	20	7/1/2020	12/31/9999	2	459.09
L5672	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	238.06
L5673	SOCKET INSERT W LOCK MECH	NU	Yes	0	20	7/1/2020	12/31/9999	4	567.70
L5676	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	289.31
L5677	ADDITIONS TO LOWER EXTREMITY,B	NU	Yes	0	20	7/1/2020	12/31/9999	2	393.65
L5678	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	31.70
L5679	SOCKET INSERT W/O LOCK MECH	NU	Yes	0	20	7/1/2020	12/31/9999	4	473.06
L5680	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	264.62
L5681	INTL CUSTM CONG/LATYP INSERT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,062.02
L5682	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	499.30
L5683	INITIAL CUSTOM SOCKET INSERT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,062.02
L5684	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	38.42
L5685	BELOW KNEE SUS/SEAL SLEEVE	NU	Yes	0	20	7/1/2020	12/31/9999	4	103.41
L5686	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	40.78
L5688	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	48.77
L5690	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	78.13
L5692	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	106.09
L5694	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	144.84
L5695	ADD TO LOW EXT,ABO KNE,PEL CON	NU	Yes	0	20	7/1/2020	12/31/9999	2	133.70
L5696	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	147.72
L5697	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	64.09
L5698	ADDITIONS TO LOWER EXTREMITY,	NU	Yes	0	20	7/1/2020	12/31/9999	2	104.81
L5699	ALL LOWER EXTREMITY PROTHESI	NU	Yes	0	20	7/1/2020	12/31/9999	2	188.81
L5700	REPLACEMENT, SOCKET, BELOW KNE	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,287.52
L5701	REPLACEMENT,SOCKET,ABOVE KNEE	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,747.14
L5702	REPLACEMENT,SOCKET HIP DISARTI	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,475.53
L5703	Symes ankle w/o (SACH) foot	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,798.62
L5704	CUSTOM SHAPE COVER BK	NU	Yes	0	20	7/1/2020	12/31/9999	2	427.94
L5705	CUSTOM SHAPE COVER AK	NU	Yes	0	20	7/1/2020	12/31/9999	2	764.67
L5706	CUSTOM SHAPE CVR KNEE DISART	NU	Yes	0	20	7/1/2020	12/31/9999	2	749.57
L5707	CUSTOM SHAPE CVR HIP DISART	NU	Yes	0	20	7/1/2020	12/31/9999	2	988.18
L5710	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	298.58
L5711	ADDITIONS EXOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	417.30
L5712	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	349.66
L5714	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	359.14
L5716	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	581.89
L5718	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	727.30
L5722	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	768.37
L5724	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,205.09
L5726	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,388.84
L5728	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,899.75
L5780	ADDITION, EXOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	914.08
L5781	LOWER LIMB PROS VACUUM PUMP	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,230.44
L5782	HD LOW LIMB PROS VACUUM PUMP	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,405.62
L5785	ADDITION,EXOSKELETAL SYSTEM,BE	NU	Yes	0	20	7/1/2020	12/31/9999	2	513.82
L5790	ADDITION,EXOSKELETAL SYSTEM,AB	NU	Yes	0	20	7/1/2020	12/31/9999	2	574.06
L5795	ADDITON,EXOSKELETAL SYSTEM,HI	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,142.95
L5810	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	388.70
L5811	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	582.27
L5812	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	451.33
L5814	ENDO KNEE-SHIN SYDRAL SWG PH	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,998.48
L5816	ADDITION,ENDOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	683.08
L5818	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	766.70
L5822	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,359.57

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5824	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,224.37
L5826	PEDIATRIC KNEE JOINT	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,521.33
L5828	ADDITION,ENDOSKELETAL KNEE-SHI	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,254.58
L5830	ADDITION, WNDOSKELETAL KNEE-SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,514.96
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,801.17
L5845	KNEE-SHIN SYS STANCE FLEXION	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,447.14
L5848	KNEE-SHIN SYS HYDRAUL STANCE	NU	Yes	0	20	7/1/2020	12/31/9999	2	868.17
L5850	ADDITION,ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	102.14
L5855	ADDITION, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	274.44
L5910	ADDITION, ENDOSKELETAL SYSTEM	NU	Yes	0	20	7/1/2020	12/31/9999	2	289.15
L5920	ADDITION,ENDOSKELETAL SYSTEM,A	NU	Yes	0	20	7/1/2020	12/31/9999	2	423.62
L5925	ABOVE KNEE MANUAL LOCK	NU	Yes	0	20	7/1/2020	12/31/9999	2	357.68
L5930	HIGH ACTIVITY KNEE FRAME	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,717.53
L5940	CARBON GRAPHITE RING	NU	Yes	0	20	7/1/2020	12/31/9999	2	400.48
L5950	ADDITION,ENDOSKELETAL SYSTEM,A	NU	Yes	0	20	7/1/2020	12/31/9999	2	626.17
L5960	ADDITION,ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	769.67
L5961	ENDO POLY HIP, PNEU/HYD/ROT	NU	Yes	0	20	7/1/2020	12/31/9999	1	3,670.12
L5962	ADDITION, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	506.53
L5964	ADDITION, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	747.70
L5966	ADDITION, ENDOSKELETAL SYSTEM,	NU	Yes	0	20	7/1/2020	12/31/9999	2	952.76
L5968	MULTIAXIAL ANKLE W DORSIFLEX	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,933.94
L5969	AK/FT POWER ASST INCL MOTORS	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L5969	AK/FT POWER ASST INCL MOTORS	NU	Yes	0	20	1/1/2014	12/31/9999	2	11,026.77
L5970	ALL LOW EXTR PRO, FOO,EXT KEE,	NU	Yes	0	20	7/1/2020	12/31/9999	2	162.14
L5971	SACH FOOT, REPLACEMENT	NU	Yes	0	20	7/1/2020	12/31/9999	2	162.14
L5972	FLEXIBLE KEEL FOOT	NU	Yes	0	20	7/1/2020	12/31/9999	2	302.87
L5974	ALL LOW EXT PRO,FOO,SIN AXI AN	NU	Yes	0	20	7/1/2020	12/31/9999	2	186.05
L5975	COMBO ANKLE/FOOT PROSTHESIS	NU	Yes	0	20	7/1/2020	12/31/9999	2	374.31
L5976	ALL LOW EXT PRO, ENE STO FOO	NU	Yes	0	20	7/1/2020	12/31/9999	2	447.11
L5978	ALL LOWER EXTREMITY PROTHESES	NU	Yes	0	20	7/1/2020	12/31/9999	2	232.99
L5979	MULTI-AXIAL ANKLE/FT PROSTH	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,821.72
L5980	ALL LOW EXT PROT, FLE FOOT SYS	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,960.17
L5981	ALL LOWER EXTREMITY PROTHESES	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,391.42
L5982	ALL EXO LOW EXT PRO,AXI ROT UN	NU	Yes	0	20	7/1/2020	12/31/9999	2	461.55
L5984	ENDOSKELETAL AXIAL ROTATION	NU	Yes	0	20	7/1/2020	12/31/9999	2	454.82
L5985	LWR EXT DYNAMIC PROSTH PYLON	NU	Yes	0	20	7/1/2020	12/31/9999	2	227.98
L5986	ALL LOW EXT PRO,MUL-AXI ROTA U	NU	Yes	0	20	7/1/2020	12/31/9999	2	505.92
L5987	SHANK FT W VERT LOAD PYLON	NU	Yes	0	20	7/1/2020	12/31/9999	2	5,808.03
L5988	VERTICAL SHOCK REDUCING PYLO	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,612.88
L5999	LOWR EXTREMITY PROSTHES NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	2	0.00
L6000	PART HAND THUMB REM	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,060.81
L6010	PART HAND LITTLE/RING	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,180.50
L6020	PART HAND NO FINGERS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,100.63
L6050	WRIST DISARTICULATION, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,516.62
L6055	WRIST DISARTICULATION,MOLDED S	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,113.78
L6100	BELOW ELBOW, MOLDED SOCKET, F	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,536.58
L6110	BELOW ELBOW, MOLDED SOCKET,	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,629.79
L6120	BELOW ELBOW, MOLDED DOUBLE WA	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,899.30
L6130	BELOW ELBOW, MOLDED DOUBLE WA	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,066.78
L6200	ELBOW DISARTICULATION, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,178.06
L6205	ELBOW DISARTICULATION, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,907.36
L6250	ABOVE ELBOW, MOLDED DOUBLE WA	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,282.10
L6300	SHOULDER DISARTICULATION, MOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,974.48

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L6310	SHOULDER DISARTICULATION, PAS	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,568.34
L6320	SHOULDER DISARTICULATION, PAS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,403.02
L6350	INTERSCAPULAR THORACIC, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,127.21
L6360	INTERSCAPULAR THORACIC, PASSI	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,812.43
L6370	INTERSCAPULAR THORACIC, PASSIV	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,682.86
L6400	BELOW ELBOW, MOLDED SOCKET, E	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,852.57
L6450	ELBOW DISARTICULATION, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,474.98
L6500	ABOVE ELBOW, MOLDED SOCKET, E	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,589.34
L6550	SHOULDER DISARTICULATION, MOLD	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,112.43
L6570	INTERSCAPULAR THORACIC, MOLDED	NU	Yes	0	20	7/1/2020	12/31/9999	2	3,494.42
L6580	PREPARATORY,WRIST DISARTICULAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,334.10
L6582	PREPARATORY,WRIST DISARTICULAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,208.34
L6584	PREPARATORY,ELBOW DISARTICULAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,894.98
L6586	PREPARATORY,ELBOW DISARTICULAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,773.40
L6588	PREPARATORY,SHOULDER DISARTICU	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,330.20
L6590	PREPARATORY,SHOULDER DISARTICU	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,213.33
L6600	UPPER EXTREMITY ADDITIONS, PO	NU	Yes	0	20	7/1/2020	12/31/9999	2	149.76
L6605	UPPER EXTREMITY ADDITIONS, SI	NU	Yes	0	20	7/1/2020	12/31/9999	2	147.87
L6610	UPPER EXTREMITY ADDITIONS, FL	NU	Yes	0	20	7/1/2020	12/31/9999	2	142.00
L6615	UPPER EXTREMITY ADDITIONS, DI	NU	Yes	0	20	7/1/2020	12/31/9999	2	153.01
L6616	UPP EXT ADD,ADD DIS INS FOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	56.70
L6620	FLEXION/EXTENSION WRIST UNIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	244.80
L6621	FLEX/EXT WRIST W/WO FRICTION	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,846.68
L6623	UPPER EXTREMITY ADDITION,SPRIN	NU	Yes	0	20	7/1/2020	12/31/9999	2	682.85
L6625	UPPER EXTREMITY ADDITIONS, RO	NU	Yes	0	20	7/1/2020	12/31/9999	2	485.17
L6628	UPPER EXTREMITY ADDITION,QUICK	NU	Yes	0	20	7/1/2020	12/31/9999	2	382.46
L6629	UPPER EXTREMITY ADDITION,QUICK	NU	Yes	0	20	7/1/2020	12/31/9999	2	116.81
L6630	UPPER EXTREMITY ADDITIONS ST	NU	Yes	0	20	7/1/2020	12/31/9999	2	172.06
L6632	UPPER EXTREMITY ADDITION,LATEX	NU	Yes	0	20	7/1/2020	12/31/9999	4	59.76
L6635	UPPER EXTREMITY ADDITION, LIF	NU	Yes	0	20	7/1/2020	12/31/9999	2	140.62
L6637	UPPER EXTREMITY ADDITION,NUDGE	NU	Yes	0	20	7/1/2020	12/31/9999	2	299.93
L6640	UPPER EXTREMITY ADDITIONS, SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	266.46
L6641	UPPER EXTREMITY ADDITION,EXCUR	NU	Yes	0	20	7/1/2020	12/31/9999	2	128.08
L6642	UOOER EXTREMITY ADDITION,EXCUR	NU	Yes	0	20	7/1/2020	12/31/9999	2	173.61
L6645	UPPER EXTREMITY ADDITIONS, SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	320.45
L6650	UPPER EXTREMITY ADDITIONS, SH	NU	Yes	0	20	7/1/2020	12/31/9999	2	332.70
L6655	UPPER EXTREMITY ADDITIONS, ST	NU	Yes	0	20	7/1/2020	12/31/9999	4	65.38
L6660	UPPER EXTREMITY ADDITIONS, HE	NU	Yes	0	20	7/1/2020	12/31/9999	4	73.28
L6665	UPPER EXTREMITY ADDITIONS, TE	NU	Yes	0	20	7/1/2020	12/31/9999	4	36.77
L6670	UPPER EXTREMITY ADDITIONS, HO	NU	Yes	0	20	7/1/2020	12/31/9999	2	40.66
L6672	UPPER EXTREMITY ADDITIONS, HA	NU	Yes	0	20	7/1/2020	12/31/9999	2	161.34
L6675	HARNESS FIGURE OF 8 SING CON	NU	Yes	0	20	7/1/2020	12/31/9999	2	95.88
L6676	HARNESS FIGURE OF 8 DUAL CON	NU	Yes	0	20	7/1/2020	12/31/9999	2	110.83
L6677	UE TRIPLE CONTROL HARNESS	NU	Yes	0	20	7/1/2020	12/31/9999	2	239.54
L6680	UPPER EXTREMITY ADDITIONS, TE	NU	Yes	0	20	7/1/2020	12/31/9999	4	185.23
L6682	UPPER EXTREMITY ADDITIONS, TE	NU	Yes	0	20	7/1/2020	12/31/9999	4	204.80
L6684	UPPER ADDITIONS, TE	NU	Yes	0	20	7/1/2020	12/31/9999	4	278.30
L6686	UPPER EXTREMITY ADDITION,SUCTI	NU	Yes	0	20	7/1/2020	12/31/9999	2	628.45
L6687	UPPER EXTREMITY ADDITION, FRAM	NU	Yes	0	20	7/1/2020	12/31/9999	2	460.52
L6688	UPPER EXTREMITY ADDITION, FRAM	NU	Yes	0	20	7/1/2020	12/31/9999	2	457.74
L6689	UPPER EXTREMITY ADDITION,FRAME	NU	Yes	0	20	7/1/2020	12/31/9999	2	548.43
L6690	UPPER EXTREMITY ADDITION,FRAME	NU	Yes	0	20	7/1/2020	12/31/9999	2	597.63
L6691	UPPER EXTREMITY ADDITION,REMOV	NU	Yes	0	20	7/1/2020	12/31/9999	2	276.60
L6692	UPP EXT ADD,SIL GEL INS OR EQU	NU	Yes	0	20	7/1/2020	12/31/9999	2	446.48

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L6693	LOCKINGELBOW FOREARM CNTRBAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,292.11
L6694	ELBOW SOCKET INS USE W/LOCK	NU	Yes	0	20	7/1/2020	12/31/9999	2	567.70
L6695	ELBOW SOCKET INS USE W/O LCK	NU	Yes	0	20	7/1/2020	12/31/9999	2	473.06
L6696	CUS ELBO SKT IN FOR CON/ATYP	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,062.02
L6697	CUS ELBO SKT IN NOT CON/ATYP	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,062.02
L6698	BELOW/ABOVE ELBOW LOCK MECH	NU	Yes	0	20	7/1/2020	12/31/9999	2	459.09
L6703	Term dev, passive hand mitt	NU	Yes	0	20	7/1/2020	12/31/9999	2	290.24
L6704	Term dev, sport/rec/work att	NU	Yes	0	20	7/1/2020	12/31/9999	2	467.56
L6706	Term dev mech hook vol open	NU	Yes	0	20	7/1/2020	12/31/9999	2	278.57
L6707	Term dev mech hook vol close	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,026.78
L6708	Term dev mech hand vol open	NU	Yes	0	20	7/1/2020	12/31/9999	2	671.23
L6709	Term dev mech hand vol close	NU	Yes	0	20	7/1/2020	12/31/9999	2	967.27
L6711	'PED TERM DEV, HOOK, VOL OPEN	NU	Yes	0	20	7/1/2020	12/31/9999	2	542.80
L6712	'PED TERM DEV, HOOK, VOL CLOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	999.42
L6713	'PED TERM DEV, HAND, VOL OPEN	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,261.34
L6714	'PED TERM DEV, HAND, VOL CLOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,068.38
L6721	'HOOK/HAND, HVY DTY, VOL OPEN	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,898.92
L6722	'HOOK/HAND, HVY DTY, VOL CLOS	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,637.00
L6805	TERM DEV MODIFIER WRIST UNIT	NU	Yes	0	20	7/1/2020	12/31/9999	2	271.64
L6810	TERM DEV PRECISION PINCH DEV	NU	Yes	0	20	7/1/2020	12/31/9999	2	153.97
L6883	REPLC SOCKT BELOW E/W DISA	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,266.94
L6884	REPLC SOCKT ABOVE ELBOW DISA	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,880.41
L6885	REPLC SOCKT SHLDR DIS/INTERC	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,812.43
L6890	PREFAB GLOVE FOR TERM DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	135.79
L6895	CUSTOM GLOVE FOR TERM DEVICE	NU	Yes	0	20	7/1/2020	12/31/9999	2	499.55
L6900	HAND RESTORATION (CASTS, SHAD	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,425.60
L6905	HAND RESTORATION (CASTS, SHAD	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,417.50
L6910	HAND RESTORATION (CASTS, SHAD	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,212.10
L6915	HAND RESTORATION REPLACMNT G	NU	Yes	0	20	7/1/2020	12/31/9999	2	611.12
L6920	WRIST DISARTICULATION,EXTERNAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	5,328.19
L6925	WRIST DISARTICULATION,EXTERNAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,172.67
L6930	BELOW ELBOW,EXTERNAL POWER,SEL	NU	Yes	0	20	7/1/2020	12/31/9999	2	5,361.23
L6935	BELOW ELBOW,EXTERNAL POWER,SEL	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,283.98
L6940	ELBOW DISARTICULATION,EXTERNAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,004.80
L6945	ELBOW DISARTICULATION,EXTERNAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	8,559.02
L6950	ABOVE ELBOW,EXTERNAL POWER,MOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,961.94
L6955	ABOVE ELBOW,EXTERNAL POWER,MOL	NU	Yes	0	20	7/1/2020	12/31/9999	2	9,535.51
L6960	SHOULDER DISARTICULATION,EXTER	NU	Yes	0	20	7/1/2020	12/31/9999	2	10,801.36
L6965	SHOULDER DISARTICULATION,EXTER	NU	Yes	0	20	7/1/2020	12/31/9999	2	11,520.04
L6970	INTERSCAPULAR-THORACIC,EXTERNA	NU	Yes	0	20	7/1/2020	12/31/9999	2	12,004.07
L6975	INTERSCAPULAR-THORACIC,EXTERNA	NU	Yes	0	20	7/1/2020	12/31/9999	2	13,128.58
L7040	PREHENSILE ACTUATOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,250.78
L7045	PEDIATRIC ELECTRIC HOOK	NU	Yes	0	20	7/1/2020	12/31/9999	2	1,290.45
L7170	ELECTRONIC ELBOW,HOSMER OR EQU	NU	Yes	0	20	7/1/2020	12/31/9999	2	5,941.73
L7180	ELECTRONIC ELBOW SEQUENTIAL	NU	Yes	0	20	7/1/2020	12/31/9999	2	26,080.87
L7185	ELECTRONIC ELBOW, ADOLESCENT,	NU	Yes	0	20	7/1/2020	12/31/9999	2	5,867.54
L7186	ELE ELB,CHI,VAR,VIL OR EQU,SWI	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,062.14
L7190	ELECTRONIC ELBOW, ADOLESCENT,	NU	Yes	0	20	7/1/2020	12/31/9999	2	6,162.91
L7191	ELE ELB,CHI,VAR VIL OR EQU,MYO	NU	Yes	0	20	7/1/2020	12/31/9999	2	7,379.52
L7259	ELECTRONIC WRIST ROTATOR	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,551.57
L7360	SIX VOLT BATTERY OTTO BOCK/EQ EA	NU	Yes	0	20	7/1/2020	12/31/9999	1	190.50
L7362	BATTERY CHRGR SIX VOLT OTTO EA	NU	Yes	0	20	7/1/2020	12/31/9999	1	200.03
L7364	TWELVE VOLT BATTERY UTAH/EQU EA	NU	Yes	0	20	7/1/2020	12/31/9999	1	318.14
L7366	BATTERY CHRGR 12 VOLT UTAH/E	NU	Yes	0	20	7/1/2020	12/31/9999	1	428.54

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L7400	ADD UE PROST BE/WD, ULTLITE	NU	Yes	0	20	7/1/2020	12/31/9999	2	247.46
L7401	ADD UE PROST A/E ULTLITE MAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	277.03
L7402	ADD UE PROST S/D ULTLITE MAT	NU	Yes	0	20	7/1/2020	12/31/9999	2	299.14
L7403	ADD UE PROST B/E ACRYLIC	NU	Yes	0	20	7/1/2020	12/31/9999	2	297.34
L7404	ADD UE PROST A/E ACRYLIC	NU	Yes	0	20	7/1/2020	12/31/9999	2	448.73
L7405	ADD UE PROST S/D ACRYLIC	NU	Yes	0	20	7/1/2020	12/31/9999	2	586.89
L7499	UPPER EXTREMITY PROSTHES NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	2	0.00
L7600	PROSTHETIC DONNING SLEEVE	NU-PRICED BY PA	Yes	0	20	1/1/2006	12/31/9999	1	0.00
L8000	MASTECTOMY BRA	NU	Yes	0	20	7/1/2020	12/31/9999	6	35.11
L8010	BREAST PROSTHESES, MASTECTOMY	NU	Yes	0	20	5/1/1999	12/31/9999	2	37.52
L8015	EXT BREASTPROSTHESIS GARMENT	NU	Yes	0	20	7/1/2020	12/31/9999	4	48.39
L8020	BREAST PROSTHESES, MASTECTOMY	NU	Yes	0	20	7/1/2020	12/31/9999	4	182.02
L8030	BREAST PROSTHES W/O ADHESIVE	NU	Yes	0	20	7/1/2020	12/31/9999	2	263.28
L8035	CUSTOM BREAST PROSTHESIS	NU	Yes	0	20	7/1/2020	12/31/9999	2	2,957.91
L8039	BREAST PROSTHESIS NOS	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	2	0.00
L8300	TRUSSES, SINGLE WITH STANDARD	NU	Yes	0	20	7/1/2020	12/31/9999	1	77.76
L8310	TRUSSES, DOUBLE WITH STANDARD	NU	Yes	0	20	7/1/2020	12/31/9999	1	119.56
L8320	TRUSS, ADDITION TO STANDARD PA	NU	Yes	0	20	7/1/2020	12/31/9999	2	52.22
L8330	TRUSS, ADDITION TO STANDARD PA	NU	Yes	0	20	7/1/2020	12/31/9999	2	51.76
L8400	PROSTHETIC SHEATH, BELOW KNEE	NU	Yes	0	20	7/1/2020	12/31/9999	12	15.14
L8410	PROSTHETIC SHEATH, ABOVE KNEE	NU	Yes	0	20	7/1/2020	12/31/9999	12	17.22
L8415	PROSTHETIC SHEATH,UPPER LIMB,	NU	Yes	0	20	7/1/2020	12/31/9999	6	17.11
L8417	PROS SHEATH/SOCK W GEL CUSHN	NU	Yes	0	20	7/1/2020	12/31/9999	12	60.71
L8420	PROSTHETIC SOCK MULTI PLY BK	NU	Yes	0	20	7/1/2020	12/31/9999	24	20.01
L8430	PROSTHETIC SOCK MULTI PLY AK	NU	Yes	0	20	7/1/2020	12/31/9999	24	22.00
L8435	PROS SOCK MULTI PLY UPPER LM	NU	Yes	0	20	7/1/2020	12/31/9999	12	19.74
L8440	BK STUMP SHRINKER	NU	Yes	0	20	7/1/2020	12/31/9999	4	41.86
L8460	AK STUMP SHRINKER	NU	Yes	0	20	7/1/2020	12/31/9999	4	58.26
L8465	PROSTHETIC SHRINKER,UPPER LIMB	NU	Yes	0	20	7/1/2020	12/31/9999	4	51.93
L8470	PROS SOCK SINGLE PLY BK	NU	Yes	0	20	7/1/2020	12/31/9999	24	5.33
L8480	PROS SOCK SINGLE PLY AK	NU	Yes	0	20	7/1/2020	12/31/9999	24	7.35
L8485	PROS SOCK SINGLE PLY UPPER L	NU	Yes	0	20	7/1/2020	12/31/9999	12	8.88
L8500	ARTIFICIAL LARYNX, ANY TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	1	526.90
L8501	TRACHEOSTOMY SPEAKING VALVE	NU	Yes	0	20	7/1/2020	12/31/9999	2	117.02
L8615	COCH IMPLANT HEADSET REPLACE	NU	Yes	0	999	7/1/2020	12/31/9999	2	364.14
L8616	COCH IMPLANT MICROPHONE REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	84.82
L8617	COCH IMPLANT TRANS COIL REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	74.10
L8618	COCH IMPLANT TRAN CABLE REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	21.17
L8619	COCH IMP EXT PROC/CONTR RPLC	NU	Yes	0	999	7/1/2020	12/31/9999	2	6,556.62
L8619	COCH IMP EXT PROC/CONTR RPLC	UE	Yes	0	999	7/1/2020	12/31/9999	2	3,278.31
L8621	REPL ZINC AIR BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	300	0.50
L8622	REPL ALKALINE BATTERY	NU	Yes	0	999	7/1/2020	12/31/9999	1	0.26
L8623	Lith ion batt CID,non-earlvl	NU	Yes	0	999	7/1/2020	12/31/9999	4	52.22
L8624	Lith ion batt CID, ear level	NU	Yes	0	999	7/1/2020	12/31/9999	4	130.18
L8625	CHARGER COCH IMPL/AOI BATTRY	NU	Yes	0	999	7/1/2020	12/31/9999	1	152.49
L8627	CID EXT SPEECH PROCESS REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	5,557.84
L8628	CID EXT CONTROLLER REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	998.80
L8629	CID TRANSMIT COIL & CABLE REPL	NU	Yes	0	999	7/1/2020	12/31/9999	2	144.56
L8679	IMP NEUROSTI PLS GN ANY TYPE	NU	Yes	0	20	7/1/2020	12/31/9999	1	6,736.76
L8679	IMP NEUROSTI PLS GN ANY TYPE	RB-PRICED BY PA	Yes	0	20	1/1/2014	12/31/9999	1	0.00
L8691	Aud osseo dev ext snd proces	NU	Yes	5	999	7/1/2020	12/31/9999	1	1,390.42

Mississippi Division of Medicaid
DME-ORTHOTIC-PROSTHETIC WEBSITE FEE SCHEDULE
Print Date: October 5, 2021



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

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

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

NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "....The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L8692	NON-OSSEOINTEGRATED SND PROC	NU	Yes	0	999	7/1/2020	12/31/9999	2	3,155.65
L8692	NON-OSSEOINTEGRATED SND PROC	RB-PRICED BY PA	Yes	0	999	1/1/2010	12/31/9999	1	0.00
L8693	AUD OSSEO DEV, ABUTMENT	NU	Yes	5	999	7/1/2020	12/31/9999	1	1,224.24
L8694	AOI TRANSDUCER/ACTUATOR REPL	NU	Yes	5	999	7/1/2020	12/31/9999	1	762.48
L9900	O&P SUPPLY/ACCESSORY/SERVICE	NU-PRICED BY PA	Yes	0	20	5/1/2004	12/31/9999	1	0.00
Q0496	BATTERY ELEC/COMBO VAD, REP	NU	Yes	0	999	7/1/2020	12/31/9999	1	1,210.44
S8185	FLUTTER DEVICE	NU-PRICED BY PA	Yes	0	20	5/1/2006	12/31/9999	1	0.00