

**MISSISSIPPI DIVISION OF MEDICAID
OUTPATIENT HOSPITAL FEE SCHEDULES**



MS STATUS INDICATOR CODES
MS REVENUE CODE SCHEDULE
OUTPATIENT HOSPITAL FEE SCHEDULE
CHEMOTHERAPY FEE SCHEDULE

MS MEDICAID SPECIFIC APC STATUS INDICATORS



Status Indicator	MS Medicaid Definition
A, B, M	Miscellaneous codes priced by MS Medicaid fee
C	Inpatient only services
D	Discontinued codes
E	Non-covered code
G, K	Drugs & biologicals paid by Medicare fee
M1	MS Medicaid specific fee
MT	MS Medicaid discounted services not covered under Medicare OPPS
N	Ancillary services priced by APC
R	Blood products priced by Medicare fee
S	Significant procedure priced by APC that the multiple procedure discount DOES NOT apply to
T	Significant procedure priced by APC that the multiple procedure discount DOES apply
U	Brachytherapy
V	Medical visits in the clinic, critical care or emergency department (includes codes for direct admits)

MS MEDICAID REVENUE CODE SCHEDULE



MISSISSIPPI DIVISION OF
MEDICAID

Y = Revenue code allowed N = Revenue code not allowed
R = CPT/HCPCS code required NR=CPT/HCPCS code not required NA=CPT/HCPCS code not applicable

Revenue Code CODE	Description	Revenue Code Allowed for Outpatient	CPT- HCPCS Code Required for Outpatient Claim	MMIS Action
010X	All Inclusive Rate			
	0 All-Inclusive Room & Board plus Ancillary	N	NA	Deny line
	1 All-Inclusive Room & Board	N	NA	Deny line
	2-9 Reserved	N	NA	Deny line
011X	Room & Board - Private (One Bed)			
	0 General Classification	N	NA	Deny line
	1 Medical/Surgical/Gyn	N	NA	Deny line
	2 Obstetrics (OB)	N	NA	Deny line
	3 Pediatric	N	NA	Deny line
	4 Psychiatric	N	NA	Deny line
	5 Hospice	N	NA	Deny line
	6 Detoxification	N	NA	Deny line
	7 Oncology	N	NA	Deny line
	8 Rehabilitation	N	NA	Deny line
	9 Other	N	NA	Deny line
012X	Room & Board - Semi-Private (Two Beds)			
	0 General Classification	N	NA	Deny line
	1 Medical/Surgical/Gyn	N	NA	Deny line
	2 Obstetrics (OB)	N	NA	Deny line
	3 Pediatric	N	NA	Deny line
	4 Psychiatric	N	NA	Deny line
	5 Hospice	N	NA	Deny line
	6 Detoxification	N	NA	Deny line
	7 Oncology	N	NA	Deny line
	8 Rehabilitation	N	NA	Deny line
	9 Other	N	NA	Deny line
013X	Room & Board - Semi-Private(Three and Four Beds)			
	0 General Classification	N	NA	Deny line
	1 Medical/Surgical/Gyn	N	NA	Deny line
	2 Obstetrics (OB)	N	NA	Deny line
	3 Pediatric	N	NA	Deny line
	4 Psychiatric	N	NA	Deny line
	5 Hospice	N	NA	Deny line
	6 Detoxification	N	NA	Deny line
	7 Oncology	N	NA	Deny line
	8 Rehabilitation	N	NA	Deny line
	9 Other	N	NA	Deny line
014X	Room & Board - Deluxe Private			
	0 General Classification	N	NA	Deny Line
	1 Medical/Surgical/Gyn	N	NA	Deny Line
	2 Obstetrics (OB)	N	NA	Deny Line
	3 Pediatric	N	NA	Deny Line
	4 Psychiatric	N	NA	Deny Line
	5 Hospice	N	NA	Deny Line
	6 Detoxification	N	NA	Deny Line
	7 Oncology	N	NA	Deny Line
	8 Rehabilitation	N	NA	Deny Line
	9 Other	N	NA	Deny Line
015X	Room & Board - Ward			
	0 General Classification	N	NA	Deny line
	1 Medical/Surgical/Gyn	N	NA	Deny line
	2 Obstetrics (OB)	N	NA	Deny line
	3 Pediatric	N	NA	Deny line
	4 Psychiatric	N	NA	Deny line
	5 Hospice	N	NA	Deny line

	6 Detoxification	N	NA	Deny line
	7 Oncology	N	NA	Deny line
	8 Rehabilitation	N	NA	Deny line
	9 Other	N	NA	Deny line
016X	Room & Board - Other			
	0 General Classification	N	NA	Deny line
	1-3 Reserved	N	NA	Deny line
	4 Sterile Environment	N	NA	Deny line
	5-6 Reserved	N	NA	Deny line
	7 Self Care	N	NA	Deny line
	8 Reserved	N	NA	Deny line
	9 Other	N	NA	Deny line
017X	Nursery			
	0 General Classification	N	NA	Deny line
	1 Newborn - Level I	N	NA	Deny line
	2 Newborn - Level II	N	NA	Deny line
	3 Newborn- Level III	N	NA	Deny line
	4 Newborn - Level IV	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Nursery	N	NA	Deny line
018X	Leave of Absence			
	0 General Classification	N	NA	Deny line
	1 Reserved	N	NA	Deny line
	2 Patient Convenience	N	NA	Deny line
	3 Therapeutic Leave	N	NA	Deny line
	4 Reserved	N	NA	Deny line
	5 Nursing Home (for hospitalization)	N	NA	Deny line
	6-8 Reserved	N	NA	Deny line
	9 Other Leave of Absence	N	NA	Deny line
019X	Subacute Care			
	0 General Classification	N	NA	Deny line
	1 Subacute Care - Level I	N	NA	Deny line
	2 Subacute Care - Level II	N	NA	Deny line
	3 Subacute Care - Level III	N	NA	Deny line
	4 Subacute Care - Level IV	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Subacute Care	N	NA	Deny line
020X	Intensive Care Unit			
	0 General Classification	N	NA	Deny line
	1 Surgical	N	NA	Deny line
	2 Medical	N	NA	Deny line
	3 Pediatric	N	NA	Deny line
	4 Psychiatric	N	NA	Deny line
	5 Reserved	N	NA	Deny line
	6 Intermediate ICU	N	NA	Deny line
	7 Burn Care	N	NA	Deny line
	8 Trauma	N	NA	Deny line
	9 Other Intensive Care	N	NA	Deny line
021X	Coronary Care Unit			
	0 General Classification	N	NA	Deny line
	1 Myocardial Infarction	N	NA	Deny line
	2 Pulmonary Care	N	NA	Deny line
	3 Heart Transplant	N	NA	Deny line
	4 Intermediate CCU	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Coronary Care	N	NA	Deny line
022X	Special Charges			
	0 General Classification	N	NA	Deny line
	1 Admission Charge	N	NA	Deny line
	2 Technical Support Charge	N	NA	Deny line
	3 U.R. Service Charge	N	NA	Deny line
	4 Late Discharge, Medically Necessary	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Special Charges	N	NA	Deny line
023X	Incremental Nursing Charge			
	0 General Classification	N	NA	Deny line
	1 Nursery	N	NA	Deny line
	2 OB	N	NA	Deny line

	3 ICU	N	NA	Deny line
	4 CCU	N	NA	Deny line
	5 Hospice	N	NA	Deny line
	6-8 Reserved	N	NA	Deny line
	9 Other	N	NA	Deny line
024X	All Inclusive Ancillary			
	0 General Classification	Y	R	Deny line if no code
	1 Basic	Y	R	Deny line if no code
	2 Comprehensive	Y	R	Deny line if no code
	3 Specialty	Y	R	Deny line if no code
	4-8 Reserved	N	NA	Deny line
	9 Other All Inclusive Ancillary	Y	R	Deny line if no code
025X	Pharmacy (also see 063X, an extension of 025X)			
	0 General Classification	Y	NR	Pay line zero if no code
	1 Generic Drugs	Y	R	Deny line if no code
	2 Non-generic Drugs	Y	R	Deny line if no code
	3 Take Home Drugs	N	NA	Deny line
	4 Drugs Incident to Other Diagnostic Services	Y	R	Deny line if no code
	5 Drugs Incident to Radiology	Y	R	Deny line if no code
	6 Experimental Drugs	N	NA	Deny line
	7 Non-prescription	Y	R	Deny line if no code
	8 IV Solutions	Y	R	Deny line if no code
	9 Other Pharmacy	Y	R	Deny line if no code
026X	IV Therapy			
	0 General Classification	Y	R	Deny line if no code
	1 Infusion Pump	Y	R	Deny line if no code
	2 IV Therapy/Pharmacy Svcs	Y	R	Deny line if no code
	3 IV Therapy/Drug/Supply Delivery	Y	R	Deny line if no code
	4 IV Therapy/Supplies	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other IV Therapy	Y	R	Deny line if no code
027X	Medical/Surgical Supplies & Devices			
	0 General Classification	Y	NR	Pay line zero if no code
	1 Non-Sterile Supply	Y	NR	Pay line zero if no code
	2 Sterile Supply	Y	NR	Pay line zero if no code
	3 Take Home Supplies	N	NA	Deny line
	4 Prosthetic/Orthotic Devices	Y	R	Deny line if no code
	5 Pacemaker	Y	R	Deny line if no code
	6 Intraocular Lens	Y	R	Deny line if no code
	7 Oxygen - Take Home	N	NA	Deny line
	8 Other Implant	Y	R	Deny line if no code
	9 Other Supplies/Devices	Y	NR	Pay line zero if no code
028X	Oncology			
	0 General Classification	Y	R	Deny line if no code
	1-8 Reserved	N	NA	Deny line
	9 Other Oncology	Y	R	Deny line if no code
029X	Durable Medical Equipment (Other Than Renal)			
	0 General Classification	N	NA	Deny line
	1 Rental	N	NA	Deny line
	2 Purchase of New DME	N	NA	Deny line
	3 Purchase of Used DME	N	NA	Deny line
	Supplies/Drugs for DME Effectiveness (Home Health Agency only)	N	NA	Deny line
	4 Agency only)	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Equipment	N	NA	Deny line
030X	Laboratory			
	0 General Classification	Y	R	Deny line if no code
	1 Chemistry	Y	R	Deny line if no code
	2 Immunology	Y	R	Deny line if no code
	3 Renal Patient (Home)	Y	R	Deny line if no code
	4 Non-Routine Dialysis	Y	R	Deny line if no code
	5 Hematology	Y	R	Deny line if no code
	6 Bacteriology & Microbiology	Y	R	Deny line if no code
	7 Urology	Y	R	Deny line if no code
	8 Reserved	N	NA	Deny line
	9 Other Laboratory	Y	R	Deny line if no code
031X	Laboratory - Pathology			
	0 General Classification	Y	R	Deny line if no code

	1 Cytology	Y	R	Deny line if no code
	2 Histology	Y	R	Deny line if no code
	4 Biopsy	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Laboratory Pathological	Y	R	Deny line if no code
032X	Radiology - Diagnostic			
	0 General Classification	Y	R	Deny line if no code
	1 Angiocardiology	Y	R	Deny line if no code
	2 Arthrography	Y	R	Deny line if no code
	3 Arteriography	Y	R	Deny line if no code
	4 Chest X-Ray	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Radiology - Diagnostic	Y	R	Deny line if no code
033X	Radiology - Therapeutic and/or Chemotherapy Administration			
	0 General Classification	Y	R	Deny line if no code
	1 Chemotherapy Administration - Injected	Y	R	Deny line if no code
	2 Chemotherapy Administration - Oral	Y	R	Deny line if no code
	3 Radiation Therapy	Y	R	Deny line if no code
	4 Reserved	N	NA	Deny line
	5 Chemotherapy Administration - IV	Y	R	Deny line if no code
	6-8 Reserved	N	NA	Deny line
	9 Other Radiology - Therapeutic	Y	R	Deny line if no code
034X	Nuclear Medicine			
	0 General Classification	Y	R	Deny line if no code
	1 Diagnostic Procedures	Y	R	Deny line if no code
	2 Therapeutic Procedures	Y	R	Deny line if no code
	3 Diagnostic Radiopharmaceuticals	Y	R	Deny line if no code
	4 Therapeutic Radiopharmaceuticals	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Nuclear Medicine	Y	R	Deny line if no code
035X	CT Scan			
	0 General Classification	Y	R	Deny line if no code
	1 CT - Head Scan	Y	R	Deny line if no code
	2 CT - Body Scan	Y	R	Deny line if no code
	3-8 Reserved	N	NA	Deny line
	9 CT -Other	Y	R	Deny line if no code
036X	Operating Room Services			
	0 General Classification	Y	R	Deny line if no code
	1 Minor Surgery	Y	R	Deny line if no code
	2 Organ Transplant - Other Than Kidney	N	NA	Deny line
	3-6 Reserved	N	NA	Deny line
	7 Kidney Transplant	N	NA	Deny line
	8 Reserved	N	NA	Deny line
	9 Other Operating Room Services	Y	R	Deny line if no code
037X	Anesthesia			
	0 General Classification	Y	NR	Pay line zero if no code
	1 Anesthesia Incident to Radiology	Y	NR	Pay line zero if no code
	2 Anesthesia Incident to Other Diagnostic Services	Y	NR	Pay line zero if no code
	3 Reserved	N	NA	Deny line
	4 Acupuncture	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Anesthesia	Y	NR	Pay line zero if no code
038X	Blood and Blood Products			
	0 General Classification	Y	R	Deny line if no code
	1 Packed Red Cells	Y	R	Deny line if no code
	2 Whole Blood	Y	R	Deny line if no code
	3 Plasma	Y	R	Deny line if no code
	4 Platelets	Y	R	Deny line if no code
	5 Leucocytes	Y	R	Deny line if no code
	6 Other Components	Y	R	Deny line if no code
	7 Other Derivatives (Cryoprecipitate)	Y	R	Deny line if no code
	8 Reserved	N	NA	Deny line
	9 Other Blood	Y	R	Deny line if no code
039X	Administration, Processing, and Storage for Blood and Blood Components			
	0 General Classification	Y	R	Deny line if no code
	1 Administration (e.g., transfusions)	Y	R	Deny line if no code

	2 Processing and Storage	N	NA	Deny line
	3-8 Reserved	N	NA	Deny line
	9 Other processing and storage	Y	R	Deny line if no code
040X	Other Imaging Services			
	0 General Classification	Y	R	Deny line if no code
	1 Diagnostic Mammography	Y	R	Deny line if no code
	2 Ultrasound	Y	R	Deny line if no code
	3 Screening Mammography	Y	R	Deny line if no code
	4 Positron Emission Tomography	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Imaging Services	Y	R	Deny line if no code
041X	Respiratory Services			
	0 General Classification	Y	R	Deny line if no code
	1 Reserved	N	NA	Deny line
	2 Inhalation Services	Y	R	Deny line if no code
	3 Hyperbaric Oxygen Therapy	Y	R	Deny line if no code
	4-8 Reserved	N	NA	Deny line
	9 Other Respiratory Services	Y	R	Deny line if no code
042X	Physical Therapy			
	0 General Classification	Y	R	Deny line if no code
	1 Visit	Y	R	Deny line if no code
	2 Hourly	Y	R	Deny line if no code
	3 Group	Y	R	Deny line if no code
	4 Evaluation or Re-evaluation	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Physical Therapy	Y	R	Deny line if no code
043X	Occupational Therapy			
	0 General Classification	Y	R	Deny line if no code
	1 Visit	Y	R	Deny line if no code
	2 Hourly	Y	R	Deny line if no code
	3 Group	Y	R	Deny line if no code
	4 Evaluation or Re-evaluation	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Occupational Therapy	Y	R	Deny line if no code
044X	Speech Therapy - Language Pathology			
	0 General Classification	Y	R	Deny line if no code
	1 Visit	Y	R	Deny line if no code
	2 Hourly	Y	R	Deny line if no code
	3 Group	Y	R	Deny line if no code
	4 Evaluation or Re-evaluation	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Speech Therapy	Y	R	Deny line if no code
045X	Emergency Room			
	0 General Classification	Y	R	Deny line if no code
	1 EMTALA Emergency Medical Screening Svcs	Y	R	Deny line if no code
	2 ER Beyond EMTALA Screening	Y	R	Deny line if no code
	3-5 Reserved	Y	R	Deny line if no code
	6 Urgent Care	Y	R	Deny line if no code
	7-8 Reserved	N	NA	Deny line
	9 Other Emergency Room	Y	R	Deny line if no code
046X	Pulmonary Function			
	0 General Classification	Y	R	Deny line if no code
	1-8 Reserved	N	NA	Deny line
	9 Other Pulmonary Function	Y	R	Deny line if no code
047X	Audiology			
	0 General Classification	Y	R	Deny line if no code
	1 Diagnostic	Y	R	Deny line if no code
	2 Treatment	Y	R	Deny line if no code
	3-8 Reserved	N	NA	Deny line
	9 Other Audiology	Y	R	Deny line if no code
048X	Cardiology			
	0 General Classification	Y	R	Deny line if no code
	1 Cardiac Cath Lab	Y	R	Deny line if no code
	2 Stress Test	Y	R	Deny line if no code
	3 Echocardiology	Y	R	Deny line if no code
	4-8 Reserved	N	NA	Deny line
	9 Other Cardiology	Y	R	Deny line if no code
049X	Ambulatory Surgical Care			

	0 General Classification	Y	R	Deny line if no code
	1-8 Reserved	N	NA	Deny line
	9 Other Ambulatory Surgical Care	Y	R	Deny line if no code
050X	Outpatient Services			
	0 General Classification	Y	R	Deny line if no code
	1-8 Reserved	N	NA	Deny line
	9 Other Outpatient Service	Y	R	Deny line if no code
051X	Clinic			
	0 General Classification	Y	R	Deny line if no code
	1 Chronic Pain Center	Y	R	Deny line if no code
	2 Dental Clinic	N	NA	Deny line
	3 Psychiatric Clinic	Y	R	Deny line if no code
	4 OB-GYN Clinic	Y	R	Deny line if no code
	5 Pediatric Clinic	Y	R	Deny line if no code
	6 Urgent Care Clinic	Y	R	Deny line if no code
	7 Family Practice Clinic	Y	R	Deny line if no code
	8 Reserved	N	NA	Deny line
	9 Other Clinic	Y	R	Deny line if no code
052X	Free-Standing Clinic			
	0 General Classification	N	NA	Deny line
	1 Clinic visit by member to RHC/FQHC	N	NA	Deny line
	2 Home visit by RHC/FQHC practitioner	N	NA	Deny line
	3 Family Practice Clinic	N	NA	Deny line
	Visit by RHC/FQHC Practitioner to a member in a Cov			
	4 Part A Stay at SNF	N	NA	Deny line
	Visit by RHC/FQHC Practitioner to a member in a SNF or			
	5 NF or ICF for other residential facility	N	NA	Deny line
	6 Urgent Care Clinic	N	NA	Deny line
	Visiting Nurse Service(s) to a members home when in a			
	7 home health shortage	N	NA	Deny line
	Visit By RHC/FQHC Practitioner to Other non-RHC/FQHC			
	8 Site (e.g. scene of accident)	N	NA	Deny line
	9 Other Free-Standing Clinic	N	NA	Deny line
053X	Osteopathic Services			
	0 General Classification	N	NA	Deny line
	1 Osteopathic Therapy	N	NA	Deny line
	2-8 Reserved	N	NA	Deny line
	9 Other Osteopathic Services	N	NA	Deny line
054X	Ambulance			
	0 General Classification	N	NA	Deny line
	1 Supplies	N	NA	Deny line
	2 Medical Transport	N	NA	Deny line
	3 Heart Mobile	N	NA	Deny line
	4 Oxygen	N	NA	Deny line
	5 Air Ambulance	N	NA	Deny line
	6 Neonatal Ambulance Services	N	NA	Deny line
	7 Pharmacy	N	NA	Deny line
	8 EKG Transmission	N	NA	Deny line
	9 Other Ambulance	N	NA	Deny line
055X	Home Health (HH) - Skilled Nursing			
	0 General Classification	N	NA	Deny line
	1 Visit Charge	N	NA	Deny line
	2 Hourly Charge	N	NA	Deny line
	3-8 Reserved	N	NA	Deny line
	9 Other Skilled Nursing	N	NA	Deny line
056X	Home Health (HH) - Medical Social Services			
	0 General Classification	N	NA	Deny line
	1 Visit Charge	N	NA	Deny line
	2 Hourly Charge	N	NA	Deny line
	3-8 Reserved	N	NA	Deny line
	9 Other Medical Social Services	N	NA	Deny line
057X	Home Health - (HH) Aide			
	0 General Classification	N	NA	Deny line
	1 Visit Charge	N	NA	Deny line
	2 Hourly Charge	N	NA	Deny line
	3-8 Reserved	N	NA	Deny line
	9 Other Home Health (HH) aide	N	NA	Deny line
058X	Home Health (HH) - Other Visits			
	0 General Classification	N	NA	Deny line

	1 Visit Charge	N	NA	Deny line
	2 Hourly Charge	N	NA	Deny line
	3 Assessment	N	NA	Deny line
	4-8 Reserved	N	NA	Deny line
	9 Other Med. Social Service	N	NA	Deny line
059X	Home Health (HH)- Units of Service			
	0 General Classification	N	NA	Deny line
	1-9 Reserved	N	NA	Deny line
060X	Home Health(HH) - Oxygen			
	0 General Classification	N	NA	Deny line
	1 Oxygen - Stat Equip/Supply/Content	N	NA	Deny line
	2 Oxygen - Stat Equip/Supply < 1 LPM	N	NA	Deny line
	3 Oxygen - Stat/Equip/Supply > 4 LPM	N	NA	Deny line
	4 Oxygen - Portable Add-on	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Oxygen	N	NA	Deny line
061X	Magnetic Resonance Technology (MRT)			
	0 General Classification	Y	R	Deny line if no code
	1 MRI - Brain /Brainstem	Y	R	Deny line if no code
	2 MRI - Spinal Cord /Spine	Y	R	Deny line if no code
	3 Reserved	N	NA	Deny line
	4 MRI - Other	Y	R	Deny line if no code
	5 MRA - Head and Neck	Y	R	Deny line if no code
	6 MRA - Lower Extremities	Y	R	Deny line if no code
	7 Reserved	N	NA	Deny line
	8 MRA - Other	Y	R	Deny line if no code
	9 Other MRT	Y	R	Deny line if no code
062X	Medical/Surgical Supplies - Extension of 027X			
	0 Reserved	N	NA	Deny line
	1 Supplies Incident to Radiology	Y	R	Deny line if no code
	2 Supplies Incident to Other Diagnostic Services	Y	R	Deny line if no code
	3 Surgical Dressings	Y	R	Deny line if no code
	4 FDA Investigational Devices	N	NA	Deny line
	5-9 Reserved	N	NA	Deny line
063X	Pharmacy - Extension of 025X			
	0 Reserved	N	NA	Deny line
	1 Single Source Drug	Y	R	Deny line if no code
	2 Multiple Source Drug	Y	R	Deny line if no code
	3 Restrictive Prescription	Y	R	Deny line if no code
	4 Erythropoietin (EPO) < 10,000 units	Y	R	Deny line if no code
	5 Erythropoietin (EPO) >10,000 units	Y	R	Deny line if no code
	6 Drugs Requiring Detailed Coding	Y	R	Deny line if no code
	7 Self-administrable Drugs	N	NA	Deny line
	8-9 Reserved	N	NA	Deny line
064X	Home IV Therapy Services			
	0 General Classification	N	NA	Deny line
	1 Non-Routine Nursing, Central Line	N	NA	Deny line
	2 IV Site Care, Central Line	N	NA	Deny line
	3 IV Start/Care, Pheripheral Line	N	NA	Deny line
	4 Non-Routine Nursing, Peripheral Line	N	NA	Deny line
	5 Training, Patient/Caregiver, Central Line	N	NA	Deny line
	6 Training, Disabled Patient, Central Line	N	NA	Deny line
	7 Training, Patient/Caregiver, Peripheral Line	N	NA	Deny line
	8 Training, Disabled Patient, Peripheral Line	N	NA	Deny line
	9 Other IV Therapy Services	N	NA	Deny line
065X	Hospice Services			
	0 General Classification	N	NA	Deny line
	1 Routine Home Care	N	NA	Deny line
	2 Continuous Home Care	N	NA	Deny line
	3-4 Reserved	N	NA	Deny line
	5 Inpatient Respite Care	N	NA	Deny line
	6 General Inpatient Care (Non-Respite)	N	NA	Deny line
	7 Physician Services	N	NA	Deny line
	8 Hospice Room & Board - Nursing Facility	N	NA	Deny line
	9 Other Hospice Services	N	NA	Deny line
066X	Respite Care			
	0 General Classification	N	NA	Deny line
	1 Hourly Charge/Nursing	N	NA	Deny line

	2 Hourly Charge/Aide/Homemaker/Companion	N	NA	Deny line
	3 Daily Respite Charge	N	NA	Deny line
	4-8 Reserved	N	NA	Deny line
	9 Other Respite Care	N	NA	Deny line
067X	Outpatient Special Residence Charges			
	0 General Classification	N	NA	Deny line
	1 Hospital Owned	N	NA	Deny line
	2 Contracted	N	NA	Deny line
	3-8 Reserved	N	NA	Deny line
	9 Other Special Residence Charge	N	NA	Deny line
068X	Trauma Response			
	0 NOT USED	N	NA	Deny line
	1 Level I	Y	R	Deny line if no code
	2 Level II	Y	R	Deny line if no code
	3 Level III	Y	R	Deny line if no code
	4 Level IV	Y	R	Deny line if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Trauma Response	Y	R	Deny line if no code
069X	Pre-hospice/Palliative Care Services			
	0 General Classification	N	NA	Deny line
	1 Visit Charge	N	NA	Deny line
	2 Hourly Charge	N	NA	Deny line
	3 Evaluation	N	NA	Deny line
	4 Consultation and Education	N	NA	Deny line
	5 Inpatient Care	N	NA	Deny line
	6 Physician Services	N	NA	Deny line
	7-8 Reserved	N	NA	Deny line
	9 Other Pre-hopcie/Palliative Care Services	N	NA	Deny line
070X	Cast Room			
	0 General Classification	Y	NR	Pay line zero if no code
	1-8 Reserved	N	NA	Deny line
	9 Reserved	N	NA	Deny line
071X	Recovery Room			
	0 General Classification	Y	NR	Pay line zero if no code
	1-8 Reserved	N	NA	Deny line
	9 Reserved	N	NA	Deny line
072X	Labor Room/Delivery			
	0 General Classification	Y	NR	Pay line zero if no code
	1 Labor	Y	NR	Pay line zero if no code
	2 Delivery room	Y	NR	Pay line zero if no code
	3 Circumcision	Y	NR	Pay line zero if no code
	4 Birthing Center	Y	NR	Pay line zero if no code
	5-8 Reserved	N	NA	Deny line
	9 Other Labor Room/Delivery	Y	NR	Pay line zero if no code
073X	EKG/ECG (Electrocardiogram)			
	0 General Classification	Y	R	Deny line if no code
	1 Holter Monitor	Y	R	Deny line if no code
	2 Telemetry	Y	R	Deny line if no code
	3-8 Reserved	N	NA	Deny line
	9 Other EKG/ECG	Y	NR	Pay line zero if no code
074X	EEG (Electroencephalogram)			
	0 General Classification	Y	R	Deny line if no code
	1-9 Reserved	N	NA	Deny line
075X	Gastro-Intestinal (GI) Services			
	0 General Classification	Y	R	Deny line if no code
	1-9 Reserved	N	NA	Deny line
076X	Specialty Services			
	0 Specialty Services - General	Y	NR	Pay line zero if no code
	1 Treatment Room	Y	R	Deny line if no code
	2 Observation hours	Y	R	Deny line if no code
	3-8 Reserved	N	NA	Deny line
	9 Other Specialty Services	Y	R	Deny line if no code
077X	Preventive Care Services			
	0 General Classification	Y	R	Deny line if no code
	1 Vaccine Administration	Y	R	Deny line if no code
	2-9 Reserved	N	NA	Deny line
078X	Telemedicine			
	0 General Classification	Y	NR	Pay line zero if no code

	1-9 Reserved	N	NA	Deny line
079X	Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)			
	0 General Classification	Y	R	Deny line if no code
	1-9 Reserved	N	NA	Deny line
080X	Inpatient Renal Dialysis			
	0 General Classification	N	NA	Deny line
	1 Inpatient Hemodialysis	N	NA	Deny line
	2 Inpatient Peritoneal (Non-CAPD)	N	NA	Deny line
	Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	N	NA	Deny line
	3 (CAPD)	N	NA	Deny line
	4 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Inpatient Dialysis	N	NA	Deny line
081X	Acquisition of Body Components			
	0 General Classification	N	NA	Deny line
	1 Living Donor	N	NA	Deny line
	2 Cadaver Donor	N	NA	Deny line
	3 Unknown Donor	N	NA	Deny line
	4 Unsuccessful Organ Search - Donor Bank Charges	N	NA	Deny line
	5 Stem Cells-Allogenic	N	NA	Deny line
	6-8 Reserved	N	NA	Deny line
	9 Other Donor	N	NA	Deny line
082X	Hemodialysis - Outpatient or Home			
	0 General Classification	Y	R	Deny line if no code
	1 Hemodialysis/Composite or Other Rate	Y	R	Deny line if no code
	2 Home Supplies	Y	R	Deny line if no code
	3 Home Equipment	Y	R	Deny line if no code
	4 Maintenance/100% (Home)	Y	R	Deny line if no code
	5 Support Services (Home)	Y	R	Deny line if no code
	6 Hemodialysis-Shorter Duration	N	NA	Deny line
	7-8 Reserved	N	NA	Deny line
	9 Other Outpatient Hemodialysis (Home)	Y	R	Deny line if no code
083X	Peritoneal Dialysis - Outpatient or Home			
	0 General Classification	Y	R	Deny line if no code
	1 Peritoneal /Composite or Other Rate	Y	R	Deny line if no code
	2 Home Supplies	Y	R	Deny line if no code
	3 Home Equipment	Y	R	Deny line if no code
	4 Maintenance/100% (Home)	Y	R	Deny line if no code
	5 Support Services (Home)	Y	R	Deny line if no code
	6-8 Reserved	N	NA	Deny line
	9 Other Outpatient Peritoneal Dialysis (Home)	Y	R	Deny line if no code
084X	Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home			
	0 General Classification	Y	R	Deny line if no code
	1 CAPD/Composite or Other Rate	Y	R	Deny line if no code
	2 Home Supplies	Y	R	Deny line if no code
	3 Home Equipment	Y	R	Deny line if no code
	4 Maintenance/100% (Home)	Y	R	Deny line if no code
	5 Support Services (Home)	Y	R	Deny line if no code
	6-8 Reserved	N	NA	Deny line
	9 Other Outpatient CAPD (Home)	Y	R	Deny line if no code
085X	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home			
	0 General Classification	Y	R	Deny line if no code
	1 CCPD/Composite or Other Rate	Y	R	Deny line if no code
	2 Home Supplies	Y	R	Deny line if no code
	3 Home Equipment	Y	R	Deny line if no code
	4 Maintenance/100%	Y	R	Deny line if no code
	5 Support Services	Y	R	Deny line if no code
	6-8 Reserved	N	NA	Deny line
	9 Other Outpatient CCPD	Y	R	Deny line if no code
086X	Magnetoencephalography (MEG)			
	0 General Classification	Y	R	Deny line if no code
	1 MEG	Y	R	Deny line if no code
	2-9 Reserved	N	NA	Deny line
087X	Cell/Gene Therapy			
	0 General Classification	N	NA	Deny line

	1 Cell Collection	N	NA	Deny line
	2 Special Bio Processing and Storage - Prior to Transport Storage and Processing After Receipt of Cells from the	N	NA	Deny line
	3 Manufacturer	N	NA	Deny line
	4 Infusion of Modified Cells	N	NA	Deny line
	5 Injection of Modified Cells	N	NA	Deny line
	6-9 Reserved	N	NA	Deny line
088X	Miscellaneous Dialysis			
	0 General Classification	Y	R	Deny line if no code
	1 Ultrafiltration	Y	R	Deny line if no code
	2 Home Dialysis Aid Visit	Y	R	Deny line if no code
	3-8 Reserved	N	NA	Deny line
	9 Other Miscellaneous Dialysis	Y	R	Deny line if no code
089X	Pharmacy-Extension of 25X and 36X			
	0 Reserved (Use 0250 for General Classification)	N	NA	Deny line
	1 Special Processed Drugs - FDA Approved Cell Therapy	N	NA	Deny line
	2 Special Processed Drugs - FDA Approved Gene Therapy	N	NA	Deny line
	3-9 Reserved	N	NA	Deny line
090X	Behavioral Health Treatments/Services - (also see 091X, an extension of 090X)			
	0 General Classification	N	NA	Deny line
	1 Electroshock Treatment	Y	R	Deny line if no code
	2 Milieu Therapy	Y	R	Deny line if no code
	3 Play Therapy	Y	R	Deny line if no code
	4 Activity Therapy	N	NA	Deny line
	5 Intensive Outpatient Services - Psychiatric	Y	R	Deny line if no code
	6 Intensive Outpatient Services - Chemical Dependency	Y	R	Deny line if no code
	7 Community Behavioral Health Program (Day Treatment)	N	NA	Deny line
	8-9 Reserved	N	NA	Deny line
091X	Behavioral Health Treatment/Services -(Extension of 090X)			
	0 Reserved	N	NA	Deny line
	1 Rehabilitation	N	NA	Deny line
	2 Partial Hospitalization - Less Intensive	Y	R	Deny line if no code
	3 Partial Hospitalization - Intensive	N	NA	Deny line
	4 Individual Therapy	Y	R	Deny line if no code
	5 Group Therapy	Y	R	Deny line if no code
	6 Family Therapy	Y	R	Deny line if no code
	7 Bio Feedback	N	NA	Deny line
	8 Testing	N	NA	Deny line
	9 Other Behavioral Health Treatment/Services	N	NA	Deny line
092X	Other Diagnostic Services			
	0 General Classification	Y	R	Deny line if no code
	1 Peripheral Vascular Lab	Y	R	Deny line if no code
	2 Electromyelogram	Y	R	Deny line if no code
	3 Pap Smear	Y	R	Deny line if no code
	4 Allergy Test	Y	R	Deny line if no code
	5 Pregnancy Test	Y	R	Deny line if no code
	6-8 Reserved	N	NA	Deny line
	9 Other Diagnostic Service	Y	R	Deny line if no code
093X	Medical Rehabilitation Day Program			
	0 Reserved	N	NA	Deny line
	1 Half Day	Y	R	Deny line if no code
	2 Full Day	Y	R	Deny line if no code
	3-9 Reserved	N	NA	Deny line
094X	Other Therapeutic Services - (Also see 095X, an extension of 094X)			
	0 General Classification	Y	R	Deny line if no code
	1 Recreational Therapy	Y	R	Deny line if no code
	2 Education/Training (Diabetic Education)	Y	R	Deny line if no code
	3 Cardiac Rehabilitation	Y	R	Deny line if no code
	4 Drug Rehabilitation	Y	R	Deny line if no code
	5 Alcohol Rehabilitation	Y	R	Deny line if no code
	6 Complex Medical Equipment - Routine	Y	R	Deny line if no code
	7 Complex Medical Equipment - Ancillary	Y	R	Deny line if no code

	8 Pulmonary Rehabilitation	Y	R	Deny line if no code
	9 Other Therapeutic Services	Y	R	Deny line if no code
095X	Other Therapeutic Services-(Extension of 094X)			
	0 Reserved	N	NA	Deny line
	1 Athletic Training	Y	R	Deny line if no code
	2 Kinesiotherapy	Y	R	Deny line if no code
	3 Chemical Dependency	N	NA	Deny line
	4-9 Reserved	N	NA	Deny line
096X	Professional Fees (also see 097X and 098X)			
	0 General Classification	N	NA	Deny line
	1 Psychiatric	N	NA	Deny line
	2 Ophthalmology	N	NA	Deny line
	3 Anesthesiologist (MD)	N	NA	Deny line
	4 Anesthetist (CRNA)	N	NA	Deny line
	5-8 Reserved	N	NA	Deny line
	9 Other Professional Fee	N	NA	Deny line
097X	Professional Fees (Extension of 096X)			
	0 Reserved	N	NA	Deny line
	1 Laboratory	N	NA	Deny line
	2 Radiology - Diagnostic	N	NA	Deny line
	3 Radiology - Therapeutic	N	NA	Deny line
	4 Radiology - Nuclear Medicine	N	NA	Deny line
	5 Operating Room	N	NA	Deny line
	6 Respiratory Therapy	N	NA	Deny line
	7 Physical Therapy	N	NA	Deny line
	8 Occupational Therapy	N	NA	Deny line
	9 Speech Pathology	N	NA	Deny line
098X	Professional Fees (Extension of 096X and 097X)			
	0 Reserved	N	NA	Deny line
	1 Emergency Room Services	N	NA	Deny line
	2 Outpatient Services	N	NA	Deny line
	3 Clinic	N	NA	Deny line
	4 Medical Social Services	N	NA	Deny line
	5 EKG	N	NA	Deny line
	6 EEG	N	NA	Deny line
	7 Hospital Visit	N	NA	Deny line
	8 Consultation	N	NA	Deny line
	9 Private Duty Nurse	N	NA	Deny line
099X	Patient Convenience Items			
	0 General Classification	N	NA	Deny line
	1 Cafeteria/Guest Tray	N	NA	Deny line
	2 Private Linen Service	N	NA	Deny line
	3 Telephone/Telecom	N	NA	Deny line
	4 TV/Radio	N	NA	Deny line
	5 Nonpatient Room Rentals	N	NA	Deny line
	6 Late Discharge Charge	N	NA	Deny line
	7 Admission Kits	N	NA	Deny line
	8 Beauty Shop/Barber	N	NA	Deny line
	9 Other Patient Convenience Items	N	NA	Deny line
100X	Behavioral Health Accommodations			
	0 General Classification	N	NA	Deny line
	1 Residential Treatment - Psychiatric	N	NA	Deny line
	2 Residential Treatment - Chemical Dependency	N	NA	Deny line
	3 Supervised Living	N	NA	Deny line
	4 Halfway House	N	NA	Deny line
	5 Group Home	N	NA	Deny line
	6 Outdoor/Wilderness Behavioral Healthcare	N	NA	Deny line
	7-9 Reserved	N	NA	Deny line
101X-209X	Reserved			
210X	Alternative Therapy Services			
	0 General Classification	N	NA	Deny line
	1 Acupuncture	N	NA	Deny line
	2 Acupressure	N	NA	Deny line
	3 Massage	N	NA	Deny line
	4 Reflexology	N	NA	Deny line
	5 Biofeedback	N	NA	Deny line
	6 Hypnosis	N	NA	Deny line
	7 Other alternative therapy services	N	NA	Deny line

211X-300X	Reserved			
310X	Adult Care			
	0 Not Used	N	NA	Deny line
	1 Adult day care, medical and social - hourly	N	NA	Deny line
	2 Adult day care, social - hourly	N	NA	Deny line
	3 Adult day care, medical and social - daily	N	NA	Deny line
	4 Adult day care, social - daily	N	NA	Deny line
	5 Adjult foster care - daily	N	NA	Deny line
	6 Other adult care	N	NA	Deny line
311X-999X	Reserved			

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0001A	O1	ADM SARSCOV2 30MCG/0.3ML 1ST	S		12	999	02/01/2021	12/31/9999	1	15.50
0001F	O6	HEART FAILURE ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
0001M	O6	INF DISEASE CHRONIC HCV	E		0	999	01/01/2013	12/31/9999	1	0.00
0001U	O6	RED BLOOD ANTIGEN TYPING DNA	E		0	999	02/01/2017	12/31/9999	1	0.00
0002A	O1	ADM SARSCOV2 30MCG/0.3ML 2ND	S		12	999	02/01/2021	12/31/9999	1	25.50
0002M	O6	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (A	E		0	999	01/02/2013	12/31/9999	1	0.00
0002U	O6	ONCOLOGY COLORECTAL QUANT ASSESS	E		0	999	02/01/2017	12/31/9999	1	0.00
0003A	O1	ADM SARSCOV2 30MCG/0.3ML 3RD	S		12	999	08/12/2021	12/31/9999	1	31.26
0003M	O6	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (N	E		0	999	01/03/2013	12/31/9999	1	0.00
0003U	O6	ONCOLOGY OVARIAN BIOCHEMICAL ASSAYS	E		0	999	02/01/2017	12/31/9999	1	0.00
0004A	O1	ADM SARSCOV2 30MCG/0.3ML BST	S		18	999	09/22/2021	12/31/9999	1	31.26
0004M	O6	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NU	E		0	999	01/01/2014	12/31/9999	1	0.00
0005F	O6	OSTEOARTHRITIS ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
0005U	O6	ONCOLOGY PROSTATE GENE EXPRESSION	E		0	999	05/01/2017	12/31/9999	1	0.00
0006M	O6	ONCOLOGY, MRNA EXPRESSION LEVELS OF 16	E		0	999	01/01/2015	12/31/9999	1	0.00
0007M	O6	ONCOLOGY, REAL-TIME PCR EXPRESSION ANALY	E		0	999	01/01/2015	12/31/9999	1	0.00
0007U	O6	DRUG TEST(S)	E		0	999	08/01/2017	12/31/9999	1	0.00
0008U	O6	HELICOBACTER PYLORI DETECTION AND ANTIBI	E		0	999	08/01/2017	12/31/9999	1	0.00
0009M	O6	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) D	E		0	999	01/01/2016	12/31/9999	1	0.00
0009U	O6	ONCOLOGY IMAGE DEP	E		0	999	08/01/2017	12/31/9999	1	0.00
00100	O1	ANESTH, SALIVARY GLAND	N		0	999	09/01/2012	12/31/9999	999	0.00
00102	O1	ANES-PROC PLASTIC REPAIR CLEFT LIP ANES-	N		0	999	09/01/2012	12/31/9999	999	0.00
00103	O1	ANESTH, BLEPHAROPLASTY	N		0	999	09/01/2012	12/31/9999	999	0.00
00104	O1	ANESTH FOR ELECTROSHOCK	N		0	999	09/01/2012	12/31/9999	999	0.00
0010U	O6	INFECTIOUS DISEASE SEQ	E		0	999	08/01/2017	12/31/9999	1	0.00
0011A	O1	ADM SARSCOV2 100MCG/0.5ML1ST	S		18	999	02/01/2021	12/31/9999	1	15.50
0011M	O6	PROSTATE CANCER MRNA ASSAY	E		0	999	01/01/2018	12/31/9999	1	0.00
0011U	O6	RX DRUG MONITOR, EVAL OF DRUGS	E		0	999	08/01/2017	12/31/9999	1	0.00
00120	O1	ANESTHESIA FOR EAR SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00124	O1	ANESTHESIA FOR EAR EXAM	N		0	999	09/01/2012	12/31/9999	999	0.00
00126	O1	ANESTH, TYMPANOTOMY	N		0	999	09/01/2012	12/31/9999	999	0.00
0012A	O1	ADM SARSCOV2 100MCG/0.5ML1ST	S		18	999	02/01/2021	12/31/9999	1	25.50
0012F	O6	CAP BACTERIAL ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
0012M	O6	ONCOLOGY MRNA	E		0	999	04/01/2018	12/31/9999	1	0.00
0012U	O6	GERMLINE DISORDER	E		0	999	08/01/2017	12/31/9999	1	0.00
0013A	O1	ADM SARSCOV2 100MCG/0.5ML3RD	S		12	999	08/12/2021	12/31/9999	1	31.26
0013M	O6	ONCOLOGY MRNA RECURRENT	E		0	999	04/01/2018	12/31/9999	1	0.00
0013U	O6	ONCOLOGY, GENE SEQ	E		0	999	08/01/2017	12/31/9999	1	0.00
00140	O1	ANESTH, PROCEDURES ON EYE	N		0	999	09/01/2012	12/31/9999	999	0.00
00142	O1	ANESTHESIA FOR LENS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00144	O1	ANESTH, CORNEAL TRANSPLANT	N		0	999	09/01/2012	12/31/9999	999	0.00
00145	O1	ANESTH, VITREORETINAL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00147	O1	ANESTHESIA FOR PROCEDURES ON E	N		0	999	09/01/2012	12/31/9999	999	0.00
00148	O1	ANESTHESIA FOR EYE EXAM	N		0	999	09/01/2012	12/31/9999	999	0.00
0014F	O6	COMP PREOP CATA SUR W/LENS REPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
0014M	O6	LIVER DS ALYS 3 BMRK SRM ALG	E		0	999	04/01/2020	12/31/9999	1	0.00
0014U	O6	HERMATOLOGY, GENE SEQ	E		0	999	08/01/2017	12/31/9999	1	0.00
0015F	O6	MELANOMA FU	E		0	999	09/01/2012	12/31/9999	1	0.00
0015M	O6	ADRNL CORTCL TUM BCHM ASY 25	E		0	999	10/01/2020	12/31/9999	1	0.00
00160	O1	ANESTH, NOSE, SINUS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00162	O1	ANESTH, NOSE, SINUS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00164	O1	ANESTH, BIOPSY OF NOSE	N		0	999	09/01/2012	12/31/9999	999	0.00
0016M	O6	ONC BLADDER MRNA 209 GEN ALG	E		0	999	10/01/2020	12/31/9999	1	0.00
0016U	O6	ONCOLOGY RNA	E		0	999	08/01/2017	12/31/9999	1	0.00
00170	O1	ANESTH, PROCEDURE ON MOUTH	N		0	999	09/01/2012	12/31/9999	999	0.00
00172	O1	ANESTH, CLEFT PALATE REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
00174	O1	ANESTH, PHARYNGEAL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00176	O6	ANESTH, PHARYNGEAL SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
0017M	O6	ONC DLBCL MRNA 20 GENES ALG	E		0	999	04/01/2021	12/31/9999	1	0.00
0017U	O6	ONCOLOGY JAK2 MUTATION	E		0	999	08/01/2017	12/31/9999	1	0.00
0018M	O6	TRNSPLJ RNL MEAS CD154+CLL	E		0	999	10/01/2021	12/31/9999	1	0.00
0018U	O6	ONC THYR 10 MICRORNA SEQ ALG	E		0	999	10/01/2017	12/31/9999	1	0.00
00190	O1	ANESTH, FACE/SKULL BONE SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00192	O6	ANESTH, FACIAL BONE SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
0019U	O6	ONCO TARGET/ONCO TREAT	E		0	999	10/01/2017	12/31/9999	1	0.00
00210	O1	ANESTH, OPEN HEAD SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00211	O6	ANES INTRACRAN PROC-CRANIOT/ECT	C		0	999	09/01/2012	12/31/9999	1	0.00
00212	O1	ANESTH, SKULL DRAINAGE	N		0	999	09/01/2012	12/31/9999	999	0.00
00214	O6	ANESTH, SKULL DRAINAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
00215	O6	ANESTH, SKULL REPAIR/FRACT	C		0	999	09/01/2012	12/31/9999	1	0.00
00216	O1	ANESTH, HEAD VESSEL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00218	O1	ANESTH, SPECIAL HEAD SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0021U	O6	APIFINY	E		0	999	10/01/2017	12/31/9999	1	0.00
00220	O1	ANESTH, INTRCRN NERVE	N		0	999	09/01/2012	12/31/9999	999	0.00
00222	O1	ANESTH, HEAD NERVE SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0022U	O6	TRGT GEN SEQ DNA&RNA 1-23 GN	E		0	999	10/01/2017	12/31/9999	1	0.00
0023U	O6	LEUKOSTRAT CDX FLT3 MUTATION	E		0	999	10/01/2017	12/31/9999	1	0.00
0024U	O6	GLYCA	E		0	999	01/01/2018	12/31/9999	1	0.00
0025U	O6	URSURE TENOFOVIR QUANTIFICATION	E		0	999	01/01/2018	12/31/9999	1	0.00
0026U	O6	THYROSEQ GENOMIC CLASSIFIER	E		0	999	01/01/2018	12/31/9999	1	0.00
0027U	O6	JAKS EXONS 12 TO 15	E		0	999	01/01/2018	12/31/9999	1	0.00
0029U	O6	FOCUSED PHARMACOGENOMICS PANEL	E		0	999	01/01/2018	12/31/9999	1	0.00
00300	O1	ANESTH, HEAD/NECK/PTRUNK	N		0	999	09/01/2012	12/31/9999	999	0.00
0030U	O6	WARFARIN RESPONSE GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
0031A	O1	ADM SARSCOV2 VAC AD26 .5ML	S		18	999	07/01/2021	12/31/9999	1	31.26
0031U	O6	CYTOCHROME P450 1A2 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
00320	O1	ANESTH, NECK ORGAN, 1 & OVER	N		1	999	09/01/2012	12/31/9999	999	0.00
00322	O1	ANESTH, BIOPSY OF THYROID	N		0	999	09/01/2012	12/31/9999	999	0.00
00326	O1	ANESTH, LARYNX/TRACH, < 1 YR	N		0	1	09/01/2012	12/31/9999	999	0.00
0032U	O6	CATECHOL-O-METHYLTRANSFERASE (COMT) GENO	E		0	999	01/01/2018	12/31/9999	1	0.00
0033U	O6	SEROTONIN RECEPTOR GENOTYPE HTR2A/HTR2C	E		0	999	01/01/2018	12/31/9999	1	0.00
0034A	O1	ADM SARSCOV2 VAC AD26 .5ML B	S		18	999	10/20/2021	12/31/9999	1	31.26
0034U	O6	THIOPURINE METHYLTRANSFERASE TPMT/NUDIX	E		0	999	01/01/2018	12/31/9999	1	0.00
00350	O1	ANESTH, NECK VESSEL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00352	O1	ANESTH, NECK VESSEL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0035U	O6	NEURO CSF PRION PRTN QUAL	E		0	999	04/01/2018	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0036U	O6	EXOME SOMATIC MUTATIONS	E		0	999	04/01/2018	12/31/9999	1	0.00
0037U	O6	TARGETED GENOMIC SEQUENCE ANALYSIS	E		0	999	04/01/2018	12/31/9999	1	0.00
0038U	O6	VITAMIN D, 25 HYDROXY D2 AND D3	E		0	999	04/01/2018	12/31/9999	1	0.00
0039U	O6	DEOXYRIBONUCLEIC ACID (DNA)	E		0	999	04/01/2018	12/31/9999	1	0.00
00400	O1	ANESTH, SKIN, EXT/PER/ATRUNK	N		0	999	09/01/2012	12/31/9999	999	0.00
00402	O1	ANESTH, SURGERY OF BREAST	N		0	999	09/01/2012	12/31/9999	999	0.00
00404	O1	ANESTH, SURGERY OF BREAST	N		0	999	09/01/2012	12/31/9999	999	0.00
00406	O1	ANESTH, SURGERY OF BREAST	N		0	999	09/01/2012	12/31/9999	999	0.00
0040U	O6	BCR/ABL1 (T (9;22)	E		0	999	04/01/2018	12/31/9999	1	0.00
00410	O1	ANESTH, CORRECT HEART RHYTHM	N		0	999	09/01/2012	12/31/9999	999	0.00
0041U	O6	BORRELIA BURGDORFERI IGM	E		0	999	04/01/2018	12/31/9999	1	0.00
0042T	O6	CT PERFUSION W/CONTRAST, CBF	E		0	999	09/01/2012	12/31/9999	1	0.00
0042U	O6	BORRELIA BURGDORFERI IGG	E		0	999	04/01/2018	12/31/9999	1	0.00
0043U	O6	TICK-BORNE RELAPSE BORRELIA IGM	E		0	999	04/01/2018	12/31/9999	1	0.00
0044U	O6	TICK-BORNE RELAPSE BORRELIA IGG	E		0	999	04/01/2018	12/31/9999	1	0.00
00450	O1	ANESTH, SURGERY OF SHOULDER	N		0	999	09/01/2012	12/31/9999	999	0.00
00454	O1	ANESTH, COLLAR BONE BIOPSY	N		0	999	09/01/2012	12/31/9999	999	0.00
0045U	O6	ONCOLOGY BREAST DUCTAL IN SITU MRNA	E		0	999	07/01/2018	12/31/9999	1	0.00
0046U	O6	FLT3 FMS-RELATED TYROSINE KINASE 3	E		0	999	07/01/2018	12/31/9999	1	0.00
00470	O1	ANESTH, REMOVAL OF RIB	N		0	999	09/01/2012	12/31/9999	999	0.00
00472	O1	ANESTH, CHEST WALL REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
00474	O6	ANESTH, SURGERY OF RIB(S)	C		0	999	09/01/2012	12/31/9999	1	0.00
0047U	O6	ONCOLOGY (PROSTATE), MRNA	E		0	999	07/01/2018	12/31/9999	1	0.00
0048U	O6	ONCOLOGY SOLID ORGAN NEOPLASIA DNA	E		0	999	07/01/2018	12/31/9999	1	0.00
0049U	O6	NPM1 QUANTITATIVE	E		0	999	07/01/2018	12/31/9999	1	0.00
00500	O1	ANESTH, ESOPHAGEAL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0050U	O6	TARGET GENOMIC SEQ ANALYSIS PANEL	E		0	999	07/01/2018	12/31/9999	1	0.00
0051A	O1	ADM SARSCV2 30MCG TRS-SUCR 1	S		12	999	01/03/2022	12/31/9999	1	35.58
0051U	O6	RX MNTR LC-MS/MS UR/BLD 31	E		0	999	07/01/2018	12/31/9999	1	0.00
00520	O1	ANESTH, CHEST PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
00522	O1	ANESTH, CHEST LINING BIOPSY	N		0	999	09/01/2012	12/31/9999	999	0.00
00524	O6	ANESTH, CHEST DRAINAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
00528	O1	ANES-CLO CHST;MEDIASTNSCP NO 1 LUNGANES-	N		0	999	09/01/2012	12/31/9999	999	0.00
00529	O1	ANES-CLOS CHST; MEDIASTNSCPY 1 LUNGANES-	N		0	999	09/01/2012	12/31/9999	999	0.00
0052A	O1	ADM SARSCV2 30MCG TRS-SUCR 2	S		12	999	01/03/2022	12/31/9999	1	35.58
0052U	O6	LIPOPROTEIN, BLOOD, HIGH RES	E		0	999	07/01/2018	12/31/9999	1	0.00
00530	O1	ANESTH, PACEMAKER INSERTION	N		0	999	09/01/2012	12/31/9999	999	0.00
00532	O1	ANESTHESIA FOR ACCESS TO CENTR	N		0	999	09/01/2012	12/31/9999	999	0.00
00534	O1	ANESTH, CARDIOVERTER/DEFIB	N		0	999	09/01/2012	12/31/9999	999	0.00
00537	O1	ANESTH, CARDIAC ELECTROPHYS	N		0	999	09/01/2012	12/31/9999	999	0.00
00539	O1	ANESTH, TRACH-BRONCH RECONST	N		0	999	09/01/2012	12/31/9999	999	0.00
0053A	O1	ADM SARSCV2 30MCG TRS-SUCR 3	S		12	999	01/03/2022	12/31/9999	1	35.58
0053U	O6	ONCOLOGY (PROSTATE) CANCER	E		0	999	07/01/2018	12/31/9999	1	0.00
00540	O6	ANESTH, CHEST SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
00541	O1	ANESTH, ONE LUNG VENTILATION	N		0	999	09/01/2012	12/31/9999	999	0.00
00542	O6	ANESTH, RELEASE OF LUNG	C		0	999	09/01/2012	12/31/9999	1	0.00
00546	O6	ANESTH, LUNG,CHEST WALL SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
00548	O1	ANESTH, TRACHEA,BRONCHI SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0054A	O1	ADM SARSCV2 30MCG TRS-SUCR B	S		12	999	01/03/2022	12/31/9999	1	35.58
0054T	O6	COMP ASSIST MSK SURG NAVIG ORTHO PROC, F	E		0	999	09/01/2012	12/31/9999	1	0.00
0054U	O6	PRESCR DRUG MONITORING 14+	E		0	999	07/01/2018	12/31/9999	1	0.00
00550	O1	ANESTH, STERNAL DEBRIDEMENT	N		0	999	09/01/2012	12/31/9999	999	0.00
0055T	O6	'BONE SURGERY USING COMPUTER'	E		0	999	09/01/2012	12/31/9999	1	0.00
0055U	O6	CARDIOLOGY (HEART TRANSPLANT)	E		0	999	07/01/2018	12/31/9999	1	0.00
00560	O6	ANESTH, OPEN HEART SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
00561	O6	ANESTH, HEART SURG < AGE 1	C		0	1	09/01/2012	12/31/9999	1	0.00
00562	O6	ANESTH, OPEN HEART SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
00563	O1	ANESTH, HEART PROC W/PUMP	N		0	999	09/01/2012	12/31/9999	999	0.00
00566	O1	ANESTH, CABG W/O PUMP	N		0	999	09/01/2012	12/31/9999	999	0.00
00567	O6	ANES DIR COR ART BYPAS W/PUMP	C		0	999	09/01/2012	12/31/9999	1	0.00
0056U	O6	HEMATOLOGY MYELOGENOUS LEUKEMIA	E		0	999	07/01/2018	12/31/9999	1	0.00
00580	O6	ANESTH,HEART/LUNG TRANSPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
0058U	O6	ONCOLOGY MERKEL CELL CARCINOMA	E		0	999	07/01/2018	12/31/9999	1	0.00
0059U	O6	ONCOLOGY MERKEL CELL CARCINOMA	E		0	999	07/01/2018	12/31/9999	1	0.00
00600	O1	ANESTH, SPINE, CORD SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00604	O6	ANESTH, SITTING PROCEDURE	C		0	999	09/01/2012	12/31/9999	1	0.00
0060U	O6	TWIN ZYGOSITY	E		0	999	07/01/2018	12/31/9999	1	0.00
0061U	O6	TRANSQ MEASURE 5 BIOMARKERS	E		0	999	07/01/2018	12/31/9999	1	0.00
00620	O1	ANESTH, SPINE, CORD SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00625	O1	ANES FOR PROC /THORACIC SPINE & CORD; NO	N		0	999	09/01/2012	12/31/9999	999	0.00
00626	O1	ANES FOR PROC /THORACIC SPINE & CORD; UT	N		0	999	09/01/2012	12/31/9999	999	0.00
0062U	O6	AI SLE IGG&IGM ALYS 80 BMRK	E		0	999	07/01/2020	12/31/9999	1	0.00
00630	O1	ANESTH, SPINE, CORD SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00632	O6	ANESTH, REMOVAL OF NERVES	C		0	999	09/01/2012	12/31/9999	1	0.00
00635	O1	ANESTH, LUMBAR PUNCTURE	N		0	999	09/01/2012	12/31/9999	999	0.00
0063U	O6	NEURO AUTISM 32 AMINES ALG	E		0	999	07/01/2020	12/31/9999	1	0.00
00640	O1	ANESTH, SPINE MANIPULATION	N		0	999	09/01/2012	12/31/9999	999	0.00
0064A	O1	ADM SARSCOV2 50MCG/0.25MLBST	S		18	999	10/20/2021	12/31/9999	1	31.26
0064U	O6	ANTB TP TOTAL&RPR IA QUAL	E		0	999	07/01/2020	12/31/9999	1	0.00
0065U	O6	SYFLS TST NONTREPONEMAL ANTB	E		0	999	07/01/2020	12/31/9999	1	0.00
0066U	O6	PAMG-1 IA CERVICO-VAG FLUID	E		0	999	07/01/2020	12/31/9999	1	0.00
00670	O6	ANESTH, SPINE, CORD SURGERY	E		0	999	07/01/2020	12/31/9999	1	0.00
0067U	O6	ONC BRST IMHCHEM PRFL 4 BMRK	E		0	999	07/01/2020	12/31/9999	1	0.00
0068U	O6	CANDIDA SPECIES PNL AMP PRB	E		0	999	07/01/2020	12/31/9999	1	0.00
0069U	O6	ONC CLRCT MICRORNA MIR-31-3P	E		0	999	07/01/2020	12/31/9999	1	0.00
00700	O1	ANESTH, ABDOMINAL WALL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00702	O1	ANESTH, FOR LIVER BIOPSY	N		0	999	09/01/2012	12/31/9999	999	0.00
0070U	O6	CYP2D6 GEN COM&SLCT RAR VRNT	E		0	999	07/01/2020	12/31/9999	1	0.00
0071A	O1	ADM SARSCV2 10MCG TRS-SUCR 1	S		5	11	10/29/2021	12/31/9999	1	31.26
0071T	O6	U/S LEIOMYOMATA ABLATE <200	E		0	999	09/01/2012	12/31/9999	1	0.00
0071U	O6	CYP2D6 FULL GENE SEQUENCE	E		0	999	07/01/2020	12/31/9999	1	0.00
0072A	O1	ADM SARSCV2 10MCG TRS-SUCR 2	S		5	11	10/29/2021	12/31/9999	1	31.26
0072T	O6	U/S LEIOMYOMATA ABLATE >200	E		0	999	09/01/2012	12/31/9999	1	0.00
0072U	O6	CYP2D6 GEN CYP2D6-2D7 HYBRID	E		0	999	07/01/2020	12/31/9999	1	0.00
00730	O1	ANESTH, ABDOMINAL WALL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00731	O6	ANESTH, UPPER GI ENDOSOPIC	E		0	999	01/01/2018	12/31/9999	720	0.00
00732	O6	ANESTH, UPPER GI ENDOSCOPIC	E		0	999	01/01/2018	12/31/9999	720	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0073A	O1	FEE COVID-19 VAC 8 BOOSTER	S		5	11	01/03/2022	12/31/9999	1	35.58
0073U	O6	CYP2D6 GEN CYP2D7-2D6 HYBRID	E		0	999	07/01/2020	12/31/9999	1	0.00
0074U	O6	CYP2D6 NONDUPLICATED GENE	E		0	999	07/01/2020	12/31/9999	1	0.00
00750	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
00752	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
00754	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
00756	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
0075T	O6	PERQ STENT/CHEST VERT ART	C		0	999	09/01/2012	12/31/9999	1	0.00
0075U	O6	CYP2D6 5' GENE DUP/MLT	E		0	999	07/01/2020	12/31/9999	1	0.00
0076T	O6	S&I STENT/CHEST VERT ART	C		0	999	09/01/2012	12/31/9999	1	0.00
0076U	O6	CYP2D6 3' GENE DUP/MLT	E		0	999	07/01/2020	12/31/9999	1	0.00
00770	O1	ANESTH, BLOOD VESSEL REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0077U	O6	IG PARAPROTEIN QUAL BLD/UR	E		0	999	07/01/2020	12/31/9999	1	0.00
0078U	O6	PAIN MGT OPI USE GNOTYP PNL	E		0	999	07/01/2020	12/31/9999	1	0.00
00790	O1	ANESTHESIA FOR INTRAPERITONEAL	N		0	999	09/01/2012	12/31/9999	999	0.00
00792	O6	ANESTH, HEMORR/EXCISE LIVER	C		0	999	09/01/2012	12/31/9999	1	0.00
00794	O6	ANESTH, PANCREAS REMOVAL	C		0	999	09/01/2012	12/31/9999	1	0.00
00796	O6	ANESTH, FOR LIVER TRANSPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
00797	O1	ANESTH, SURGERY FOR OBESITY	N		0	999	09/01/2012	12/31/9999	999	0.00
0079U	O6	CMPTV DNA ALYS MLT SNPS	E		0	999	10/01/2018	12/31/9999	1	0.00
00800	O1	ANESTH, ABDOMINAL WALL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00802	O6	ANESTH, FAT LAYER REMOVAL	E		0	999	07/01/2020	12/31/9999	1	0.00
0080U	O6	ONC LNG 5 CLIN RSK FACTR ALG	E		0	999	01/01/2019	12/31/9999	1	0.00
00811	O6	ANESTH, LOW INTESTINE SCOPE	E		0	999	01/01/2018	12/31/9999	720	0.00
00812	O6	ANESTH, LOW INTESTINE SCOPE	E		0	999	01/01/2018	12/31/9999	720	0.00
00813	O6	ANESTH, COMBINED UP AND LOW GI SCOPE	E		0	999	01/01/2018	12/31/9999	720	0.00
00820	O1	ANESTH, ABDOMINAL WALL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0082U	O6	RX TEST DEF 90+ RX/SBSTS UR	E		0	999	01/01/2019	12/31/9999	1	0.00
00830	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
00832	O1	ANESTH, REPAIR OF HERNIA	N		0	999	09/01/2012	12/31/9999	999	0.00
00834	O1	ANESTH, HERNIA REPAIR< 1 YR	N		0	1	09/01/2012	12/31/9999	999	0.00
00836	O1	ANESTH HERNIA REPAIR PREEMIE	N		0	1	09/01/2012	12/31/9999	999	0.00
0083U	O6	ONC RSPSE CHEMO CNTRST TOMOG	E		0	999	01/01/2019	12/31/9999	1	0.00
00840	O1	ANESTHESIA FOR INTRAPERITONEAL	N		0	999	09/01/2012	12/31/9999	999	0.00
00842	O1	ANESTH, AMNIOCENTESIS	N		9	60	09/01/2012	12/31/9999	999	0.00
00844	O6	ANESTH, PELVIS SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
00846	O6	ANES INTRA PROC LOWR ABD LAP; RAD HYSTER	C		9	60	09/01/2012	12/31/9999	1	0.00
00848	O6	ANES INTRA PROC LOWR ABD LAP; PELV EXTEN	C		0	999	09/01/2012	12/31/9999	1	0.00
0084U	O6	RBC DNA GNOTYP 10 BLD GROUPS	E		0	999	07/01/2019	12/31/9999	1	0.00
00851	O1	ANES INTRA PROC LOWR ABD LAP; TUBL LIG/T	N		21	999	09/01/2012	12/31/9999	999	0.00
00860	O1	ANESTH, SURGERY OF ABDOMEN	N		0	999	09/01/2012	12/31/9999	999	0.00
00862	O1	ANESTH, KIDNEY, URETER SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00864	O6	ANESTH, REMOVAL OF BLADDER	C		0	999	09/01/2012	12/31/9999	1	0.00
00865	O6	ANESTH, REMOVAL OF PROSTATE	E		0	999	07/01/2020	12/31/9999	1	0.00
00866	O6	ANESTH, REMOVAL OF ADRENAL	C		0	999	09/01/2012	12/31/9999	1	0.00
00868	O6	ANESTH, KIDNEY TRANSPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
0086U	O6	NFCT DS BACT&FNG ORG ID 6+	E		0	999	07/01/2019	12/31/9999	1	0.00
00870	O1	ANESTH, BLADDER STONE SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00872	O1	ANESTH,KIDNEY STONE DESTRUCT	N		0	999	09/01/2012	12/31/9999	999	0.00
00873	O1	ANESTHESIA FOR LITHOTRIPSY, EX	N		0	999	09/01/2012	12/31/9999	999	0.00
0087U	O6	CRD HRT TRNSPL MRNA 1283 GEN	E		0	999	07/01/2019	12/31/9999	1	0.00
00880	O1	ANESTH, ABDOMEN VESSEL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00882	O6	ANESTH, MAJOR VEIN LIGATION	C		0	999	09/01/2012	12/31/9999	1	0.00
0088U	O6	TRNSPLJ KDN ALGRFT REJ 1494	E		0	999	07/01/2019	12/31/9999	1	0.00
0089U	O6	ONC MLNMA PRAME & LINC00518	E		0	999	07/01/2019	12/31/9999	1	0.00
00902	O1	ANESTH, ANORECTAL SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00904	O6	ANESTH, PERINEAL SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
00906	O1	ANESTH, REMOVAL OF VULVA	N		0	999	09/01/2012	12/31/9999	999	0.00
00908	O6	ANESTH, REMOVAL OF PROSTATE	C		0	999	09/01/2012	12/31/9999	1	0.00
0090U	O6	ONC CUTAN MLNMA MRNA 23 GENE	E		0	999	07/01/2019	12/31/9999	1	0.00
00910	O1	ANESTH, BLADDER SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00912	O1	ANESTH, BLADDER TUMOR SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
00914	O1	ANESTH, REMOVAL OF PROSTATE	N		0	999	09/01/2012	12/31/9999	999	0.00
00916	O1	ANESTH, BLEEDING CONTROL	N		0	999	09/01/2012	12/31/9999	999	0.00
00918	O1	ANESTH, STONE REMOVAL	N		0	999	09/01/2012	12/31/9999	999	0.00
0091U	O6	ONC CLRCT SCR WHL BLD ALG	E		0	999	07/01/2019	12/31/9999	1	0.00
00920	O1	ANESTH, GENITALIA SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00921	O1	ANES PROC MALE GENIT; VAS, UNILA/BILAT	N		21	999	09/01/2012	12/31/9999	999	0.00
00922	O1	ANESTH, SPERM DUCT SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
00924	O1	ANESTH, TESTIS EXPLORATION	N		0	999	09/01/2012	12/31/9999	999	0.00
00926	O1	ANESTH, REMOVAL OF TESTIS	N		0	999	09/01/2012	12/31/9999	999	0.00
00928	O1	ANESTH, REMOVAL OF TESTIS	N		0	999	09/01/2012	12/31/9999	999	0.00
0092U	O6	ONC LNG 3 PRTN BMRK PLSM ALG	E		0	999	07/01/2019	12/31/9999	1	0.00
00930	O1	ANESTH, TESTIS SUSPENSION	N		0	999	09/01/2012	12/31/9999	999	0.00
00932	O6	ANESTH, AMPUTATION OF PENIS	C		0	999	09/01/2012	12/31/9999	1	0.00
00934	O6	ANESTH, PENIS, NODES REMOVAL	C		0	999	09/01/2012	12/31/9999	1	0.00
00936	O6	ANESTH, PENIS, NODES REMOVAL	C		0	999	09/01/2012	12/31/9999	1	0.00
00938	O1	ANESTH, INSERT PENIS DEVICE	N		0	999	09/01/2012	12/31/9999	999	0.00
0093U	O6	RX MNTR 65 COM DRUGS URINE	E		0	999	07/01/2019	12/31/9999	1	0.00
00940	O1	ANESTH, VAGINAL PROCEDURES	N		0	999	09/01/2012	12/31/9999	999	0.00
00942	O1	ANESTH, SURG ON VAG/URETHAL	N		0	999	09/01/2012	12/31/9999	999	0.00
00944	O6	ANESTH VAG PROC; VAG HYSTERY	E		0	999	07/01/2020	12/31/9999	1	0.00
00948	O1	ANESTH, REPAIR OF CERVIX	N		0	999	09/01/2012	12/31/9999	999	0.00
0094U	O6	GENOME RAPID SEQUENCE ALYS	E		0	999	07/01/2019	12/31/9999	1	0.00
00950	O1	ANESTH, VAGINAL ENDOSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
00952	O1	ANESTH, HYSTEROSCOPE/GRAPH	N		0	999	09/01/2012	12/31/9999	999	0.00
0095T	O6	REML TOL DIS ARTHPY, ANT CERVICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
0095U	O6	INFLM EE ELISA ALYS ALG	E		0	999	07/01/2019	12/31/9999	1	0.00
0096U	O6	HPV HI RISK TYPES MALE URINE	E		0	999	07/01/2019	12/31/9999	1	0.00
0097U	O7	GI PATHOGEN 22 TARGETS	D		0	999	04/01/2022	12/31/9999	1	0.00
0098T	O6	REV TOL ARTHPY DIS ARTHPY , ANT CERV	C		0	999	09/01/2012	12/31/9999	1	0.00
0100T	O6	PLC SUBCONJ RETIN PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
0101T	O6	EXTRCORP SHOCKWAVE NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
0101U	O6	HERED COLON CA DO 15 GENES	E		0	999	07/01/2019	12/31/9999	1	0.00
0102T	O6	EXTRCORP SHOCKWAVE BY PHYS	E		0	999	09/01/2012	12/31/9999	1	0.00
0102U	O6	HERED BRST CA RLTD DO 17 GEN	E		0	999	07/01/2019	12/31/9999	1	0.00
0103U	O6	HERED OVA CA PNL 24 GENES	E		0	999	07/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0105U	O6	NEPH, MULTI ELECT ASSAY FAC RECP 1	E		0	999	10/01/2019	12/31/9999	1	0.00
0106T	O6	QUANTIT SENS TESTING (QST)	E		0	999	09/01/2012	12/31/9999	1	0.00
0106U	O6	GAST EMPTY, 7X BREATH SPEC	E		0	999	10/01/2019	12/31/9999	1	0.00
0107T	O6	VIBR STIMU FIBER SENSATION	E		0	999	09/01/2012	12/31/9999	1	0.00
0107U	O6	CLOST DIDD TOX ANT DETECT	E		0	999	10/01/2019	12/31/9999	1	0.00
0108T	O6	COOLING STIM SMALL NERV SENS	E		0	999	09/01/2012	12/31/9999	1	0.00
0108U	O6	BARRETS ESOPH, DIG IMAGE, 9 PROTEIN	E		0	999	10/01/2019	12/31/9999	1	0.00
0109T	O6	HEAT-PAIN STIM SM NERVE FIBER SENS	E		0	999	09/01/2012	12/31/9999	1	0.00
0109U	O6	ASPERIGULLUS SPECIES, DECT OF DNA	E		0	999	10/01/2019	12/31/9999	1	0.00
0110T	O6	OTH STIMULI ASSESS SENSATION	E		0	999	09/01/2012	12/31/9999	1	0.00
0110U	O6	DRUG MONITOR, 1 OR MORE ONC	E		0	999	10/01/2019	12/31/9999	1	0.00
01112	O1	ANESTH, BONE ASPIRATE/BX	N		0	999	09/01/2012	12/31/9999	999	0.00
0111U	O6	COLON CANCER, TARGET KRAS AND NRAS	E		0	999	10/01/2019	12/31/9999	1	0.00
01120	O1	ANESTH, PELVIS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0112U	O6	INF AGENT DETECT AND IDENT, TAR SEQ	E		0	999	10/01/2019	12/31/9999	1	0.00
01130	O1	ANESTH, BODY CAST PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
0113U	O6	PROSTATE, MEAS OF PCA3 AND TMPRSS2-ERG	E		0	999	10/01/2019	12/31/9999	1	0.00
01140	O6	ANESTH, AMPUTATION AT PELVIS	C		0	999	09/01/2012	12/31/9999	1	0.00
0114U	O6	BARRETS ESOPH, VIM AMD CCNA1	E		0	999	10/01/2019	12/31/9999	1	0.00
01150	O6	ANESTH, PELVIC TUMOR SURGERY	C		0	999	09/01/2012	12/31/9999	1	0.00
0115U	O6	RESP INF DECT 18 VIRAL TYPE	E		0	999	10/01/2019	12/31/9999	1	0.00
01160	O1	ANESTH, PELVIS PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
0116U	O6	DRUG MONITOR, 35 OR MORE	E		0	999	10/01/2019	12/31/9999	1	0.00
01170	O1	ANESTH, PELVIS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01173	O1	ANES-OPIN REP FX PELV/COLUMN ACETAB ANES-	N		0	999	09/01/2012	12/31/9999	999	0.00
0117U	O6	PAIN MANAGEMENT, 11 ENDO ANALYTES	E		0	999	10/01/2019	12/31/9999	1	0.00
0118U	O6	TRANSPLNT MED, QUAN OF DONOR CELLS	E		0	999	10/01/2019	12/31/9999	1	0.00
0119U	O6	CARD, CERAMIDES BY LIQUID CHROM	E		0	999	10/01/2019	12/31/9999	1	0.00
01200	O1	ANESTH, HIP JOINT PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01202	O1	ANESTH, ARTHROSCOPY OF HIP	N		0	999	09/01/2012	12/31/9999	999	0.00
0120U	O6	B-CELL LYMPH, 58 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
01210	O1	ANESTH, HIP JOINT SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01212	O6	ANESTH, HIP DISARTICULATION	C		0	999	09/01/2012	12/31/9999	1	0.00
01214	O6	ANESTH, HIP ARTHROPLASTY	E		0	999	07/01/2020	12/31/9999	1	0.00
01215	O1	ANESTH, REVISE HIP REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0121U	O6	SICKLE CELL, VCAM1, WHOLE	E		0	999	10/01/2019	12/31/9999	1	0.00
01220	O1	ANESTH, PROCEDURE ON FEMUR	N		0	999	09/01/2012	12/31/9999	999	0.00
0122U	O6	SICKLE CELL, P SELEC, WHOLE	E		0	999	10/01/2019	12/31/9999	1	0.00
01230	O1	ANESTH, SURGERY OF FEMUR	N		0	999	09/01/2012	12/31/9999	999	0.00
01232	O6	ANESTH, AMPUTATION OF FEMUR	C		0	999	09/01/2012	12/31/9999	1	0.00
01234	O6	ANESTH, RADICAL FEMUR SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
0123U	O6	MECH FRAG, RBC, ANALY PRO	E		0	999	10/01/2019	12/31/9999	1	0.00
01250	O1		N		0	999	09/01/2012	12/31/9999	999	0.00
01260	O1	ANESTH, UPPER LEG VEINS SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01270	O1	ANESTH, THIGH ARTERIES SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01272	O6	ANESTH, FEMORAL ARTERY SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
01274	O6	ANESTH, FEMORAL EMBOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
0129U	O6	HERED BRST GENOMIC DO ANALYS PNL	E		0	999	10/01/2019	12/31/9999	1	0.00
0130U	O6	HERED COLON CA DO, ANALYS PNL	E		0	999	10/01/2019	12/31/9999	1	0.00
0131U	O6	HERED BRST CA 13 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
01320	O1	ANESTH, KNEE AREA SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0132U	O6	HERED OVA CA 17 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
0133U	O6	HERED PROS CA 11 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
01340	O1	ANESTH, KNEE AREA PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
0134U	O6	HERED PAN CA, 18 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
0135U	O6	HERED GYN CA 12 GENES	E		0	999	10/01/2019	12/31/9999	1	0.00
01360	O1	ANESTH, KNEE AREA SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0136U	O6	ATM MRNA SEQUENCE	E		0	999	10/01/2019	12/31/9999	1	0.00
0137U	O6	PALB2 MRNA SEQUENCE	E		0	999	10/01/2019	12/31/9999	1	0.00
01380	O1	ANESTH, KNEE JOINT PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01382	O1	ANESTH, DX KNEE ARTHROSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
0138U	O6	BRCA1 MRNA SEQUENCE	E		0	999	10/01/2019	12/31/9999	1	0.00
01390	O1	ANESTH, KNEE AREA PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01392	O1	ANESTH, KNEE AREA SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01400	O1	ANESTH, KNEE JOINT SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01402	O6	ANESTH, KNEE ARTHROPLASTY	E		0	999	07/01/2020	12/31/9999	1	0.00
01404	O6	ANESTH, AMPUTATION AT KNEE	C		0	999	09/01/2012	12/31/9999	1	0.00
0140U	O6	NFCT DS FUNGI DNA 15 TRGT	E		0	999	01/01/2021	12/31/9999	1	0.00
0141U	O6	NFCT DS BACT&FNG GRAM POS	E		0	999	01/01/2021	12/31/9999	1	0.00
01420	O1	ANESTH, KNEE JOINT CASTING	N		0	999	09/01/2012	12/31/9999	999	0.00
0142U	O6	ANESTH KNEE JOINT CASTING	E		0	999	01/01/2021	12/31/9999	1	0.00
01430	O1	ANESTH, KNEE VEINS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01432	O1	ANESTH, KNEE VESSEL SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0143U	O6	DRUG ASSAY 120+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01440	O1	ANESTH, KNEE ARTERIES SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01442	O6	ANESTH, KNEE ARTERY SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
01444	O6	ANESTH, KNEE ARTERY REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
0144U	O6	DRUG ASSAY 160+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
0145U	O6	DRUG ASSAY 65+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01462	O1	ANESTH, LOWER LEG PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01464	O1	ANESTH, ANKLE/FT ARTHROSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
0146U	O6	DRUG ASSAY 80+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01470	O1	ANESTH, LOWER LEG SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01472	O1	ANESTH, ACHILLES TENDON SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01474	O1	ANESTH, LOWER LEG SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0147U	O6	DRUG ASSAY 85+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01480	O1	ANESTH, LOWER LEG BONE SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01482	O1	ANESTH, RADICAL LEG SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01484	O1	ANESTH, LOWER LEG REVISION	N		0	999	09/01/2012	12/31/9999	999	0.00
01486	O6	ANESTH, ANKLE REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
0148U	O6	DRUG ASSAY 100+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01490	O1	ANESTH, LOWER LEG CASTING	N		0	999	09/01/2012	12/31/9999	999	0.00
0149U	O6	DRUG ASSAY 60+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
01500	O1	ANESTH, LEG ARTERIES SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01502	O6	ANESTH, LOWERLEG EMBOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
0150U	O6	DRUG ASSAY 120+ RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
0151U	O7	NFCT BCT/VR RESP NFCTJ 33	D		0	999	04/01/2022	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
01520	O1	ANESTH, LOWER LEG VEIN SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01522	O1	ANESTH, LOWER LEG VEIN SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0152U	O6	NFCT DS DNA UNTRGT NGNRJ SEQ	E		0	999	01/01/2021	12/31/9999	1	0.00
0153U	O6	ONC BREAST MRNA 101 GENES	E		0	999	01/01/2021	12/31/9999	1	0.00
0154U	O6	ONC URTHL CA RNA FGFR3 GENE	E		0	999	04/01/2020	12/31/9999	1	0.00
0155U	O6	ONC BRST CA DNA PIK3CA GENE	E		0	999	04/01/2020	12/31/9999	1	0.00
0156U	O6	COPY NUMBER SEQUENCE ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0157U	O6	APC MRNA SEQ ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0158U	O6	MLH1 MRNA SEQ ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0159U	O6	MSH2 MRNA SEQ ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0160U	O6	MSH6 MRNA SEQ ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
01610	O1	ANESTH, SURGERY OF SHOULDER	N		0	999	09/01/2012	12/31/9999	999	0.00
0161U	O6	PMS2 MRNA SEQ ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
01620	O1	ANESTH, SHOULDER PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01622	O1	ANES DX SHOULDER ARTHROSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
0162U	O6	HERED COLON CA TRGT MRNA PNL	E		0	999	01/01/2021	12/31/9999	1	0.00
01630	O1	ANESTH, SURGERY OF SHOULDER	N		0	999	09/01/2012	12/31/9999	999	0.00
01634	O6	ANESTH, SHOULDER JOINT AMPUT	C		0	999	09/01/2012	12/31/9999	1	0.00
01636	O6	ANESTH, FOREQUARTER AMPUT	C		0	999	09/01/2012	12/31/9999	1	0.00
01638	O6	ANESTH, SHOULDER REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
0163T	O6	TOL DIS ARTHPY , ANT PREPA LUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
0163U	O6	ONC CLRCT SCR 3 PRTN ALG	E		0	999	04/01/2020	12/31/9999	1	0.00
0164T	O6	REML TOL DIS ARTHPY, ANT LUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
0164U	O6	GI IBS IA ANTI-CDT&VINCULIN	E		0	999	04/01/2020	12/31/9999	1	0.00
01650	O1	ANESTH, SHOULDER ARTERY SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01652	O6	ANESTH, SHOULDER VESSEL SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
01654	O6	ANESTH, SHOULDER VESSEL SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
01656	O6	ANESTH, ARM-LEG VESSEL SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
0165T	O6	REPLCMNT TOL ARTHPY, ANT LUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
0165U	O6	PEANUT ALLG SPEC ASMT 64 EPI	E		0	999	04/01/2020	12/31/9999	1	0.00
0166U	O6	LIVER DS 10 BIOCHEM ASY SRM	E		0	999	04/01/2020	12/31/9999	1	0.00
01670	O1	ANESTH, SHOULDER VEIN SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0167U	O6	CHORNC GONADOTROPIN HCG IA	E		0	999	04/01/2020	12/31/9999	1	0.00
01680	O1	ANESTH, SHOULDER CASTING	N		0	999	09/01/2012	12/31/9999	999	0.00
0169U	O6	NUDT15&TPMT GENE COM VRNT	E		0	999	04/01/2020	12/31/9999	1	0.00
0170U	O6	NEURO ASD RNA NEXT GEN SEQ	E		0	999	04/01/2020	12/31/9999	1	0.00
01710	O1	ANESTH, ELBOW AREA SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01712	O1	ANESTH, UPPERARM TENDON SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01714	O1	ANESTH, UPPERARM TENDON SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01716	O1	ANESTH, BICEPS TENDON REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0171U	O6	TRGT GEN SEQ ALYS PNL DNA 23	E		0	999	04/01/2020	12/31/9999	1	0.00
0172U	O6	ONC SLD TUM ALYS BRCA1 BRCA2	E		0	999	01/01/2021	12/31/9999	1	0.00
01730	O1	ANESTH, UPPERARM PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01732	O1	ANESTH, DX ELBOW ARTHROSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
0173U	O6	PSYC GEN ALYS PANEL 14 GENES	E		0	999	01/01/2021	12/31/9999	1	0.00
01740	O1	ANESTH, UPPER ARM SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01742	O1	ANESTH, HUMERUS SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01744	O1	ANESTH, HUMERUS REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0174T	O6	CAD CXR WITH INTERP	E		0	999	09/01/2012	12/31/9999	1	0.00
0174U	O6	ONC SOLID TUMOR 30 PRTN TRGT	E		0	999	01/01/2021	12/31/9999	1	0.00
01756	O6	ANESTH, RADICAL HUMERUS SURG	C		0	999	09/01/2012	12/31/9999	1	0.00
01758	O1	ANESTH, HUMERAL LESION SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0175T	O6	CAD CXR REMOTE	E		0	999	09/01/2012	12/31/9999	1	0.00
0175U	O6	PSYC GEN ALYS PANEL 15 GENES	E		0	999	01/01/2021	12/31/9999	1	0.00
01760	O1	ANESTH, ELBOW REPLACEMENT	N		0	999	09/01/2012	12/31/9999	999	0.00
0176U	O6	CDTB&VINCULIN IGG ANTB IA	E		0	999	01/01/2021	12/31/9999	1	0.00
01770	O1	ANESTH, UPPERARM ARTERY SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01772	O1	ANESTH, UPPERARM EMBOLECTOMY	N		0	999	09/01/2012	12/31/9999	999	0.00
0177U	O6	ONC BRST CA DNA PIK3CA 11	E		0	999	01/01/2021	12/31/9999	1	0.00
01780	O1	ANESTH, UPPER ARM VEIN SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01782	O1	ANESTH, UPPERARM VEIN REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0178U	O6	PEANUT ALLG ASMT EPI CLIN RX	E		0	999	01/01/2021	12/31/9999	1	0.00
0179U	O6	ONC NONSM CLL LNG CA ALYS 23	E		0	999	01/01/2021	12/31/9999	1	0.00
0180U	O6	ABO GNOTYP ABO 7 EXONS	E		0	999	01/01/2021	12/31/9999	1	0.00
01810	O1	ANESTH, LOWER ARM SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
0181U	O6	CO GNOTYP AQP1 EXON 1	E		0	999	01/01/2021	12/31/9999	1	0.00
01820	O1	ANESTH, LOWER ARM PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
01829	O1	ANESTH, DX WRIST ARTHROSCOPY	N		0	999	09/01/2012	12/31/9999	999	0.00
0182U	O6	CROM GNOTYP CD55 EXONS 1-10	E		0	999	01/01/2021	12/31/9999	1	0.00
01830	O1	ANESTH, LOWER ARM SURGERY	N		0	999	09/01/2012	12/31/9999	999	0.00
01832	O1	ANESTH, WRIST REPLACEMENT	N		0	999	09/01/2012	12/31/9999	999	0.00
0183U	O6	DI GNOTYP SLC4A1 EXON 19	E		0	999	01/01/2021	12/31/9999	1	0.00
01840	O1	ANESTH, LOWERARM ARTERY SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01842	O1	ANESTH, LOWERARM EMBOLECTOMY	N		0	999	09/01/2012	12/31/9999	999	0.00
01844	O1	ANESTH, VASCULAR SHUNT SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
0184T	O6	EXC RECTAL TUMOR ENDOSCOPIC	E		0	999	09/01/2012	12/31/9999	1	0.00
0184U	O6	DO GNOTYP ART4 EXON 2	E		0	999	01/01/2021	12/31/9999	1	0.00
01850	O1	ANESTH, LOWER ARM VEIN SURG	N		0	999	09/01/2012	12/31/9999	999	0.00
01852	O1	ANESTH, LOWERARM VEIN REPAIR	N		0	999	09/01/2012	12/31/9999	999	0.00
0185U	O6	FUT1 GNOTYP FUT1 EXON 4	E		0	999	01/01/2021	12/31/9999	1	0.00
01860	O1	ANESTH, LOWER ARM CASTING	N		0	999	09/01/2012	12/31/9999	999	0.00
0186U	O6	FUT2 GNOTYP FUT2 EXON 2	E		0	999	01/01/2021	12/31/9999	1	0.00
0187U	O6	FY GNOTYP ACKR1 EXONS 1-2	E		0	999	01/01/2021	12/31/9999	1	0.00
0188U	O6	GE GNOTYP GYPC EXONS 1-4	E		0	999	01/01/2021	12/31/9999	1	0.00
0189U	O6	GYPA GNOTYP NTRNS 1 5 EXON 2	E		0	999	01/01/2021	12/31/9999	1	0.00
0190U	O6	GYPB GNOTYP NTRNS 1 5 SEUX 3	E		0	999	01/01/2021	12/31/9999	1	0.00
01916	O1	ANESTH, DX ARTERIOGRAPHY	N		0	999	09/01/2012	12/31/9999	999	0.00
0191U	O6	IN GNOTYP CD44 EXONS 2 3 6	E		0	999	01/01/2021	12/31/9999	1	0.00
01920	O1	ANESTH, CATHETERIZE HEART	N		0	999	09/01/2012	12/31/9999	999	0.00
01922	O1	ANESTHESIA FOR NON-INVASIVE IM	N		0	999	09/01/2012	12/31/9999	999	0.00
01924	O1	ANES, THER INTERVEN RAD, ART	N		0	999	09/01/2012	12/31/9999	999	0.00
01925	O1	ANES, THER INTERVEN RAD, CAR	N		0	999	09/01/2012	12/31/9999	999	0.00
01926	O1	ANES, TX INTERV RAD HRT/CRAN	N		0	999	09/01/2012	12/31/9999	999	0.00
0192U	O6	JK GNOTYP SLC14A1 EXON 9	E		0	999	01/01/2021	12/31/9999	1	0.00
01930	O1	ANES, THER INTERVEN RAD, VEI	N		0	999	09/01/2012	12/31/9999	999	0.00
01931	O1	ANES THERP PROC/VENOUS/LYMP SYS	N		0	999	09/01/2012	12/31/9999	999	0.00
01932	O1	ANES, TX INTERV RAD, TH VEIN	N		0	999	09/01/2012	12/31/9999	999	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
01933	01	ANES, TX INTERV RAD, CRAN V	N		0	999	09/01/2012	12/31/9999	999	0.00
01937	01	ANES DRG/ASPIR CRV/THRC	N		0	999	01/01/2022	12/31/9999	999	0.00
01938	01	ANES DRG/ASPIR LMBR/SAC	N		0	999	01/01/2022	12/31/9999	999	0.00
01939	01	ANES NULYT AGT CRV/THRC	N		0	999	01/01/2022	12/31/9999	999	0.00
0193U	06	JR GNOTYP ABCG2 EXONS 2-26	E		0	999	01/01/2021	12/31/9999	1	0.00
01940	01	ANES NULYT AGT LMBR/SAC	N		0	999	01/01/2022	12/31/9999	999	0.00
01941	01	ANES NEUROMD/NTRVRT CRV/THRC	N		0	999	01/01/2022	12/31/9999	999	0.00
01942	01	ANES NEUROMD/NTRVRT LMBR/SAC	N		0	999	01/01/2022	12/31/9999	999	0.00
0194U	06	KEL GNOTYP KEL EXON 8	E		0	999	01/01/2021	12/31/9999	1	0.00
01951	01	ANESTH, BURN, LESS 4 PERCENT	N		0	999	09/01/2012	12/31/9999	999	0.00
01952	01	ANESTH, BURN, 4-9 PERCENT	N		0	999	09/01/2012	12/31/9999	999	0.00
01953	01	ANESTH, BURN, EACH 9 PERCENT	N		0	999	09/01/2012	12/31/9999	999	0.00
01958	01	ANES-EXTERNAL CEPHALIC VERSION PROCANEST	N		9	60	09/01/2012	12/31/9999	999	0.00
0195U	06	KLF1 TARGETED SEQUENCING	E		0	999	01/01/2021	12/31/9999	1	0.00
01960	01	ANESTH VAG DELIV ONLY	N		9	60	09/01/2012	12/31/9999	999	0.00
01961	01	ANESTH, CS DELIVERY	N		9	60	09/01/2012	12/31/9999	999	0.00
01962	01	ANETH URGNT HYSTERY FOLL DELIV	N		9	60	09/01/2012	12/31/9999	999	0.00
01963	01	ANESTH CESAR HYST W/O LABR ANA/ANEST CR	N		9	60	09/01/2012	12/31/9999	999	0.00
01965	01	ANESTH INCO/MSSD ABORT PROC	N		9	60	09/01/2012	12/31/9999	999	0.00
01966	01	ANESTH INDU ABORT PRCO	N		9	60	09/01/2012	12/31/9999	999	0.00
01967	01	NEURA LBR ANA/ANESTH PLN VAG DELV	N		9	60	09/01/2012	12/31/9999	999	0.00
01968	01	ANESTH CESAR DELV NEUR LABR ANA/ANEST	N		9	60	09/01/2012	12/31/9999	999	0.00
01969	01	ANESTH CESAR HYST NEUR LBR ANA/ANESTH	N		9	60	09/01/2012	12/31/9999	999	0.00
0196U	06	LU GNOTYP BCAM EXON 3	E		0	999	01/01/2021	12/31/9999	1	0.00
0197U	06	LW GNOTYP ICAM4 EXON 1	E		0	999	01/01/2021	12/31/9999	1	0.00
0198T	06	OCULAR BLOOD FLOW MEASURE	E		0	999	09/01/2012	12/31/9999	1	0.00
0198U	06	RHD&RHCE GNTYP RHD1-10&RHCE5	E		0	999	01/01/2021	12/31/9999	1	0.00
01990	06	SUPPORT FOR ORGAN DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00
01991	01	ANESTH, NERVE BLOCK/INJ	N		0	999	09/01/2012	12/31/9999	999	0.00
01992	01	ANESTH, N BLOCK/INJ, PRONE	N		0	999	09/01/2012	12/31/9999	999	0.00
01996	01	HOSP MANAGE CONT DRUG ADMIN	N		0	999	07/01/2020	12/31/9999	1	0.00
01999	01	UNLISTED ANESTH PROCEDURE	N		0	999	09/01/2012	12/31/9999	999	0.00
0199U	06	SC GNOTYP ERMAP EXONS 4 12	E		0	999	01/01/2021	12/31/9999	1	0.00
0200T	06	PERCUTANEOUS SACRAL AUGMENTATION, UNILAT	E		0	999	09/01/2012	12/31/9999	1	0.00
0200U	06	XK GNOTYP XK EXONS 1-3	E		0	999	01/01/2021	12/31/9999	1	0.00
0201T	06	PERCUTANEOUS SACRAL AUGMENTATION, BILATE	E		0	999	09/01/2012	12/31/9999	1	0.00
0201U	06	YT GNOTYP ACHE EXON 2	E		0	999	01/01/2021	12/31/9999	1	0.00
0202T	06	POST VERT ARTHRPLST 1 LUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
0202U	06	NFCT DS 22 TRGT SARS-COV-2	E		0	999	06/25/2020	12/31/9999	2	0.00
0203U	06	AI IBD MRNA XPRSN PRFL 17	E		0	999	10/01/2020	12/31/9999	1	0.00
0204U	06	ONC THYR MRNA XPRSN ALYS 593	E		0	999	10/01/2020	12/31/9999	1	0.00
0205U	06	OPH AMD ALYS 3 GENE VARIANTS	E		0	999	10/01/2020	12/31/9999	1	0.00
0206U	06	NEURO ALZHEIMER CELL AGGREGJ	E		0	999	10/01/2020	12/31/9999	1	0.00
0207T	06	CLEAR EYELID GLAND W/HEAT	E		0	999	09/01/2012	12/31/9999	1	0.00
0207U	06	NEURO ALZHEIMER QUAN IMAGING	E		0	999	10/01/2020	12/31/9999	1	0.00
0208T	06	AUDIOMETRY AIR ONLY	E		0	999	09/01/2012	12/31/9999	1	0.00
0209T	06	AUDIOMETRY AIR & BONE	E		0	999	09/01/2012	12/31/9999	1	0.00
0209U	06	CYTOG CONST ALYS INTERROG	E		0	999	10/01/2020	12/31/9999	1	0.00
0210T	06	SPEECH AUDIOMETRY THRESHOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
0210U	06	SYPHILIS TST ANTb IA QUAN	E		0	999	10/01/2020	12/31/9999	1	0.00
0211T	06	SPEECH AUDIOM THRESH & RECOG	E		0	999	09/01/2012	12/31/9999	1	0.00
0211U	06	ONC PAN-TUM DNA&RNA GNRJ SEQ	E		0	999	10/01/2020	12/31/9999	1	0.00
0212T	06	COMPRE AUDIOMETRY EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
0212U	06	RARE DS GEN DNA ALYS PROBAND	E		0	999	10/01/2020	12/31/9999	1	0.00
0213T	06	NIX PARAVERT W/US CER/THOR	E		0	999	09/01/2012	12/31/9999	1	0.00
0213U	06	RARE DS GEN DNA ALYS EA COMP	E		0	999	10/01/2020	12/31/9999	1	0.00
0214T	06	NIX PARAVERT W/US CER/THOR	E		0	999	09/01/2012	12/31/9999	1	0.00
0214U	06	RARE DS XOM DNA ALYS PROBAND	E		0	999	10/01/2020	12/31/9999	1	0.00
0215T	06	NIX PARAVERT W/US CER/THOR	E		0	999	09/01/2012	12/31/9999	1	0.00
0215U	06	RARE DS XOM DNA ALYS EA COMP	E		0	999	10/01/2020	12/31/9999	1	0.00
0216T	06	NIX PARAVERT W/US LUMB/SAC	E		0	999	09/01/2012	12/31/9999	1	0.00
0216U	06	NEURO INH ATAXIA DNA 12 COM	E		0	999	10/01/2020	12/31/9999	1	0.00
0217T	06	NIX PARAVERT W/US LUMB/SAC	E		0	999	09/01/2012	12/31/9999	1	0.00
0217U	06	NEURO INH ATAXIA DNA 51 GENE	E		0	999	10/01/2020	12/31/9999	1	0.00
0218T	06	NIX PARAVERT W/US LUMB/SAC	E		0	999	09/01/2012	12/31/9999	1	0.00
0218U	06	NEURO MUSC DYS DMD SEQ ALYS	E		0	999	10/01/2020	12/31/9999	1	0.00
0219T	06	PLMT POST FACET IMPLT CERV	C		0	999	09/01/2012	12/31/9999	1	0.00
0219U	06	NFCT AGT HIV GNRJ SEQ ALYS	E		0	999	10/01/2020	12/31/9999	1	0.00
0220T	06	PLMT POST FACET IMPLT THOR	C		0	999	09/01/2012	12/31/9999	1	0.00
0220U	06	ONC BRST CA AT ASSMT 12 FEAT	E		0	999	10/01/2020	12/31/9999	1	0.00
0221T	06	PLMT POST FACET IMPLT LUMB	E		0	999	09/01/2012	12/31/9999	1	0.00
0221U	06	ABO GNOTYP NEXT GNRJ SEQ ABO	E		0	999	10/01/2020	12/31/9999	1	0.00
0222T	06	PLMT POST FACET IMPLT ADDL	E		0	999	09/01/2012	12/31/9999	1	0.00
0222U	06	RHD&RHCE GNTYP NEXT GNRJ SEQ	E		0	999	10/01/2020	12/31/9999	1	0.00
0223U	06	NFCT DS 22 TRGT SARS-COV-2	E		0	999	06/25/2020	12/31/9999	1	0.00
0224U	06	ANTIBODY SARS-COV-2 TITER(S)	E		0	999	06/25/2020	12/31/9999	2	0.00
0225U	06	NFCT DS DNA&RNA 21 SARSCOV2	E		0	999	08/10/2020	12/31/9999	2	0.00
0226U	06	SVNT SARSCOV2 ELISA PLSM SRM	E		0	999	08/10/2020	12/31/9999	2	0.00
0227U	06	RX ASY PRSMV 30+RX/METABLT	E		0	999	01/01/2021	12/31/9999	1	0.00
0228U	06	ONC PRSTB MA MOLEC PRFL ALG	E		0	999	01/01/2021	12/31/9999	1	0.00
0229U	06	BCAT1 PROMOTER MTHYLTN ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0230U	06	AR FULL SEQUENCE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0231U	06	CACNA1A FULL GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0232T	06	INJ PLSM IMG GUID HRVSTG&PREP	E		0	999	09/01/2012	12/31/9999	1	0.00
0232U	06	CSTB FULL GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0233U	06	FXN GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0234T	06	TRLUML PERIP ATHRC RENAL ART	E		0	999	09/01/2012	12/31/9999	1	0.00
0234U	06	MECP2 FULL GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0235T	06	TRLUML PERIP ATHRC VISCERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
0235U	06	PTEN FULL GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0236T	06	TRLUML PERIP ATHRC ABD AORTA	E		0	999	09/01/2012	12/31/9999	1	0.00
0236U	06	SMN1&SMN2 FULL GENE ANALYSIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0237T	06	TRLUML PERIP ATHRC BRCHIOCPH	E		0	999	09/01/2012	12/31/9999	1	0.00
0237U	06	CAR ION CHNLPHTY GEN SEQ PNL	E		0	999	01/01/2021	12/31/9999	1	0.00
0238T	06	TRLUML PERIP ATHRC ILIAC ART	E		0	999	09/01/2012	12/31/9999	1	0.00
0238U	06	ONC LNCH SYN GEN DNA SEQ ALY	E		0	999	01/01/2021	12/31/9999	1	0.00
0239U	06	TRGT GEN SEQ ALYS PNL 311+	E		0	999	01/01/2021	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0240U	O6	NFCT DS VIR RESP RNA 3 TRGT	E		0	999	10/06/2020	12/31/9999	1	0.00
0241U	O6	NFCT DS VIR RESP RNA 4 TRGT	E		0	999	10/06/2020	12/31/9999	1	0.00
0242U	O6	TRGT GEN SEQ ALYS PNL 55-74	E		0	999	04/01/2021	12/31/9999	1	0.00
0243U	O6	OB PE BIOCHEM ASSAY PGF ALG	E		0	999	04/01/2021	12/31/9999	1	0.00
0244U	O6	ONC SOLID ORGN DNA 257 GENES	E		0	999	04/01/2021	12/31/9999	1	0.00
0245U	O6	ONC THYR MUT ALYS 10 GEN&37	E		0	999	04/01/2021	12/31/9999	1	0.00
0246U	O6	RBC DNA GNOTYP 16 BLD GROUPS	E		0	999	04/01/2021	12/31/9999	1	0.00
0247U	O6	OB PRTRM BRTH IBP4 SHBG MEAS	E		0	999	04/01/2021	12/31/9999	1	0.00
0248U	O6	ONC BRN SPHRD CLL 12 RX PNL	E		0	999	07/01/2021	12/31/9999	1	0.00
0249U	O6	ONC BRST ALYS 32 PHSPTN ALG	E		0	999	07/01/2021	12/31/9999	1	0.00
0250U	O6	ONC SLD ORG NEO DNA 505 GENE	E		0	999	07/01/2021	12/31/9999	1	0.00
0251U	O6	HEPCIDIN-25 ELISA SERUM/PLSM	E		0	999	07/01/2021	12/31/9999	1	0.00
0252U	O6	FTL ANEUPLOIDY STR ALYS DNA	E		0	999	07/01/2021	12/31/9999	1	0.00
0253T	O6	INSERTION OF ANTERIOR SEGMENT AQUEOUS DR	E		0	999	09/01/2012	12/31/9999	1	0.00
0253U	O6	RPRDTVE MED RNA GEN PRFL 238	E		0	999	07/01/2021	12/31/9999	1	0.00
0254U	O6	REPRDTVE MED ALYS 24 CHRMSM	E		0	999	07/01/2021	12/31/9999	1	0.00
0255U	O6	ANDROLOGY INFERTILITY ASSMT	E		0	999	10/01/2021	12/31/9999	1	0.00
0256U	O6	TMA/TMAO PRFL MS/MS UR ALG	E		0	999	10/01/2021	12/31/9999	1	0.00
0257U	O6	VLCAD LEUK NZM ACTV WHL BLD	E		0	999	10/01/2021	12/31/9999	1	0.00
0258U	O6	AI PSOR MRNA 50-100 GEN ALG	E		0	999	10/01/2021	12/31/9999	1	0.00
0259U	O6	NEPH CKD NUC MRS MEAS GFR	E		0	999	10/01/2021	12/31/9999	1	0.00
0260U	O6	RARE DS ID OPT GENOME MAPG	E		0	999	10/01/2021	12/31/9999	1	0.00
0261U	O6	ONC CLRCT CA IMG ALYS W/AI	E		0	999	10/01/2021	12/31/9999	1	0.00
0262U	O6	ONC SLD TUM RTPCR 7 GEN	E		0	999	10/01/2021	12/31/9999	1	0.00
0263T	O6	IM BONE MARROW CELL THERAPY CMPLT	E		0	999	09/01/2012	12/31/9999	1	0.00
0263U	O6	NEURO ASD MEAS 16 C METBLT	E		0	999	10/01/2021	12/31/9999	1	0.00
0264T	O6	IM BONE MARROW THERAPY NO HARV	E		0	999	09/01/2012	12/31/9999	1	0.00
0264U	O6	RARE DS ID OPT GENOME MAPG	E		0	999	10/01/2021	12/31/9999	1	0.00
0265T	O6	IM BONE MARROW THERAPY HARV ONLY	E		0	999	09/01/2012	12/31/9999	1	0.00
0265U	O6	RAR DO WHL GN&MTCDRL DNA ALS	E		0	999	10/01/2021	12/31/9999	1	0.00
0266T	O6	IMPLANTATION OR REPLACEMENT OF	E		0	999	07/01/2019	12/31/9999	1	0.00
0266U	O6	UNXPL CNST HRTBL DO GN XPRSN	E		0	999	10/01/2021	12/31/9999	1	0.00
0267T	O6	IMPLANTATION OR REPLACEMENT OF	E		0	999	09/01/2012	12/31/9999	1	0.00
0267U	O6	RARE DO ID OPT GEN MAPG&SEQ	E		0	999	10/01/2021	12/31/9999	1	0.00
0268T	O6	IMPLANTATION OR REPLACEMENT OF	E		0	999	09/01/2012	12/31/9999	1	0.00
0268U	O6	HEM AHUS GEN SEQ ALYS 15 GEN	E		0	999	10/01/2021	12/31/9999	1	0.00
0269T	O6	REVISION OR REMOVAL OF	E		0	999	09/01/2012	12/31/9999	1	0.00
0269U	O6	HEM AUT DM CGEN TRMBCTPNA 14	E		0	999	10/01/2021	12/31/9999	1	0.00
0270T	O6	REVISION OR REMOVAL OF	E		0	999	09/01/2012	12/31/9999	1	0.00
0270U	O6	HEM CGEN COAGJ DO 20 GENES	E		0	999	10/01/2021	12/31/9999	1	0.00
0271T	O6	REVISION OR REMOVAL OF	E		0	999	09/01/2012	12/31/9999	1	0.00
0271U	O6	HEM CGEN NEUTROPENIA 23 GEN	E		0	999	10/01/2021	12/31/9999	1	0.00
0272T	O6	INTERROGATION DEVICE EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
0272U	O6	HEM GENETIC BLD DO 51 GENES	E		0	999	10/01/2021	12/31/9999	1	0.00
0273T	O6	INTERROGATION DEVICE EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
0273U	O6	HEM GEN HYPRFIBRNLYSIS 8 GEN	E		0	999	10/01/2021	12/31/9999	1	0.00
0274T	O6	PERQ LAMINOTMY/LAMINECTMY CERV/THOR	E		0	999	09/01/2012	12/31/9999	1	0.00
0274U	O6	HEM GEN PLTLT DO 43 GENES	E		0	999	10/01/2021	12/31/9999	1	0.00
0275T	O6	PERQ LAMINOTMY/LAMINECTMY UNI/BIL LUMBAR	E		0	999	09/01/2012	12/31/9999	1	0.00
0275U	O6	HEM HEPRN NDUIC TRMBCTPNA SRM	E		0	999	10/01/2021	12/31/9999	1	0.00
0276U	O6	HEM INH THROMBOCYTOPENIA 23	E		0	999	10/01/2021	12/31/9999	1	0.00
0277U	O6	HEM GEN PLTLT FUNCJ DO 31	E		0	999	10/01/2021	12/31/9999	1	0.00
0278T	O6	SCRAMBLER THERAPY EA TRT SESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
0278U	O6	HEM GEN THROMBOSIS 12 GENES	E		0	999	10/01/2021	12/31/9999	1	0.00
0279U	O6	HEM VW FACTOR&CLGN III BNDG	E		0	999	10/01/2021	12/31/9999	1	0.00
0280U	O6	HEM VW FACTOR&CLGN IV BNDG	E		0	999	10/01/2021	12/31/9999	1	0.00
0281U	O6	HEM VWD PROPEPTIDE AG LVL	E		0	999	10/01/2021	12/31/9999	1	0.00
0282U	O6	RBC DNA GNTYP 12 BLD GRP GEN	E		0	999	10/01/2021	12/31/9999	1	0.00
0283U	O6	VW FACTOR TYPE 2B EVAL PLSM	E		0	999	10/01/2021	12/31/9999	1	0.00
0284U	O6	VW FACTOR TYPE 2N EVAL PLSM	E		0	999	10/01/2021	12/31/9999	1	0.00
0285U	O6	ONC RSPS RADJ CLL FR DNA TOX	E		0	999	01/01/2022	12/31/9999	1	0.00
0286U	O6	CEP72 NUDT15&TPMT GENE ALYS	E		0	999	01/01/2022	12/31/9999	1	0.00
0287U	O6	ONC THYR DNA&MRNA 112 GENES	E		0	999	01/01/2022	12/31/9999	1	0.00
0288U	O6	ONC LUNG MRNA QUAN PCR 11&3	E		0	999	01/01/2022	12/31/9999	1	0.00
0289U	O6	NEURO ALZHEIMER MRNA 24 GEN	E		0	999	01/01/2022	12/31/9999	1	0.00
0290U	O6	PAIN MGMT MRNA GEN XPRSN 36	E		0	999	01/01/2022	12/31/9999	1	0.00
0291U	O6	PSYC MOOD DO MRNA 144 GENES	E		0	999	01/01/2022	12/31/9999	1	0.00
0292U	O6	PSYC STRS DO MRNA 72 GENES	E		0	999	01/01/2022	12/31/9999	1	0.00
0293U	O6	PSYC SUICIDAL IDEA MRNA 54	E		0	999	01/01/2022	12/31/9999	1	0.00
0294U	O6	LNGVTY&MRTLTY RSK MRNA 18GEN	E		0	999	01/01/2022	12/31/9999	1	0.00
0295U	O6	ONC BRST DUX CARC 7 PROTEINS	E		0	999	01/01/2022	12/31/9999	1	0.00
0296U	O6	ONC ORL&/OROP CA 20 MLC FEAT	E		0	999	01/01/2022	12/31/9999	1	0.00
0297U	O6	ONC PAN TUM WHL GEN SEQ DNA	E		0	999	01/01/2022	12/31/9999	1	0.00
0298U	O6	ONC PAN TUM WHL TRNS SEQ RNA	E		0	999	01/01/2022	12/31/9999	1	0.00
0299U	O6	ONC PAN TUM WHL GEN OPT MAPG	E		0	999	01/01/2022	12/31/9999	1	0.00
0300U	O6	ONC PAN TUM WHL GEN SEQ&OPT	E		0	999	01/01/2022	12/31/9999	1	0.00
0301U	O6	IADNA BARTONELLA DDPCR	E		0	999	01/01/2022	12/31/9999	1	0.00
0302U	O6	IADNA BRTNLA DDPCR FLWG LIQ	E		0	999	01/01/2022	12/31/9999	1	0.00
0303U	O6	HEM RBC ADS WHL BLD HYPOXIC	E		0	999	01/01/2022	12/31/9999	1	0.00
0304U	O6	HEM RBC ADS WHL BLD NORMOXIC	E		0	999	01/01/2022	12/31/9999	1	0.00
0305U	O6	HEM RBC FNCLTY&DFRM SHR STRS	E		0	999	01/01/2022	12/31/9999	1	0.00
0306U	O6	ONC MRD NXT-GNRJ ALYS 1ST	E		0	999	04/01/2022	12/31/9999	1	0.00
0307U	O6	ONC MRD NXT-GNRJ ALYS SBSQ	E		0	999	04/01/2022	12/31/9999	1	0.00
0308T	O6	INSJ OCULAR TELESCOPE PROSTH	E		0	999	01/01/2013	12/31/9999	2	0.00
0308U	O6	CRD CAB ALYS 3 PRTN PLSM ALG	E		0	999	04/01/2022	12/31/9999	1	0.00
0309U	O6	CRD CV DS ALY 4 PRTN PLM ALG	E		0	999	04/01/2022	12/31/9999	1	0.00
0310U	O6	PED VSCLTS KD ALYS 3 BMRKS	E		0	999	04/01/2022	12/31/9999	1	0.00
0311U	O6	NFCT DS BCT QUAN ANTMCRB SC	E		0	999	04/01/2022	12/31/9999	1	0.00
0312T	O6	LAPS IMLTY NSTIM VAGUS	E		0	999	07/01/2019	12/31/9999	1	0.00
0312U	O6	AI DS SLE ALYS 8 IGG AUTOANT	E		0	999	04/01/2022	12/31/9999	1	0.00
0313T	O6	LAPS RMVL NSTIM ARRAY VAGUS	E		0	999	01/01/2013	12/31/9999	2	0.00
0313U	O6	ONC PNCRS DNA&MRNA SEQ 74	E		0	999	04/01/2022	12/31/9999	1	0.00
0314T	O6	LAPS RMVL VGL ARRY & PLS GEN	E		0	999	01/01/2013	12/31/9999	2	0.00
0314U	O6	ONC CUTAN MLNMA MRNA 35 GENE	E		0	999	04/01/2022	12/31/9999	1	0.00
0315T	O6	RMVL VAGUS NERVE PLS GEN	E		0	999	01/01/2013	12/31/9999	2	0.00
0315U	O6	ONC CUTAN SQ CLL CA MRNA 40	E		0	999	04/01/2022	12/31/9999	1	0.00
0316T	O6	REPLC VAGUS NERVE PLS GEN	E		0	999	01/01/2013	12/31/9999	2	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0316U	O6	B BRGRDFERI LYME DS OSPA EVL	E		0	999	04/01/2022	12/31/9999	1	0.00
0317T	O6	ELEC ALYS VAGUS NRV PLS GEN	E		0	999	01/01/2013	12/31/9999	2	0.00
0317U	O6	ONC LUNG CA 4-PRB FISH ASSAY	E		0	999	04/01/2022	12/31/9999	1	0.00
0318U	O6	PED WHL GEN MTHYLTN ALYS 50+	E		0	999	04/01/2022	12/31/9999	1	0.00
0319U	O6	NEPH RNA PRETRNSPL PERPH BLD	E		0	999	04/01/2022	12/31/9999	1	0.00
0320U	O6	NEPH RNA PSTTRNSPL PERPH BLD	E		0	999	04/01/2022	12/31/9999	1	0.00
0321U	O6	IADNA GU PTHGN 20BCT&FNG ORG	E		0	999	04/01/2022	12/31/9999	1	0.00
0322U	O6	NEURO ASD MEAS 14 ACYL CARN	E		0	999	04/01/2022	12/31/9999	1	0.00
0329T	O6	MONITOR INTRAOCULAR PRESSURE 24 HRS	E		0	999	01/01/2014	12/31/9999	1	0.00
0330T	O6	TEAR FILM IMAGE UNILAT OR BILAT	E		0	999	01/01/2014	12/31/9999	1	0.00
0331T	O6	MYOCARDIAL IMAG PLANAR QUAL/QUANT ASSESS	E		0	999	01/01/2014	12/31/9999	1	0.00
0332T	O6	MYCARDIOL PLANAR QUAL/QUANT ASSESSMNT	E		0	999	01/01/2014	12/31/9999	1	0.00
0333T	O6	VISUAL EP ACUITY SCREEN AUTOMATED	E		0	999	01/01/2014	12/31/9999	1	0.00
0335T	O6	EXTRA-OSSEOUS JOINT IMPLANT	E		0	999	01/01/2014	12/31/9999	1	0.00
0338T	O6	TRANSCATH RENAL SYMP DENERVATION UNILAT	E		0	999	01/01/2014	12/31/9999	1	0.00
0339T	O6	TRANSCATH RENAL SYMP DENERVATION BILAT	E		0	999	01/01/2014	12/31/9999	1	0.00
0342T	O6	THERAPEUTIC APHERESIS	E		0	999	01/01/2014	12/31/9999	1	0.00
0345T	O6	TRANSCATH MITRAL VALVE REPAIR,INITIAL	C		0	999	01/01/2014	12/31/9999	1	0.00
0347T	O6	PLACEMENT INTERSTITIAL DEV (RSA)	E		0	999	07/01/2014	12/31/9999	1	0.00
0348T	O6	RAD EXAM (RSA) SPINE	E		0	999	07/01/2014	12/31/9999	1	0.00
0349T	O6	RAD EXAM (RSA) UPPER EXTR	E		0	999	07/01/2014	12/31/9999	1	0.00
0350T	O6	RAD EXAM (RSA) LOWER EXTR	E		0	999	07/01/2014	12/31/9999	1	0.00
0351T	O6	OPTIC TOMOGRAPHY BREAST	E		0	999	07/01/2014	12/31/9999	1	0.00
0352T	O6	OPTIC TOMOGRAPHY BREAST	E		0	999	07/01/2014	12/31/9999	1	0.00
0353T	O6	OPTIC TOMOGRAPHY BREAST	E		0	999	07/01/2014	12/31/9999	1	0.00
0354T	O6	OPTIC TOMOGRAPHY BREAST	E		0	999	07/01/2014	12/31/9999	1	0.00
0358T	O6	BIA WHOLE BODY	E		0	999	07/01/2014	12/31/9999	1	0.00
0362T	O6	BEHAVIORAL FOLLOWUP	E		0	20	07/01/2014	12/31/9999	1	0.00
0373T	O6	EXPOSURE BEHAV TRTMNT	E		0	20	07/01/2014	12/31/9999	1	0.00
0378T	O6	VISUAL FIELD ASSESSMENT	E		0	999	01/01/2015	12/31/9999	1	0.00
0379T	O6	TECHNICAL SUPPORT AND PATIENT INSTRUCTI	E		0	999	01/01/2015	12/31/9999	1	0.00
0394T	O6	HDR ELCTRNC SKN SURF BRCHYTX	E		0	999	01/01/2016	12/31/9999	1	0.00
0395T	O6	HDR ELCTR NTRST/NTRCV BRCHTX	E		0	999	01/01/2016	12/31/9999	1	0.00
0397T	O6	ERCP W/OPTICAL ENDOMICROSCOPY	E		0	999	01/01/2016	12/31/9999	1	0.00
0398T	O6	MRFUS STRTCTC LES ABLTJ	E		0	999	01/01/2016	12/31/9999	1	0.00
0402T	O6	COLLAGEN CROSS-LINKING OF CORNEA	E		0	999	01/01/2016	12/31/9999	1	0.00
0403T	O6	DIABETES PREV STANDARD CURR	E		0	999	01/01/2016	12/31/9999	1	0.00
0404T	O6	TRNSCRV UTERIN FIBROID ABLTJ	E		0	999	01/01/2016	12/31/9999	1	0.00
0408T	O6	INSJ/RPLC CARDIAC MODULJ SYS	E		0	999	01/01/2016	12/31/9999	1	0.00
0409T	O6	INSJ/RPLC CARDIAC MODULJ PLS GN	E		0	999	01/01/2016	12/31/9999	1	0.00
0410T	O6	INSJ/RPLC CAR MODULJ ATR ELT	E		0	999	01/01/2016	12/31/9999	1	0.00
0411T	O6	INSJ/RPLC CAR MODULJ VNT ELT	E		0	999	01/01/2016	12/31/9999	1	0.00
0412T	O6	RMVL CARDIAC MODULJ PLS GEN	E		0	999	01/01/2016	12/31/9999	1	0.00
0413T	O6	RMVL CAR MODULJ TRANVNS ELT	E		0	999	01/01/2016	12/31/9999	1	0.00
0414T	O6	RMVL & RPL CAR MODULJ PLS GN	E		0	999	01/01/2016	12/31/9999	1	0.00
0415T	O6	REPOS CAR MODULJ TRANVNS ELT	E		0	999	01/01/2016	12/31/9999	1	0.00
0416T	O6	RELOC SKIN POCKET PLS GEN	E		0	999	01/01/2016	12/31/9999	1	0.00
0417T	O6	PRGRMG EVAL CARDIAC MODULJ	E		0	999	01/01/2016	12/31/9999	1	0.00
0418T	O6	INTERRO EVAL CARDIAC MODULJ	E		0	999	01/01/2016	12/31/9999	1	0.00
0419T	O6	DSTRJ NEUROFIBROMA XTNSV	E		0	999	01/01/2016	12/31/9999	1	0.00
0420T	O6	DSTRJ NEUROFIBROMA XTNSV	E		0	999	01/01/2016	12/31/9999	1	0.00
0421T	O6	WATERJET PROSTATE ABLTJ CMPL	E		0	999	01/01/2016	12/31/9999	1	0.00
0422T	O6	TACTILE BREAST IMG UNI/BI	E		0	999	01/01/2016	12/31/9999	1	0.00
0424T	O6	INSJ/RPLC NSTIM APNEA COMPL	E		0	999	01/01/2016	12/31/9999	1	0.00
0425T	O6	INSJ/RPLC NSTIM APNEA SEN LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0426T	O6	INSJ/RPLC NSTIM APNEA STM LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0427T	O6	INSJ/RPLC NSTIM APNEA PLS GN	E		0	999	01/01/2016	12/31/9999	1	0.00
0428T	O6	RMVL NSTIM APNEA PLS GEN	E		0	999	01/01/2016	12/31/9999	1	0.00
0429T	O6	RMVL NSTIM APNEA SEN LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0430T	O6	RMVL NSTIM APNEA STMJ LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0431T	O6	RMVL/RPLC NSTIM APNEA PLS GN	E		0	999	01/01/2016	12/31/9999	1	0.00
0432T	O6	REPOS NSTIM APNEA STMJ LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0433T	O6	REPOS NSTIM APNEA SENSING LD	E		0	999	01/01/2016	12/31/9999	1	0.00
0434T	O6	INTERRO EVAL NPGS SLEEP APNEA	E		0	999	01/01/2016	12/31/9999	1	0.00
0435T	O6	PRGRMG EVAL NPGS APNEA 1 SES	E		0	999	01/01/2016	12/31/9999	1	0.00
0436T	O6	PRGRMG EVAL NPGS APNEA STUDY	E		0	999	01/01/2016	12/31/9999	1	0.00
0437T	O6	IMPLTJ SYNTH RNFCMT ABDL WAL	E		0	999	07/01/2016	12/31/9999	1	0.00
0439T	O6	MYOCRD CONTRAST PRFUJ ECHO	E		0	999	07/01/2016	12/31/9999	1	0.00
0440T	O6	ABLTJ PERC UXTR/PERPH NRV	E		0	999	07/01/2016	12/31/9999	1	0.00
0441T	O6	ABLTJ PERC LXTR/PERPH NRV	E		0	999	07/01/2016	12/31/9999	1	0.00
0442T	O6	ABLTJ PERC PLEX/TRNCL NRV	E		0	999	07/01/2016	12/31/9999	1	0.00
0443T	O6	R-T SPCTRL ALYS PRST8 TISS	E		0	999	07/01/2016	12/31/9999	1	0.00
0444T	O6	1ST PLMT DRUG ELUT OC INS	E		0	999	07/01/2016	12/31/9999	1	0.00
0445T	O6	SBSQT PLMT DRUG ELUT OC INS	E		0	999	07/01/2016	12/31/9999	1	0.00
0446T	O6	CREATE SUBQ POCKET IMPLANT INTERSTITIAL	E		0	999	01/01/2017	12/31/9999	1	0.00
0447T	O6	REM IMPLANTABLE INTRSTTL GLUC SNSR SUBQ	E		0	999	01/01/2017	12/31/9999	1	0.00
0448T	O6	REM IMPLANTABLE INTRSTTL GLUC SNSR INCL	E		0	999	01/01/2017	12/31/9999	1	0.00
0449T	O6	INSERT AQS DRAIN DEV INT DEV	E		0	999	01/01/2017	12/31/9999	1	0.00
0450T	O6	INSERT AQS DRAIN DEV INT DEV EA ADDL	E		0	999	01/01/2017	12/31/9999	1	0.00
0464T	O6	VISUAL EVOKED POTENTIAL, TESTING FOR GLA	E		0	999	01/01/2017	12/31/9999	1	0.00
0465T	O6	SUPRACHOROIDAL INJECTION OF A PHARMACOLO	E		0	999	01/01/2017	12/31/9999	1	0.00
0469T	O6	RTA POLARIZE SCAN OC SCR BI	E		0	999	07/01/2017	12/31/9999	1	0.00
0470T	O6	OCT SKN IMG ACQUISJ I&R 1ST	E		0	999	07/01/2017	12/31/9999	1	0.00
0471T	O6	OCT SKN IMG ACQUISJ I&R ADDL	E		0	999	07/01/2017	12/31/9999	1	0.00
0472T	O6	PRGRMG IO RTA ELTRD RA	E		0	999	07/01/2017	12/31/9999	1	0.00
0473T	O6	REPRGRMG IO RTA ELTRD RA	E		0	999	07/01/2017	12/31/9999	1	0.00
0474T	O6	INSJ AQUEOUS DRG DEV IO RSVR	E		0	999	07/01/2017	12/31/9999	1	0.00
0475T	O6	REC FTL CAR SGL 3 CH I&R	E		0	999	07/01/2017	12/31/9999	1	0.00
0476T	O6	REC FTL CAR SGL ELEC TR DATA	E		0	999	07/01/2017	12/31/9999	1	0.00
0477T	O6	REC FTL CAR SGL XRTJ ALYS	E		0	999	07/01/2017	12/31/9999	1	0.00
0478T	O6	REC FTL CAR 3 CH REV I&R	E		0	999	07/01/2017	12/31/9999	1	0.00
0479T	O6	FRACTIONAL ABLATION OF BURN	E		0	999	01/01/2018	12/31/9999	1	0.00
0480T	O6	FRACTIONAL ABLATION OF BURN	E		0	999	01/01/2018	12/31/9999	4	0.00
0481T	O6	INJECTION(S) AUTOLOGOUS WBC	E		0	999	01/01/2018	12/31/9999	1	0.00
0483T	O6	TMVI W/PROSTHETIC VALVE	E		0	999	01/01/2018	12/31/9999	1	0.00
0484T	O6	TMVI W/PROSTHETIC VALVE	E		0	999	01/01/2018	12/31/9999	1	0.00
0485T	O6	OCT MIDDLE EAR; UNI	E		0	999	01/01/2018	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0486T	O6	OCT MIDDLE EAR; BI	E		0	999	01/01/2018	12/31/9999	1	0.00
0487T	O6	BIOMECH MAPPING W/RPT	E		0	999	01/01/2018	12/31/9999	1	0.00
0488T	O6	AUTOLOGOUS ADIPOSE-DERIVED THERAPY	E		0	999	01/01/2018	12/31/9999	1	0.00
0489T	O6	CELL THERAPY SCLERO HANDS	E		0	999	01/01/2018	12/31/9999	1	0.00
0490T	O6	CELL THERAPY SCLERO HANDS; MULT INJECT	E		0	999	01/01/2018	12/31/9999	1	0.00
0491T	O6	ABLAT LASER TREATMENT	E		0	999	01/01/2018	12/31/9999	1	0.00
0492T	O6	ABLAT LASER TREATMENT	E		0	999	01/01/2018	12/31/9999	4	0.00
0493T	O6	SPECTROSCOPY OF WOUNDS	E		0	999	01/01/2018	12/31/9999	1	0.00
0494T	O6	SURG PREP OF CADAVER LUNG(S)	E		0	999	01/01/2018	12/31/9999	1	0.00
0495T	O6	INITIATE/MONITOR CADVER LUNG(S);1ST 2 HR	E		0	999	01/01/2018	12/31/9999	1	0.00
0496T	O6	INITIATE/MONITOR CADAVER LUNG(S);EACH AD	E		0	999	01/01/2018	12/31/9999	4	0.00
0497T	O6	CARDIAC EVENT RECORDER; IN-OFFICE	E		0	999	01/01/2018	12/31/9999	1	0.00
0498T	O6	CARDIAC EVENT RECORDER; INTERPRETATION	E		0	999	01/01/2018	12/31/9999	1	0.00
0499T	O6	CYSTOURETHROSCOPY	E		0	999	01/01/2018	12/31/9999	1	0.00
0500F	O6	INITIAL PRENATAL CARE VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
0500T	O6	INFECTIOUS AGENT DETECT	E		0	999	01/01/2018	12/31/9999	1	0.00
0501F	O6	PRENATAL FLOW SHEET	E		0	999	09/01/2012	12/31/9999	1	0.00
0501T	O6	NONINVASIVE CORONARY FFR	E		0	999	01/01/2018	12/31/9999	1	0.00
0502F	O6	SUBSEQUENT PRENATAL CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
0502T	O6	NONINVASIVE CORONARY FFR	E		0	999	01/01/2018	12/31/9999	1	0.00
0503F	O6	POSTPARTUM CARE VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
0503T	O6	NONINVASIVE CORONARY FFR	E		0	999	01/01/2018	12/31/9999	1	0.00
0504T	O6	NONINVASIVE CORONARY FFR	E		0	999	01/01/2018	12/31/9999	1	0.00
0505F	O6	HEMODIALYSIS PLAN DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
0505T	O6	EV FEMPOP ARTL REVSC	E		0	999	07/01/2018	12/31/9999	1	0.00
0506T	O6	MAC PGMT OPT DNS MEAS HFP	E		0	999	07/01/2018	12/31/9999	1	0.00
0507F	O6	PERITON DIALYSIS PLAN DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
0507T	O6	NEAR IFR 21MG MIBMN GLND I&R	E		0	999	07/01/2018	12/31/9999	1	0.00
0508T	O6	PLS ECHO US B1 DNS MEAS TIB	E		0	999	07/01/2018	12/31/9999	1	0.00
0509F	O6	URINE INCON PLAN DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
0509T	O6	PATTERN ERG W/I&R	E		0	999	01/01/2019	12/31/9999	1	0.00
0510T	O6	RMVL SINUS TARSI IMPLANT	E		0	999	01/01/2019	12/31/9999	1	0.00
0511T	O6	RMVL&RINSJ SINUS TARSI IMPLT	E		0	999	01/01/2019	12/31/9999	1	0.00
0512T	O6	ESW INTEG WND HLG 1ST WND	E		0	999	01/01/2019	12/31/9999	1	0.00
0513F	O6	ELVE BP PLN OF CARE DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0513T	O6	ESW INTEG WND HLG EA ADDL	E		0	999	01/01/2019	12/31/9999	1	0.00
0514F	O6	POC ELVE HEM PT REC ESA	E		0	999	09/01/2012	12/31/9999	1	0.00
0514T	O6	INTRAOP VIS AXIS ID PT FIXJ	E		0	999	01/01/2019	12/31/9999	1	0.00
0515T	O6	INSJ WCS LV COMPL SYS	E		0	999	01/01/2019	12/31/9999	1	0.00
0516F	O6	ANEMIA POC DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0516T	O6	INSJ WCS LV ELTRD ONLY	E		0	999	01/01/2019	12/31/9999	1	0.00
0517F	O6	GLAUCO POC DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0517T	O6	INSJ WCS LV PG COMPNT	E		0	999	01/01/2019	12/31/9999	1	0.00
0518F	O6	FALLS POC DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0518T	O6	RMVL PG COMPNT WCS	E		0	999	01/01/2019	12/31/9999	1	0.00
0519F	O6	PLAND CHEMOD DOCD B/4 TXMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
0519T	O6	RMVL & RPLCMT PG COMPNT WCS	E		0	999	01/01/2019	12/31/9999	1	0.00
0520F	O6	RAD DOS LIMITS B/4 3D RAD	E		0	999	09/01/2012	12/31/9999	1	0.00
0520T	O6	RMVL&RPLCMT PG WCS NEW ELTRD	E		0	999	01/01/2019	12/31/9999	1	0.00
0521F	O6	PLAN OF CARE 4 PAIN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0521T	O6	INTERROG DEV EVAL WCS IP	E		0	999	01/01/2019	12/31/9999	1	0.00
0522T	O6	PRGRMG DEV EVAL WCS IP	E		0	999	01/01/2019	12/31/9999	1	0.00
0523T	O6	NTRAPX C FFR W/3D FUNCIL MAP	E		0	999	01/01/2019	12/31/9999	1	0.00
0524T	O6	EV CATH DIR CHEM ABLTJ W/IMG	E		0	999	01/01/2019	12/31/9999	1	0.00
0525F	O6	INT VISIT EPIS	E		0	999	09/01/2012	12/31/9999	1	0.00
0525T	O6	INSJ/RPLCMT COMPL IIMS	E		0	999	01/01/2019	12/31/9999	1	0.00
0526F	O6	SUBSEQT VISIT EPIS	E		0	999	09/01/2012	12/31/9999	1	0.00
0526T	O6	INSJ/RPLCMT IIMS ELTRD ONLY	E		0	999	01/01/2019	12/31/9999	1	0.00
0527T	O6	INSJ/RPLCMT IIMS IMPLT MNTR	E		0	999	01/01/2019	12/31/9999	1	0.00
0528F	O6	RCMND FLW-UP 10 YRS DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0528T	O6	PRGRMG DEV EVAL IIMS IP	E		0	999	01/01/2019	12/31/9999	1	0.00
0529F	O6	INTRVL 3+YRS PTS CLNSCP DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0529T	O6	INTERROG DEV EVAL IIMS IP	E		0	999	01/01/2019	12/31/9999	1	0.00
0530T	O6	REMOVAL COMPLETE IIMS	E		0	999	01/01/2019	12/31/9999	1	0.00
0531T	O6	REMOVAL IIMS ELECTRODE ONLY	E		0	999	01/01/2019	12/31/9999	1	0.00
0532T	O6	REMOVAL IIMS IMPLT MNTR ONLY	E		0	999	01/01/2019	12/31/9999	1	0.00
0533T	O6	CONT REC MVMT DO 6-10 DAYS	E		0	999	01/01/2019	12/31/9999	1	0.00
0534T	O6	CONT REC MVMT DO SETUP&TRAIN	E		0	999	01/01/2019	12/31/9999	1	0.00
0535F	O6	DYSPNEA MNGMNT PLAN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0535T	O6	CONT REC MVMT DO REPT CNFIG	E		0	999	01/01/2019	12/31/9999	1	0.00
0536T	O6	CONT REC MVMT DO DL W/I&R	E		0	999	01/01/2019	12/31/9999	1	0.00
0537T	O6	BLD DRV T LYMPHCYT CAR-T CLL	E		0	999	01/01/2019	12/31/9999	1	0.00
0538T	O6	BLD DRV T LYMPHCYT PREP TRNS	E		0	999	01/01/2019	12/31/9999	1	0.00
0539T	O6	RECEIPT&PREP CAR-T CLL ADMN	E		0	999	01/01/2019	12/31/9999	1	0.00
0540F	O6	GLUCO MNGMNT PLAN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0540T	O6	CAR-T CLL ADMN AUTOLOGOUS	E		0	999	01/01/2019	12/31/9999	1	0.00
0541T	O6	MYOCARDIAL IMAGING MCG	E		0	999	01/01/2019	12/31/9999	1	0.00
0542T	O6	MYOCARDIAL IMAGING MCG I&R	E		0	999	01/01/2019	12/31/9999	1	0.00
0543T	O6	MITRAL VALVE REPAIR	E		0	999	07/01/2019	12/31/9999	1	0.00
0544T	O6	MITRAL VALVE ANNULUS RECON	E		0	999	07/01/2019	12/31/9999	1	0.00
0545F	O6	FOLLOW UP CARE PLAN MDD DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0545T	O6	TRICUSPID VALVE ANNULUS RECON	E		0	999	07/01/2019	12/31/9999	1	0.00
0546T	O6	RADIOFREQ SPECTRO MASTECTOMY	E		0	999	07/01/2019	12/31/9999	1	0.00
0547T	O6	BONE MATERIAL QUALITY TEST	E		0	999	07/01/2019	12/31/9999	1	0.00
0550F	O6	CYTOPATHOLOGY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
0551F	O6	CYTOPATHOLOGY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
0552T	O6	LOW-LEVEL LASER THERAPY	E		0	999	07/01/2019	12/31/9999	1	0.00
0553T	O6	ARTERIOVEN ANASTOMOSIS IMPLANT	E		0	999	07/01/2019	12/31/9999	1	0.00
0554T	O6	BONE STRENGTH ASSESS NTPRET RPT	E		0	999	07/01/2019	12/31/9999	1	0.00
0555F	O6	SYMPTOM MANAGEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
0555T	O6	BONE STRENGTH SCAN DATA	E		0	999	07/01/2019	12/31/9999	1	0.00
0556F	O6	PLAN OF CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
0556T	O6	BONE STRENGTH ASSESSMENT	E		0	999	07/01/2019	12/31/9999	1	0.00
0557F	O6	PLAN OF CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
0557T	O6	BONE STRENGTH INTERPRET RPT	E		0	999	07/01/2019	12/31/9999	1	0.00
0558T	O6	COMPUTED TOMOGRAPHY ANALYSIS	E		0	999	07/01/2019	12/31/9999	1	0.00
0559T	O6	ANATOMIC MODEL 3D-PRINT FIRST	E		0	999	07/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0560T	O6	ANATOMIC MODEL 3D-PRINT ADDL	E		0	999	07/01/2019	12/31/9999	1	0.00
0561T	O6	ANATOMIC GUIDE 3D-PRINT FIRST	E		0	999	07/01/2019	12/31/9999	1	0.00
0562T	O6	ANATOMIC GUIDE 3D-PRINT ADDL	E		0	999	07/01/2019	12/31/9999	1	0.00
0563T	O6	EVAC MEIBOMIAN GLND HEAT BI	E		0	999	01/01/2020	12/31/9999	1	0.00
0564T	O6	ONC CHEMO RX CYTOTOX CSC 14	E		0	999	01/01/2020	12/31/9999	1	0.00
0565T	O6	AUTOL CELL IMPLT ADPS HRVG	E		0	999	01/01/2020	12/31/9999	1	0.00
0566T	O6	AUTOL CELL IMPLT ADPS NIX	E		0	999	01/01/2020	12/31/9999	1	0.00
0567T	O6	PERM FLP TUBE OCCLS W/IMPLT	E		0	999	01/01/2020	12/31/9999	1	0.00
0568T	O6	INTRO MIX SALINE&AIR F/SSG	E		0	999	01/01/2020	12/31/9999	1	0.00
0569T	O6	TTVR PERQ APPR 1ST PROSTH	E		0	999	01/01/2020	12/31/9999	1	0.00
0570T	O6	TTVR PERQ EA ADDL PROSTH	E		0	999	01/01/2020	12/31/9999	1	0.00
0571T	O6	INSJ/RPLCMT ICDS SS ELTRD	E		0	999	01/01/2020	12/31/9999	1	0.00
0572T	O6	INSERTION SS DFB ELECTRODE	E		0	999	01/01/2020	12/31/9999	1	0.00
0573T	O6	REMOVAL SS DFB ELECTRODE	E		0	999	01/01/2020	12/31/9999	1	0.00
0574T	O6	REPOS PREV SS IMPL DFB ELTRD	E		0	999	01/01/2020	12/31/9999	1	0.00
0575F	O6	HIV RNA PLAN CARE DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
0575T	O6	PRGRMG DEV EVAL ICDS SS IP	E		0	999	01/01/2020	12/31/9999	1	0.00
0576T	O6	INTERROG DEV EVAL ICDS SS IP	E		0	999	01/01/2020	12/31/9999	1	0.00
0577T	O6	EPHYS EVAL ICDS SS	E		0	999	01/01/2020	12/31/9999	1	0.00
0578T	O6	REM INTERROG DEV ICDS PHYS	E		0	999	01/01/2020	12/31/9999	1	0.00
0579T	O6	REM INTERROG DEV ICDS TECH	E		0	999	01/01/2020	12/31/9999	1	0.00
0580F	O6	MULTIDISCIPLINARY CARE PLAN	E		0	999	01/01/2013	12/31/9999	2	0.00
0580T	O6	RMVL SS IMPL DFB PG ONLY	E		0	999	01/01/2020	12/31/9999	1	0.00
0581F	O6	PT TRNSFRD FROM ANESTH TO CC	E		0	999	01/01/2013	12/31/9999	2	0.00
0581T	O6	ABLTY MAL BRST TUM PERQ CRTX	E		0	999	01/01/2020	12/31/9999	1	0.00
0582F	O6	NO TRNSFR FROM ANESTH TO CC	E		0	999	01/01/2013	12/31/9999	2	0.00
0582T	O6	TRURL ABLTY MAL PRST8 TISS	E		0	999	01/01/2020	12/31/9999	1	0.00
0583F	O6	TRANSFER CARE CHECKLIST USED	E		0	999	01/01/2013	12/31/9999	2	0.00
0583T	O6	TMPST AUTO TUBE DLVR SYS	E		0	999	01/01/2020	12/31/9999	1	0.00
0584F	O6	NO TRANSFERCARE CHKLIST USED	E		0	999	01/01/2013	12/31/9999	2	0.00
0584T	O6	PERQ ISLET CELL TRANSPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
0585T	O6	LAPS ISLET CELL TRANSPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
0586T	O6	OPEN ISLET CELL TRANSPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
0587T	O6	PERQ IMPLTY/RPLCMT ISDMS PTN	E		0	999	01/01/2020	12/31/9999	1	0.00
0588T	O6	REVISION/REMOVAL ISDMS PTN	E		0	999	01/01/2020	12/31/9999	1	0.00
0589T	O6	ELEC ALYS SMPL PRGRMG IINS	E		0	999	01/01/2020	12/31/9999	1	0.00
0590T	O6	ELEC ALYS CPLX PRGRMG IINS	E		0	999	01/01/2020	12/31/9999	1	0.00
0591T	O6	HLTH&WB COACHING INDIV 1ST	E		0	999	01/01/2020	12/31/9999	1	0.00
0592T	O6	HLTH&WB COACHING INDIV F-UP	E		0	999	01/01/2020	12/31/9999	1	0.00
0593T	O6	HLTH&WB COACHING GROUP	E		0	999	01/01/2020	12/31/9999	1	0.00
0594T	O6	OSTEOT HUM XTRNL LGTH DEV	E		0	999	01/01/2021	12/31/9999	1	0.00
0596T	O6	TEMP FML IU VLV-PMP 1ST INSJ	E		0	999	01/01/2021	12/31/9999	1	0.00
0597T	O6	TEMP FML IU VALVE-PMP RPLCMT	E		0	999	01/01/2021	12/31/9999	1	0.00
0598T	O6	NCNTC R-T FLUOR WND IMG 1ST	E		0	999	01/01/2021	12/31/9999	1	0.00
0599T	O6	NCNTC R-T FLUOR WND IMG EA	E		0	999	01/01/2021	12/31/9999	1	0.00
0600T	O6	IRE ABLTY 1+TUM ORGAN PERQ	E		0	999	01/01/2021	12/31/9999	1	0.00
0601T	O6	IRE ABLTY 1+TUMORS OPEN	E		0	999	01/01/2021	12/31/9999	1	0.00
0602T	O6	TRANSDERMAL GFR MEASUREMENTS	E		0	999	01/01/2021	12/31/9999	1	0.00
0603T	O6	TRANSDERMAL GFR MONITORING	E		0	999	01/01/2021	12/31/9999	1	0.00
0604T	O6	REM OCT RTA DEV SETUP&EDUCAJ	E		0	999	01/01/2021	12/31/9999	1	0.00
0605T	O6	REM OCT RTA TECHL SPRT MIN 8	E		0	999	01/01/2021	12/31/9999	1	0.00
0606T	O6	REM OCT RTA PHYS/QHP EA 30D	E		0	999	01/01/2021	12/31/9999	1	0.00
0607T	O6	REM MNTR PULM FLU MNTR SETUP	E		0	999	01/01/2021	12/31/9999	1	0.00
0608T	O6	REM MNTR PULM FLU MNTR ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0609T	O6	MRS DISC PAIN ACQUISJ DATA	E		0	999	01/01/2021	12/31/9999	1	0.00
0610T	O6	MRS DISC PAIN TRANSMIS DATA	E		0	999	01/01/2021	12/31/9999	1	0.00
0611T	O6	MRS DISC PAIN ALG ALYS DATA	E		0	999	01/01/2021	12/31/9999	1	0.00
0612T	O6	MRS DISCOGENIC PAIN I&R	E		0	999	01/01/2021	12/31/9999	1	0.00
0613T	O6	PERQ TCAT INTRATRL SEPTL SHT	E		0	999	01/01/2021	12/31/9999	1	0.00
0614T	O6	RMVL&RPLCMT SS IMPL DFB PG	E		0	999	01/01/2021	12/31/9999	1	0.00
0615T	O6	EYE MVMT ALYS W/O CALBRJ I&R	E		0	999	01/01/2021	12/31/9999	1	0.00
0616T	O6	INSERTION OF IRIS PROSTHESIS	E		0	999	01/01/2021	12/31/9999	1	0.00
0617T	O6	INSJ IRIS PROSTH W/RMVL&INSJ	E		0	999	01/01/2021	12/31/9999	1	0.00
0618T	O6	INSJ IRIS PROSTH SEC IO LENS	E		0	999	01/01/2021	12/31/9999	1	0.00
0619T	O6	CYSTO W/PRST8 COMMISSUROTOMY	E		0	999	01/01/2021	12/31/9999	1	0.00
0620T	O6	EVASC VEN ARTIZL TIBL/PRNL VN	E		0	999	01/01/2021	12/31/9999	1	0.00
0621T	O6	TRABECULOSTOMY INTERNO LASER	E		0	999	01/01/2021	12/31/9999	1	0.00
0622T	O6	TRABECULOSTOMY INT LSR W/SCP	E		0	999	01/01/2021	12/31/9999	1	0.00
0623T	O6	AUTO QUANTIFICATION C PLAQUE	E		0	999	01/01/2021	12/31/9999	1	0.00
0624T	O6	AUTO QUAN C PLAQ DATA PREP	E		0	999	01/01/2021	12/31/9999	1	0.00
0625T	O6	AUTO QUAN C PLAQ CPTR ALYS	E		0	999	01/01/2021	12/31/9999	1	0.00
0626T	O6	AUTO QUAN C PLAQ I&R	E		0	999	01/01/2021	12/31/9999	1	0.00
0627T	O6	PERQ NIX ALGC FLUOR LMBR 1ST	E		0	999	01/01/2021	12/31/9999	1	0.00
0628T	O6	PERQ NIX ALGC FLUOR LMBR EA	E		0	999	01/01/2021	12/31/9999	1	0.00
0629T	O6	PERQ NIX ALGC CT LMBR 1ST	E		0	999	01/01/2021	12/31/9999	1	0.00
0630T	O6	PERQ NIX ALGC CT LMBR EA	E		0	999	01/01/2021	12/31/9999	1	0.00
0631T	O6	TC VIS LIT HYPERSPECTRAL IMG	E		0	999	01/01/2021	12/31/9999	1	0.00
0632T	O6	PERQ TCAT US ABLTY NRV P-ART	E		0	999	01/01/2020	12/31/9999	1	0.00
0633T	O6	CT BREAST W/3D UNI C-	E		0	999	01/01/2021	12/31/9999	1	0.00
0634T	O6	CT BREAST W/3D UNI C+	E		0	999	01/01/2021	12/31/9999	1	0.00
0635T	O6	CT BREAST W/3D UNI C-/C+	E		0	999	01/01/2021	12/31/9999	1	0.00
0636T	O6	CT BREAST W/3D BI C-	E		0	999	01/01/2021	12/31/9999	1	0.00
0637T	O6	CT BREAST W/3D BI C+	E		0	999	01/01/2021	12/31/9999	1	0.00
0638T	O6	CT BREAST W/3D BI C-/C+	E		0	999	01/01/2021	12/31/9999	1	0.00
0639T	O6	WRLS SKN SNR ANISOTROPY MEAS	E		0	999	01/01/2021	12/31/9999	1	0.00
0640T	O6	NCNTC NR IFR SPCTRSC WND	E		0	999	07/01/2021	12/31/9999	1	0.00
0641T	O6	NCNTC NR IFR SPCTRSC WND IMG	E		0	999	07/01/2021	12/31/9999	1	0.00
0642T	O6	NCNTC NR IFR SPCTRSC WND I&R	E		0	999	07/01/2021	12/31/9999	1	0.00
0643T	O6	TCAT L VENTR RSTRJ DEV IMPLT	E		0	999	07/01/2021	12/31/9999	1	0.00
0644T	O6	TCAT RMVL/DBLK ICAR MAS PERQ	E		0	999	07/01/2021	12/31/9999	1	0.00
0645T	O6	TCAT IMPLTY C SINS RDCTJ DEV	E		0	999	07/01/2021	12/31/9999	1	0.00
0646T	O6	TTVI/RPLCMT W/PRSTC VLV PERQ	E		0	999	07/01/2021	12/31/9999	1	0.00
0647T	O6	INSJ GTUBE PERQ MAG GASTRPXY	E		0	999	07/01/2021	12/31/9999	1	0.00
0648T	O6	QUAN MR ALYS TISS W/O MRI	E		0	999	07/01/2021	12/31/9999	1	0.00
0649T	O6	QUAN MR ALYS TISS W/MRI	E		0	999	07/01/2021	12/31/9999	1	0.00
0650T	O6	PRGRMG DEV EVAL SCRMS REMOTE	E		0	999	07/01/2021	12/31/9999	1	0.00
0651T	O6	MAG CTRLD CAPSULE ENDOSCOPY	E		0	999	07/01/2021	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
0652T	O6	EGD FLX TRANSNASAL DX BR/WA	E		0	999	07/01/2021	12/31/9999	1	0.00
0653T	O6	EGD FLX TRANSNASAL BX 1/MLT	E		0	999	07/01/2021	12/31/9999	1	0.00
0654T	O6	EGD FLX TRANSNASAL TUBE/CATH	E		0	999	07/01/2021	12/31/9999	1	0.00
0655T	O6	TPRNL FOCAL ABLTJ MAL PRST8	E		0	999	07/01/2021	12/31/9999	1	0.00
0656T	O6	VRT BDY TETHERING ANT <7 SEG	E		0	999	07/01/2021	12/31/9999	1	0.00
0657T	O6	VRT BDY TETHERING ANT 8+ SEG	E		0	999	07/01/2021	12/31/9999	1	0.00
0658T	O6	ELEC IMPD SPECTRSC 1+SKN LES	E		0	999	07/01/2021	12/31/9999	1	0.00
0659T	O6	TCAT INTRA-C NFS SUPERSAT O2	E		0	999	07/01/2021	12/31/9999	1	0.00
0660T	O6	IMPLT ANT SGM IO NBIO RX SYS	E		0	999	07/01/2021	12/31/9999	1	0.00
0661T	O6	RMVL&RIMPLTJ ANT SGM IMPLT	E		0	999	07/01/2021	12/31/9999	1	0.00
0662T	O6	SCALP COOL 1ST MEAS&CALBRJ	E		0	999	07/01/2021	12/31/9999	1	0.00
0663T	O6	SCALP COOL PLMT MNTR RMVL	E		0	999	07/01/2021	12/31/9999	1	0.00
0664T	O6	DON HYSTERECTOMY OPEN CDVR	E		0	999	07/01/2021	12/31/9999	1	0.00
0665T	O6	DON HYSTERECTOMY OPEN LIV	E		0	999	07/01/2021	12/31/9999	1	0.00
0666T	O6	DON HYSTERECTOMY LAPS LIV	E		0	999	07/01/2021	12/31/9999	1	0.00
0667T	O6	DON HYSTERECTOMY RCP UTER	E		0	999	07/01/2021	12/31/9999	1	0.00
0668T	O6	BKBENCH PREP DON UTER ALGRFT	E		0	999	07/01/2021	12/31/9999	1	0.00
0669T	O6	BKBENCH RCNSTJ DON UTER VEN	E		0	999	07/01/2021	12/31/9999	1	0.00
0670T	O6	BKBENCH RCNSTJ DON UTER ARTL	E		0	999	07/01/2021	12/31/9999	1	0.00
0671T	O6	INSJ ANT SGM AQ DRG DEV 1+	E		0	999	01/01/2022	12/31/9999	1	0.00
0672T	O6	NDOVAG CRYG RF REMDL TISS	E		0	999	01/01/2022	12/31/9999	1	0.00
0673T	O6	ABLTJ B9 THYR NDUL PERQ LASR	E		0	999	01/01/2022	12/31/9999	1	0.00
0674T	O6	LAPS INSJ NW/RPCMT PRM ISDSS	E		0	999	01/01/2022	12/31/9999	1	0.00
0675T	O6	LAPS INSJ NW/RPCMT ISDSS 1LD	E		0	999	01/01/2022	12/31/9999	1	0.00
0676T	O6	LAPS INSJ NW/RPCMT ISDSS EA	E		0	999	01/01/2022	12/31/9999	1	0.00
0677T	O6	LAPS REPOS LEAD ISDSS 1ST LD	E		0	999	01/01/2022	12/31/9999	1	0.00
0678T	O6	LAPS REPOS LEAD ISDSS EA ADD	E		0	999	01/01/2022	12/31/9999	1	0.00
0679T	O6	LAPS RMVL LEAD ISDSS	E		0	999	01/01/2022	12/31/9999	1	0.00
0680T	O6	INSJ/RPLCMT PG ONLY ISDSS	E		0	999	01/01/2022	12/31/9999	1	0.00
0681T	O6	RLCJ PULSE GEN ONLY ISDSS	E		0	999	01/01/2022	12/31/9999	1	0.00
0682T	O6	REMOVAL PULSE GEN ONLY ISDSS	E		0	999	01/01/2022	12/31/9999	1	0.00
0683T	O6	PRGRMG DEV EVAL ISDSS IP	E		0	999	01/01/2022	12/31/9999	1	0.00
0684T	O6	PERI-PX DEV EVAL ISDSS IP	E		0	999	01/01/2022	12/31/9999	1	0.00
0685T	O6	INTERROG DEV EVAL ISDSS IP	E		0	999	01/01/2022	12/31/9999	1	0.00
0686T	O6	HISTOTRIPSY MAL HEPATCEL TIS	E		0	999	01/01/2022	12/31/9999	1	0.00
0687T	O6	TX AMBLYOPIA DEV SETUP 1ST	E		0	999	01/01/2022	12/31/9999	1	0.00
0688T	O6	TX AMBLYOPIA ASSMT W/REPORT	E		0	999	01/01/2022	12/31/9999	1	0.00
0689T	O6	QUAN US TIS CHARAC W/O DX US	E		0	999	01/01/2022	12/31/9999	1	0.00
0690T	O6	QUAN US TIS CHARAC W/DX US	E		0	999	01/01/2022	12/31/9999	1	0.00
0691T	O6	AUTO ALYS XST CT STD VRT FX	E		0	999	01/01/2022	12/31/9999	1	0.00
0692T	O6	THERAPEUTIC ULTRAFILTRATION	E		0	999	01/01/2022	12/31/9999	1	0.00
0693T	O6	COMPRE FUL BDY 3D MTN ALYS	E		0	999	01/01/2022	12/31/9999	1	0.00
0694T	O6	3D VOL IMG&RCNSTJ BRST/AX	E		0	999	01/01/2022	12/31/9999	1	0.00
0695T	O6	BDY SRF MPG PM/CVDFB TM IMPL	E		0	999	01/01/2022	12/31/9999	1	0.00
0696T	O6	BDY SURF MAPG PM/CVDFB F/UP	E		0	999	01/01/2022	12/31/9999	1	0.00
0697T	O6	QUAN MR TIS WO MRI MLT ORGN	E		0	999	01/01/2022	12/31/9999	1	0.00
0698T	O6	QUAN MR TISS W/MRI MLT ORGN	E		0	999	01/01/2022	12/31/9999	1	0.00
0699T	O6	NJX PST CHMBR EYE MEDICATION	E		0	999	01/01/2022	12/31/9999	1	0.00
0700T	O6	MOLEC FLUOR IMG SUS NEV 1ST	E		0	999	01/01/2022	12/31/9999	1	0.00
0701T	O6	MOLEC FLUOR IMG SUS NEV EA	E		0	999	01/01/2022	12/31/9999	1	0.00
0702T	O6	REM THER MNTR OL TECH SPRT	E		0	999	01/01/2022	12/31/9999	1	0.00
0703T	O6	REM THER MNTR OL COG BHV	E		0	999	01/01/2022	12/31/9999	1	0.00
0704T	O6	REM TX AMBLYOPIA SETUP&EDU	E		0	999	01/01/2022	12/31/9999	1	0.00
0705T	O6	REM TX AMBLYOPIA TECH SPRT	E		0	999	01/01/2022	12/31/9999	1	0.00
0706T	O6	REM TX AMBLYOPIA I&R PHY/QHP	E		0	999	01/01/2022	12/31/9999	1	0.00
0707T	O6	NJX B1 SUB MTRL SBCHDRL DFCT	E		0	999	01/01/2022	12/31/9999	1	0.00
0708T	O6	ID CA IMMNTX PREP & 1ST NJX	E		0	999	01/01/2022	12/31/9999	1	0.00
0709T	O6	ID CA IMMNTX EACH ADDL NJX	E		0	999	01/01/2022	12/31/9999	1	0.00
0710T	O6	N-INVAS ARTL PLAQ ALYS	E		0	999	01/01/2022	12/31/9999	1	0.00
0711T	O6	N-NVS ARTL PLAQ ALYS DAT PRP	E		0	999	01/01/2022	12/31/9999	1	0.00
0712T	O6	N-NVS ARTL PLAQ ALYS QUAN	E		0	999	01/01/2022	12/31/9999	1	0.00
0713T	O6	N-NVS ARTL PLAQ ALYS RWW I&R	E		0	999	01/01/2022	12/31/9999	1	0.00
10004	O1	FNA BX W/O IMG GDN EA ADDL	N		0	999	01/01/2019	12/31/9999	3	0.00
10005	O1	FNA BX W/US GDN 1ST LES	T		0	999	07/01/2021	12/31/9999	1	486.13
10006	O1	FNA BX W/US GDN EA ADDL	N		0	999	01/01/2019	12/31/9999	3	0.00
10007	O1	FNA BX W/FLUOR GDN 1ST LES	T		0	999	07/01/2021	12/31/9999	1	486.13
10008	O1	FNA BX W/FLUOR GDN EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
10009	O1	FNA BX W/CT GDN 1ST LES	T		0	999	07/01/2021	12/31/9999	1	486.13
1000F	O6	TOBACCO USE, SMOKING, ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
10010	O1	FNA BX W/CT GDN EA ADDL	N		0	999	01/01/2019	12/31/9999	3	0.00
10011	O6	FNA BX W/MR GDN 1ST LES	E		0	999	01/01/2019	12/31/9999	1	0.00
10012	O6	FNA BX W/MR GDN EA ADDL	E		0	999	01/01/2019	12/31/9999	1	0.00
10021	O1	FNA W/O IMAGE	T		0	999	07/01/2021	12/31/9999	1	270.31
1002F	O6	ASSESS ANGINAL SYMPTOM/LEVEL	E		0	999	09/01/2012	12/31/9999	1	0.00
10030	O1	IMAGE FLUID COLL/CATHETER	T		0	999	07/01/2021	12/31/9999	2	486.13
10035	O1	PERQ DEV SOFT TISS 1ST IMAG	T		0	999	07/01/2021	12/31/9999	1	486.13
10036	O1	PERQ DEV SOFT TISS ADD IMAG	N		0	999	01/01/2016	12/31/9999	1	0.00
1003F	O6	LEVEL OF ACTIVITY	E		0	999	09/01/2012	12/31/9999	1	0.00
10040	O6	ACNE SURGERY	E		0	999	09/01/2012	12/31/9999	1	0.00
1004F	O6	CLINIC SYMP VOL OVERLOAD	E		0	999	09/01/2012	12/31/9999	1	0.00
1005F	O6	ASTHMA SYMP EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
10060	O1	INCISION/ DRAINAGE SIMPLE OR SINGLE	T		0	999	07/01/2021	12/31/9999	1	140.33
10061	O1	INCISN/ DRAIN COMPLICTD OR MULT	T		0	999	07/01/2021	12/31/9999	1	270.31
1006F	O6	OSTEOARTHRITIS SYMP ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
1007F	O6	USE OF OTC MEDS FOR SPYM RELIEF	E		0	999	09/01/2012	12/31/9999	1	0.00
10080	O1	*INCISION AND DRAINAGE OF PIL	T		0	999	07/01/2021	12/31/9999	1	486.13
10081	O1	INCISION AND DRAINAGE OF PIL	T		0	999	07/01/2021	12/31/9999	1	486.13
1008F	O6	GASTRO & RENAL RISK FAC ASSESS NSAI	E		0	999	09/01/2012	12/31/9999	1	0.00
1010F	O6	SEVERITY OF ANGINA	E		0	999	09/01/2012	12/31/9999	1	0.00
1011F	O6	ANGINA PRESENT (CAD)1	E		0	999	09/01/2012	12/31/9999	1	0.00
10120	O1	INCISION AND REMOVAL OF FORE	T		0	999	07/01/2021	12/31/9999	3	270.31
10121	O1	INCIS/ REMO FOR, SUBCT TISS; COMPLICTD	T		0	999	07/01/2021	12/31/9999	2	1,099.71
1012F	O6	ANGINA ABSENT (CAD)1	E		0	999	09/01/2012	12/31/9999	1	0.00
10140	O1	INCISION AND DRAINAGE OF HEMAT	T		0	999	07/01/2021	12/31/9999	2	1,099.71
1015F	O6	COPD SYMPTOMS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
10160	O1	*PUNCTURE ASPIRATION OF ABSCE	T		0	999	07/01/2021	12/31/9999	3	270.31
10180	O1	INC/DRAGE, COPLX, POSTOP WOUND INFEC	T		0	999	07/01/2021	12/31/9999	2	1,852.39

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
1018F	O6	ASSESS DYSPNEA NOT PRESENT	E		0	999	09/01/2012	12/31/9999	1	0.00
1019F	O6	ASSESS DYSPNEA PRESENT	E		0	999	09/01/2012	12/31/9999	1	0.00
1022F	O6	PNEUMO IMM STATUS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1026F	O6	CO-MORBID CONDITION ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1030F	O6	INFLUENZA IMM STATUS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1031F	O6	SMOKING STAT/EXP 2ND HAND SMOKE	E		0	999	09/01/2012	12/31/9999	1	0.00
1032F	O6	CURR TOBACCO SMOKER	E		0	999	09/01/2012	12/31/9999	1	0.00
1033F	O6	CURRENT TOBACCO NON-SMOKER A	E		0	999	09/01/2012	12/31/9999	1	0.00
1034F	O6	CURRENT TOBACCO SMOKER	E		0	999	09/01/2012	12/31/9999	1	0.00
1035F	O6	SMOKELESS TOBACCO USER	E		0	999	09/01/2012	12/31/9999	1	0.00
1036F	O6	TOBACCO NON-USER	E		0	999	09/01/2012	12/31/9999	1	0.00
1038F	O6	PERSISTENT ASTHMA	E		0	999	09/01/2012	12/31/9999	1	0.00
1039F	O6	INTERMITTENT ASTHMA	E		0	999	09/01/2012	12/31/9999	1	0.00
1040F	O6	DMS-5 INITIAL EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
1050F	O6	HISTORY OF MOLE CHGS	E		0	999	09/01/2012	12/31/9999	1	0.00
1052F	O6	PATIENT QUERIED ABOUT PAIN	E		0	999	01/01/2014	12/31/9999	1	0.00
1055F	O6	VISUAL FUNCT STATUS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1060F	O6	DOC PERM CONT PARAX ATR FIB	E		0	999	09/01/2012	12/31/9999	1	0.00
1061F	O6	DOC LACK PERM CONT PAROX FIB	E		0	999	09/01/2012	12/31/9999	1	0.00
1065F	O6	ISCHM STROKE SYMP LT 3 HRSB/4	E		0	999	09/01/2012	12/31/9999	1	0.00
1066F	O6	ISCHM STROKE SYMP GE3 HRSB/4	E		0	999	09/01/2012	12/31/9999	1	0.00
1070F	O6	ALARM SYMP ASSESSED - ABSENT	E		0	999	09/01/2012	12/31/9999	1	0.00
1071F	O6	ALARM SYMP ASSESSED -1+ PRSNT	E		0	999	09/01/2012	12/31/9999	1	0.00
1090F	O6	PRES / ABSN URINE INCON ASESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1091F	O6	URINE INCON CHARACTERIZED	E		0	999	09/01/2012	12/31/9999	1	0.00
11000	O1	DEBRI OF ECZE; UP 10% OF BODY SUR	T		0	999	07/01/2021	12/31/9999	1	409.69
11001	O1	DEBRIDE INFECT SKIN ADD-ON	N		0	999	07/01/2020	12/31/9999	2	0.00
11004	O6	DEBRI FOR TISS; EXT GENIT & PERI	C		0	999	09/01/2012	12/31/9999	1	0.00
11005	O6	DEBRI FOR TISS;ABD W/WO FAC CLOSURE	C		0	999	09/01/2012	12/31/9999	1	0.00
11006	O6	DEBRIDE GENIT/PER/ABDOM WALL	C		0	999	09/01/2012	12/31/9999	1	0.00
11008	O6	RMV PROST MAT/MESH ADB WALL/INFECT	C		0	999	09/01/2012	12/31/9999	1	0.00
1100F	O6	PTFALLS ASSESS - DOCD GE2+/YR	E		0	999	09/01/2012	12/31/9999	1	0.00
11010	O1	DEBRIDE SKIN AT FX SITE	T		0	999	07/01/2021	12/31/9999	2	486.13
11011	O1	DEBRIDE SKIN MUSC AT FX SITE	T		0	999	07/01/2021	12/31/9999	2	486.13
11012	O1	DEB SKIN BONE AT FX SITE	T		0	999	07/01/2021	12/31/9999	2	1,852.39
1101F	O6	PT FALLS ASSESS - DOCD L1/1YR	E		0	999	09/01/2012	12/31/9999	1	0.00
11042	O1	DEB SUBQ TISSUE 20 SQ CM/<	T		0	999	07/01/2021	12/31/9999	1	270.31
11043	O1	DEB MUSC/FASCIA 20 SQ CM/<	T		0	999	07/01/2021	12/31/9999	1	409.69
11044	O1	DEB BONE 20 SQ CM/<	T		0	999	07/01/2021	12/31/9999	1	1,099.71
11045	O1	DBRDMT SUBQ TISSUE EA ADDL 20 SQ CM	N		0	999	07/01/2020	12/31/9999	12	0.00
11046	O1	DBRDMT M&F EA ADDL 20 SQ CM	N		0	999	07/01/2020	12/31/9999	4	0.00
11047	O1	DEBRIDEMENT BONE EA ADDL 20 SQ CM/<	N		0	999	07/01/2020	12/31/9999	4	0.00
11055	O1	PAR BEN HYPKE; SING LESION	T		0	999	07/01/2021	12/31/9999	1	140.33
11056	O1	PAR BEN HYPKE; 2 TO 4 LESION	T		0	999	07/01/2021	12/31/9999	1	140.33
11057	O1	PAR BEN HYPKE; MOR THAN 4 LESIONS	T		0	999	07/01/2021	12/31/9999	1	140.33
11102	O1	TANGNTL BX SKIN SINGLE LES	T		0	999	07/01/2021	12/31/9999	1	140.33
11103	O1	TANGNTL BX SKIN EA SEP/ADDL	N		0	999	01/01/2019	12/31/9999	6	0.00
11104	O1	PUNCH BX SKIN SINGLE LESION	T		0	999	07/01/2021	12/31/9999	1	270.31
11105	O1	PUNCH BX SKIN EA SEP/ADDL	N		0	999	01/01/2019	12/31/9999	3	0.00
11106	O1	INCAL BX SKN SINGLE LES	T		0	999	07/01/2021	12/31/9999	1	409.69
11107	O1	INCAL BX SKN EA SEP/ADDL	N		0	999	01/01/2019	12/31/9999	2	0.00
1110F	O6	PT LFT INPT FAC W/ IN 60 DAYS	E		0	999	09/01/2012	12/31/9999	1	0.00
1111F	O6	DSCHRG MED / CURRENT MED MERGE	E		0	999	09/01/2012	12/31/9999	1	0.00
1116F	O6	AURIC/ PERI PAIN ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
1118F	O6	GERD AFR 12 MON OF THRY	E		0	999	09/01/2012	12/31/9999	1	0.00
1119F	O6	INT EVAL CONDTN	E		0	999	09/01/2012	12/31/9999	1	0.00
11200	O1	REMO OF TAGS; UP TO INCLD 15 LESIONS	T		0	999	07/01/2021	12/31/9999	1	140.33
11201	O1	REMOVE SKIN TAGS ADD-ON	N		0	999	07/01/2016	12/31/9999	1	0.00
1121F	O6	SUBSQNT EVAL CONDTN	E		0	999	09/01/2012	12/31/9999	1	0.00
1123F	O6	ADV CAR DISCD DOCD,PT NME SURRO	E		0	999	09/01/2012	12/31/9999	1	0.00
1124F	O6	ADV CAR DISCD DOCD,PT NT NME SURRO	E		0	999	09/01/2012	12/31/9999	1	0.00
1125F	O6	PN SEVE PRESNT	E		0	999	09/01/2012	12/31/9999	1	0.00
1126F	O6	PN SEVE ; NO PN PRESNT	E		0	999	09/01/2012	12/31/9999	1	0.00
1127F	O6	NW EPIS CONDTN	E		0	999	09/01/2012	12/31/9999	1	0.00
1128F	O6	SUBSEQT EPIS CONDTN	E		0	999	09/01/2012	12/31/9999	1	0.00
11300	O1	SHAV DRM TRK, AR, LEG; LES DIA 0.5CM /LE	T		0	999	07/01/2021	12/31/9999	5	270.31
11301	O1	SHAV DRM TRK, AR, LEG; LES DIA 0.6/1.0CM	T		0	999	07/01/2021	12/31/9999	6	140.33
11302	O1	SHAV DRM TRK, AR, LEG; LES DIA 1.1/2.0CM	T		0	999	07/01/2021	12/31/9999	4	140.33
11303	O1	SHAV DRM TRK, AR, LEG; LES DIA OVR 2.0CM	T		0	999	07/01/2021	12/31/9999	3	270.31
11305	O1	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.5/LESS	T		0	999	07/01/2021	12/31/9999	4	140.33
11306	O1	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.6/1.0CM	T		0	999	07/01/2021	12/31/9999	4	140.33
11307	O1	SHAV DRM SCA,NK,HD,FE, GEN;LES 1.1/2.0CM	T		0	999	07/01/2021	12/31/9999	3	140.33
11308	O1	SHAV DRM SCA,NK,HD,FE, GEN;LES OVR 2.0 C	T		0	999	07/01/2021	12/31/9999	2	270.31
1130F	O6	BACK PN FUNCTN ASSESSD	E		0	999	09/01/2012	12/31/9999	1	0.00
11310	O1	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.5CM/LES	T		0	999	07/01/2021	12/31/9999	4	140.33
11311	O1	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.6/1.0CM	T		0	999	07/01/2021	12/31/9999	4	140.33
11312	O1	SHAV DRM FA, EA,EYL,NO,LI, MU; 1.1/2.0CM	T		0	999	07/01/2021	12/31/9999	3	270.31
11313	O1	SHAV DRM FA, EA,EYL,NO,LI, MU; OVR 2.0CM	T		0	999	07/01/2021	12/31/9999	3	270.31
1134F	O6	EPIS BCK PN 6 WEEKS OR LESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1135F	O6	EPISBCK PN LONGR THN 6WEEKS /LESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1136F	O6	EPIS PN 12 WEEKS OR LESS	E		0	999	09/01/2012	12/31/9999	1	0.00
1137F	O6	EPIS PN LONGR THN 12 WEEKS/LESS	E		0	999	09/01/2012	12/31/9999	1	0.00
11400	O1	EXC, LES, TRK,AR,LE; EXC 0.5CM OR LESS	T		0	999	07/01/2021	12/31/9999	3	486.13
11401	O1	EXC, LES, TRK,AR,LE; EXC 0.6 TO 1.0 CM	T		0	999	07/01/2021	12/31/9999	3	270.31
11402	O1	EXC, LES, TRK,AR,LE; EXC 1.1 TO 2.0 CM	T		0	999	07/01/2021	12/31/9999	3	486.13
11403	O1	EXC, LES ,TRK,AR,LE; EXC 2.1 TO 3.0 CM	T		0	999	07/01/2021	12/31/9999	2	486.13
11404	O1	EXC, LES, TRK,AR,LE; EXC 3.1 TO 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11406	O1	EXC, LES, TRK,AR,LE; EXC OVER 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11420	O1	EXC, LES, SCA,NE,HD,FE, GEN; 0.5 CM/LESS	T		0	999	07/01/2021	12/31/9999	3	1,099.71
11421	O1	EXC, LES, SCA,NE,HD,FE, GEN; 0.6 TO 1.0	T		0	999	07/01/2021	12/31/9999	3	486.13
11422	O1	EXC, LES, SCA,NE,HD,FE, GEN; 1.1 TO 2.0	T		0	999	07/01/2021	12/31/9999	3	1,099.71
11423	O1	EXC, LES, SCA,NE,HD,FE, GEN; 2.1 TO 3.0	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11424	O1	EXC, LES, SCA,NE,HD,FE, GEN; 3.1 TO 4.0	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11426	O1	EXC, LES, SCA,NE,HD,FE, GEN; OVER 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
11440	O1	EXC, OTH LES, FA,ER,NO,LI,MU; 0.5 CM /LE	T		0	999	07/01/2021	12/31/9999	4	486.13
11441	O1	EXC, OTH LES, FA,ER,NO,LI,MU; 0.6 TO 1.0	T		0	999	07/01/2021	12/31/9999	3	486.13
11442	O1	EXC, OTH LES, FA,ER,NO,LI,MU; 1.1 TO 2.0	T		0	999	07/01/2021	12/31/9999	3	486.13

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
11443	O1	EXC, OTH LES, FA,ER,NO,LI,MU; 2.1 TO 3.0	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11444	O1	EXC, OTH LES, FA,ER,NO,LI,MU; 3.1 TO 4.0	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11446	O1	EXC, OTH LES, FA,ER,NO,LI,MU; OVER 4.0 C	T		0	999	07/01/2021	12/31/9999	2	1,852.39
11450	O1	EXC SKN/TISS HID, AXI;W SIM INTERM REPA	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11451	O1	EXCISION OF SKIN AND SUBCUTANE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11462	O1	EXCISION OF SKIN AND SUBCUTANE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11463	O1	EXCISION OF SKIN AND SUBCUTANE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11470	O1	EXCISION OF SKIN AND SUBCUTANE	T		0	999	07/01/2021	12/31/9999	3	1,852.39
11471	O1	EXCISION OF SKIN AND SUBCUTANE	T		0	999	07/01/2021	12/31/9999	2	1,852.39
1150F	O6	DOC PT RSK DEATH W/IN 1 YR	E		0	999	09/01/2012	12/31/9999	1	0.00
1151F	O6	DOC NO PT RSK DEATH W/IN 1 YR	E		0	999	09/01/2012	12/31/9999	1	0.00
1152F	O6	DOC ADVNCD DIS COMFORT 1ST	E		0	999	09/01/2012	12/31/9999	1	0.00
1153F	O6	DOC ADVNCD DIS COMFORT NOT 1ST	E		0	999	09/01/2012	12/31/9999	1	0.00
1157F	O6	ADVNC CARE PLAN IN RCRD	E		0	999	09/01/2012	12/31/9999	1	0.00
1158F	O6	ADVNC CARE PLAN TLK DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
1159F	O6	MED LIST DOCD IN RCRD	E		0	999	09/01/2012	12/31/9999	1	0.00
11600	O1	EXC TR-EXT MLG+MARG 0.5 < CM	T		0	999	07/01/2021	12/31/9999	2	486.13
11601	O1	EXC TR-EXT MLG+MARG 0.6-1 CM	T		0	999	07/01/2021	12/31/9999	2	486.13
11602	O1	EXC TR-EXT MLG+MARG 1.1-2 CM	T		0	999	07/01/2021	12/31/9999	3	270.31
11603	O1	EXC TR-EXT MLG+MARG 2.1-3 CM	T		0	999	07/01/2021	12/31/9999	2	486.13
11604	O1	EXC TR-EXT MLG+MARG 3.1-4 CM	T		0	999	07/01/2021	12/31/9999	2	486.13
11606	O1	EXC TR-EXT MLG+MARG > 4 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
1160F	O6	RWW MEDS BY RX/DR IN RCRD	E		0	999	09/01/2012	12/31/9999	1	0.00
11620	O1	EXC H-F-NK-SP MLG+MARG 0.5 <	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11621	O1	EXC H-F-NK-SP MLG+MARG 0.6-1	T		0	999	07/01/2021	12/31/9999	2	486.13
11622	O1	EXC H-F-NK-SP MLG+MARG 1.1-2	T		0	999	07/01/2021	12/31/9999	2	486.13
11623	O1	EXC H-F-NK-SP MLG+MARG 2.1-3	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11624	O1	EXC H-F-NK-SP MLG+MARG 3.1-4	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11626	O1	EXC H-F-NK-SP MLG+MAR > 4 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
11640	O1	EXC FACE-MM MALIG+MARG 0.5 <	T		0	999	07/01/2021	12/31/9999	2	486.13
11641	O1	EXC FACE-MM MALIG+MARG 0.6-1	T		0	999	07/01/2021	12/31/9999	2	486.13
11642	O1	EXC FACE-MM MALIG+MARG 1.1-2	T		0	999	07/01/2021	12/31/9999	3	486.13
11643	O1	EXC FACE-MM MALIG+MARG 2.1-3	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11644	O1	EXC FACE-MM MALIG+MARG 3.1-4	T		0	999	07/01/2021	12/31/9999	2	1,099.71
11646	O1	EXC FACE-MM MLG+MARG > 4 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
1170F	O6	FXNL STATUS ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
11719	O1	TRIM NAIL(S)	T		0	999	07/01/2021	12/31/9999	1	43.50
11720	O1	DEBRIDE NAIL, 1-5	S		0	999	07/01/2021	12/31/9999	1	43.50
11721	O1	DEBRIDE NAIL, 6 OR MORE	S		0	999	07/01/2021	12/31/9999	1	43.50
11730	O1	*AVULSION OF NAIL PLATE, PART	T		0	999	07/01/2021	12/31/9999	1	140.33
11732	O1	REMOVE ADDITIONAL NAIL PLATE	N		0	999	07/01/2020	12/31/9999	4	0.00
11740	O1	EVACUATION OF SUBUNGUAL HEMA	T		0	999	07/01/2021	12/31/9999	2	87.50
11750	O1	EXCISION OF NAIL AND NAIL MA	T		0	999	07/01/2021	12/31/9999	6	270.31
11755	O1	BIOPSY, NAIL UNIT	T		0	999	07/01/2021	12/31/9999	2	486.13
1175F	O6	FUNCTIONAL STATUS FOR DEMENTIA ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
11760	O1	REPAIR OF NAIL BED	T		0	999	07/01/2021	12/31/9999	4	409.69
11762	O1	RECONSTRUCTION OF NAIL BED WIT	T		0	999	07/01/2021	12/31/9999	2	1,340.73
11765	O1	WEDGE EXCISION OF SKIN OF NAIL	T		0	999	07/01/2021	12/31/9999	4	270.31
11770	O1	EXCISION OF PILONIDAL CYST O	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11771	O1	EXCISION OF PILONIDAL CYST O	T		0	999	07/01/2021	12/31/9999	1	1,852.39
11772	O1	EXCISION OF PILONIDAL CYST O	T		0	999	07/01/2021	12/31/9999	1	1,852.39
1180F	O6	THROMBOEMB RISK ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
1181F	O6	NEUROPSYCHIATRIC SYMPTOMS ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
1182F	O6	NEUROPSYCHIATRIC SYMPTOMS	E		0	999	09/01/2012	12/31/9999	1	0.00
1183F	O6	NEUROPSYCHIATRIC SYMPTOMS, ABSENT (DEM)1	E		0	999	09/01/2012	12/31/9999	1	0.00
11900	O1	*INJECTION, INTRALESIONAL;	T		0	999	07/01/2021	12/31/9999	1	140.33
11901	O1	*INJECTION, INTRALESIONAL;	T		0	999	07/01/2021	12/31/9999	1	140.33
11920	O1	TATTOOING, INTRADERMAL INTRODU	T		0	999	07/01/2021	12/31/9999	1	409.69
11921	O1	TATTOOING, INTRADERMAL INTRO	T		0	999	07/01/2021	12/31/9999	1	409.69
11922	O6	CORRECT SKIN COLOR DEFECTS	E		0	999	09/01/2012	12/31/9999	1	0.00
11950	O6	SUBCUTANEOUS INJECTION OF "FI	E		0	999	09/01/2012	12/31/9999	1	0.00
11951	O6	SUBCUTANEOUS INJECTION OF "	E		0	999	09/01/2012	12/31/9999	1	0.00
11952	O6	SUBCUTANEOUS INJECTION OF "	E		0	999	09/01/2012	12/31/9999	1	0.00
11954	O6	SUBCUTANEOUS INJECTION OF "	E		0	999	09/01/2012	12/31/9999	1	0.00
11960	O1	INSERTION OF TISSUE EXPANDER(S)	T		0	999	07/01/2021	12/31/9999	2	2,752.91
11970	O1	REPLACEMENT OF TISSUE EXPANDER	T		0	999	07/01/2021	12/31/9999	2	4,896.68
11971	O1	REMOVAL OF TISSUE EXPANDER(S)	T		0	999	07/01/2021	12/31/9999	2	1,852.39
11976	O1	REMOVAL, IMPLANTABLE CONTRACEP	T		9	60	07/01/2021	12/31/9999	1	486.13
11980	O1	IMPLANT HORMONE PELLET(S)	T		0	999	07/01/2021	12/31/9999	1	211.21
11981	O1	INSERT DRUG IMPLANT DEVICE	T		0	999	07/01/2021	12/31/9999	1	87.50
11982	O1	REMOVE DRUG IMPLANT DEVICE	T		0	999	07/01/2021	12/31/9999	1	211.21
11983	O1	REMOVE/INSERT DRUG IMPLANT	T		0	999	07/01/2021	12/31/9999	1	211.21
12001	O1	*SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12002	O1	*SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12004	O1	*SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12005	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	270.31
12006	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	270.31
12007	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
1200F	O6	SEIZURE TYPE& FREQU DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
12011	O1	*SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12013	O1	*SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12014	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12015	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12016	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	270.31
12017	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	270.31
12018	O1	SIMPLE REPAIR OF SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	1	140.33
12020	O1	TREATMENT OF SUPERFICIAL WOUND	T		0	999	07/01/2021	12/31/9999	2	409.69
12021	O1	TREATMENT OF SUPERFICIAL WOUND	T		0	999	07/01/2021	12/31/9999	3	270.31
12031	O1	*LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	270.31
12032	O1	*LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	270.31
12034	O1	LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	270.31
12035	O1	LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	270.31
12036	O1	LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	409.69
12037	O1	LAYER CLOSURE OF WOUNDS OF S	T		0	999	07/01/2021	12/31/9999	1	1,340.73
12041	O1	*LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	270.31
12042	O1	LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	270.31
12044	O1	LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	409.69

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
12045	O1	LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	409.69
12046	O1	LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	409.69
12047	O1	LAYER CLOSURE OF WOUNDS OF N	T		0	999	07/01/2021	12/31/9999	1	1,340.73
12051	O1	*LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12052	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12053	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12054	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12055	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12056	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
12057	O1	LAYER CLOSURE OF WOUNDS OF F	T		0	999	07/01/2021	12/31/9999	1	270.31
1205F	O6	EPI ETIOL SYND RVWD AND DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
1220F	O6	PT SCREENED FOR DEPRESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
13100	O1	REPAIR, COMPLEX, TRUNK;	T		0	999	07/01/2021	12/31/9999	1	409.69
13101	O1	REPAIR, COMPLEX, TRUNK;	T		0	999	07/01/2021	12/31/9999	1	409.69
13102	O1	REPAIR WOUND/LESION ADD-ON	N		0	999	07/01/2014	12/31/9999	3	0.00
13120	O1	REPAIR, COMPLEX, SCALP, ARMS	T		0	999	07/01/2021	12/31/9999	1	409.69
13121	O1	REPAIR, COMPLEX, SCALP, ARMS	T		0	999	07/01/2021	12/31/9999	1	409.69
13122	O1	REPAIR WOUND/LESION ADD-ON	N		0	999	07/01/2014	12/31/9999	4	0.00
13131	O1	REPAIR, COMPLEX, FOREHEAD, C	T		0	999	07/01/2021	12/31/9999	1	270.31
13132	O1	REPAIR, COMPLEX, FOREHEAD, C	T		0	999	07/01/2021	12/31/9999	1	409.69
13133	O1	CMPLX RPR F/C/C/M/N/AX/G/H/F	N		0	999	07/01/2014	12/31/9999	4	0.00
13151	O1	REPAIR, COMPLEX, EYELIDS, NO	T		0	999	07/01/2021	12/31/9999	1	409.69
13152	O1	REPAIR, COMPLEX, EYELIDS, NO	T		0	999	07/01/2021	12/31/9999	1	409.69
13153	O1	REPAIR WOUND/LESION ADD-ON	N		0	999	07/01/2014	12/31/9999	2	0.00
13160	O1	SECONDARY CLOSURE OF SURGICAL	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14000	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14001	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
1400F	O6	PRKNS DIAG RVIEWED	E		0	999	09/01/2012	12/31/9999	1	0.00
14020	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14021	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14040	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14041	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	3	1,340.73
14060	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14061	O1	ADJACENT TISSUE TRANSFER OR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
14301	O1	SKIN TISSUE REARRANGEMENT	T		0	999	07/01/2021	12/31/9999	2	2,752.91
14302	O1	SKIN TISSUE REARRANGE ADD-ON	N		0	999	07/01/2014	12/31/9999	2	0.00
14350	O1	FILLETED FINGER OR TOE FLAP,	T		0	999	07/01/2021	12/31/9999	2	1,340.73
1450F	O6	SYMPTOMS IMPROVED OR REMAINED	E		0	999	09/01/2012	12/31/9999	1	0.00
1451F	O6	SYMPTOMS DEMONSTRATED CLINICALLY	E		0	999	09/01/2012	12/31/9999	1	0.00
1460F	O6	QUALIFYING CARDIAC EVENT/DIAGN	E		0	999	09/01/2012	12/31/9999	1	0.00
1461F	O6	NO QUALIFYING CARDIAC EVENT/DIAG	E		0	999	09/01/2012	12/31/9999	1	0.00
1490F	O6	DEMENTIA SEVERITY MILD	E		0	999	09/01/2012	12/31/9999	1	0.00
1491F	O6	DEMENTIA SEVERITY MODERATE	E		0	999	09/01/2012	12/31/9999	1	0.00
1493F	O6	DEMENTIA SEVERITY SEVERE	E		0	999	09/01/2012	12/31/9999	1	0.00
1494F	O6	COGNITION ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
15002	O1	SURG PREP REC SITE TRUNK,ARMS,LEGS 1ST 1	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15003	O1	SURG PREP REC SITE TRUNK,ARMS,LEGS EA AD	N		0	999	07/01/2020	12/31/9999	9	0.00
15004	O1	SURG PREP REC SITE FACE, HANDS, FEET 1ST	T		0	999	07/01/2021	12/31/9999	1	409.69
15005	O1	SURG PREP REC SITE FACE, HANDS, FEET EA	N		0	999	07/01/2020	12/31/9999	2	0.00
1500F	O6	SYMPTOM+SIGN SYMM POLYNEURO	E		0	999	01/01/2013	12/31/9999	2	0.00
1501F	O6	NOT INITIAL EVAL FOR COND	E		0	999	01/01/2013	12/31/9999	2	0.00
1502F	O6	PT QUERIED PAIN FXN W/ INSTR	E		0	999	01/01/2013	12/31/9999	2	0.00
1503F	O6	PT QUERIED SYMP RESP INSUFF	E		0	999	01/01/2013	12/31/9999	2	0.00
15040	O1	HARVEST CULTURED SKIN GRAFT	T		0	999	07/01/2021	12/31/9999	1	1,340.73
1504F	O6	PT HAS RESP INSUFFICIENCY	E		0	999	01/01/2013	12/31/9999	2	0.00
15050	O1	*PINCH GRAFT, SINGLE OR MULTI	T		0	999	07/01/2021	12/31/9999	1	409.69
1505F	O6	PT HAS NO RESP INSUFFICIENCY	E		0	999	01/01/2013	12/31/9999	2	0.00
15100	O1	SKIN SPLT GRFT, TRNK/ARM/LEG	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15101	O1	SKIN SPLIT GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	9	0.00
15110	O1	EPIDRM AUTOGRFT TRNK/ARM/LEG	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15111	O1	EPIDRM AUTOGRFT T/A/L ADD-ON	N		0	999	07/01/2020	12/31/9999	2	0.00
15115	O1	EPIDRM A-GRFT FACE/NCK/HF/G	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15116	O1	EPIDRM A-GRFT F/N/HF/G ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
15120	O1	SKN SPLT A-GRFT FAC/NCK/HF/G	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15121	O1	SKIN SPLIT GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	5	0.00
15130	O1	DERM AUTOGRAFT, TRNK/ARM/LEG	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15131	O1	DERM AUTOGRAFT T/A/L ADD-ON	N		0	999	07/01/2020	12/31/9999	2	0.00
15135	O1	DERM AUTOGRAFT FACE/NCK/HF/G	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15136	O1	DERM AUTOGRAFT, F/N/HF/G ADD	N		0	999	07/01/2020	12/31/9999	1	0.00
15150	O1	CULT EPIDERM GRFT T/ARM/LEG	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15151	O1	CULT EPIDERM GRFT T/A/L ADDL	N		0	999	07/01/2020	12/31/9999	1	0.00
15152	O1	CULT EPIDERM GRAFT T/A/L +%	N		0	999	07/01/2020	12/31/9999	2	0.00
15155	O1	CULT EPIDERM GRAFT, F/N/HF/G	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15156	O1	CULT EPIDRM GRFT F/N/HFG ADD	N		0	999	07/01/2020	12/31/9999	1	0.00
15157	O1	CULT EPIDERM GRFT F/N/HFG +%	N		0	999	07/01/2020	12/31/9999	1	0.00
15200	O1	FULL THICKNESS GRAFT, FREE,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15201	O1	SKIN FULL GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	7	0.00
15220	O1	FULL THICKNESS GRAFT, FREE,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15221	O1	SKIN FULL GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	9	0.00
15240	O1	FULL THICKNESS GRAFT, FREE,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15241	O1	SKIN FULL GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	9	0.00
15260	O1	FULL THICKNESS GRAFT, FREE,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15261	O1	SKIN FULL GRAFT ADD-ON	N		0	999	07/01/2020	12/31/9999	6	0.00
15271	O1	SKIN SUB <=100 SQ CM 1ST 25	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15272	O1	SKIN SUB <=100 SQ CM EA ADD 25	N		0	999	07/01/2014	12/31/9999	3	0.00
15273	O1	SKIN SUB >100 SQ CM 1ST 100	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15274	O1	SKIN SUB >100 SQ CM EA ADD 100	N		0	999	01/01/2017	12/31/9999	6	0.00
15275	O1	SKIN SUB <=100 SQ CM 1ST 25	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15276	O1	SKIN SUB <=100 SQ CM EA ADD 25	N		0	999	07/01/2014	12/31/9999	3	0.00
15277	O1	SKIN SUB >100 SQ CM 1ST 100	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15278	O1	SKIN SUB >100 SQ CM EA ADD 100	N		0	999	07/01/2020	12/31/9999	3	0.00
15570	O1	FORMATION OF DIRECT; TRUNK	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15572	O1	SCALP, ARMS, OR LEGS	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15574	O1	FOREHEAD, CHEEKS, CHIN, MOUTH	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15576	O1	EYELIDS, NOSE,EARS, LIPS,INTRA	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15600	O1	DELAY OF FLAP OR SECTIONING OF	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15610	O1	INTERMEDIATE "DELAY" OF AN	T		0	999	07/01/2021	12/31/9999	2	1,340.73

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
15620	O1	INTERMEDIATE "DELAY" OF AN	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15630	O1	INTERMEDIATE "DELAY" OF AN	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15650	O1	TRANSFER, INTERMEDIATE, OF A	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15730	O1	MIDFACE FLAP W/PRESERV VAS PED	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15731	O1	FOREHEAD FLAP W/PRESERVATION OF VASCULAR	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15733	O1	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15734	O1	MUSCLE MYOCUTANEOUS OR FACIOCU	T		0	999	07/01/2021	12/31/9999	4	2,752.91
15736	O1	MUSCLE MYOCUTANEOUS OR FACIOCU	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15738	O1	MUSCLE MYOCUTANEOUS OR FACIOCU	T		0	999	07/01/2021	12/31/9999	3	2,752.91
15740	O1	FLAP; ISLAND PEDICLE	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15750	O1	FLAP; NEUROVASCULAR PEDICLE	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15756	O6	FREE MYO/SKIN FLAP MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
15757	O6	FREE SKIN FLAP, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
15758	O6	FREE FASCIAL FLAP, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
15760	O1	GRAFT; COMPOSITE (FULL THICKNE	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15769	O1	GRAFT AUTO SOFT TIS BY DIR EXCISION	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15770	O1	GRAFT;	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15771	O1	GRAFT AUTO FAT LIPO, 50 CC OR LESS	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15772	O1	GRAFT AUTO FAT LIPO, EACH ADDTL 50 CC	N		0	999	01/01/2020	12/31/9999	1	0.00
15773	O1	GRAFT AUTO FAT LIPO, 25 CC	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15774	O1	GRAFT AUTO FAT LIPO, EACH ADDTL 25 CC	N		0	999	01/01/2020	12/31/9999	1	0.00
15775	O6	PUNCH GRAFT FOR HAIR TRANSPL	E		0	999	09/01/2012	12/31/9999	1	0.00
15776	O6	PUNCH GRAFT FOR HAIR TRANSPL	E		0	999	09/01/2012	12/31/9999	1	0.00
15777	O1	BIOLOGIC IMPLANT	N		0	999	07/01/2014	12/31/9999	1	0.00
15780	O6	DERMABRASION; TOTAL FACE (EG,	E		0	999	09/01/2012	12/31/9999	1	0.00
15781	O6	DERMABRASION; SEGMENTAL, FACE	E		0	999	09/01/2012	12/31/9999	1	0.00
15782	O6	DERMABRASION; REGIONAL, OTHER	E		0	999	09/01/2012	12/31/9999	1	0.00
15783	O6	DERMABRASION; SUPERFICIAL, ANY	E		0	999	09/01/2012	12/31/9999	1	0.00
15786	O6	ABRASION; SINGLE LESION (EG, K	E		0	999	09/01/2012	12/31/9999	1	0.00
15787	O6	ABRASION, LESIONS, ADD-ON	E		0	999	09/01/2012	12/31/9999	1	0.00
15788	O6	CHEMICAL PEEL, FACIAL; EPIDERM	E		0	999	09/01/2012	12/31/9999	1	0.00
15789	O6	CHEMICAL PEEL, FACIAL; DERMAL	E		0	999	09/01/2012	12/31/9999	1	0.00
15792	O6	CHEMICAL PEEL, NONFACIAL; EPID	E		0	999	09/01/2012	12/31/9999	1	0.00
15793	O6	CHEMICAL PEEL, NONFACIAL; DERM	E		0	999	09/01/2012	12/31/9999	1	0.00
15819	O1	CERVICOPLASTY	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15820	O1	BLEPHAROPLASTY, LOWER EYELID;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15821	O1	BLEPHAROPLASTY, LOWER EYELID;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15822	O1	BLEPHAROPLASTY, UPPER EYELID;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15823	O1	BLEPHAROPLASTY, UPPER EYELID;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15824	O6	RHYTIDECTOMY;	E		0	999	09/01/2012	12/31/9999	1	0.00
15825	O6	RHYTIDECTOMY; NECK WITH PLATYS	E		0	999	09/01/2012	12/31/9999	1	0.00
15826	O6	RHYTIDECTOMY;	E		0	999	09/01/2012	12/31/9999	1	0.00
15828	O6	RHYTIDECTOMY;	E		0	999	09/01/2012	12/31/9999	1	0.00
15829	O6	RHYTIDECTOMY; SUPERFICIAL MUSC	E		0	999	09/01/2012	12/31/9999	1	0.00
15830	O1	EXC EXCESS SKIN/SUBCUT TISSUE; AB, INFRA	T		0	999	07/01/2021	12/31/9999	1	4,325.32
15832	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15833	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15834	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15835	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15836	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15837	O6	EXCISION, EXCESSIVE SKIN AND	E		0	999	09/01/2012	12/31/9999	1	0.00
15838	O6	EXCISION, EXCESSIVE SKIN AND S	E		0	999	09/01/2012	12/31/9999	1	0.00
15839	O6	EXCISION, EXCESSIVE SKIN AND S	E		0	999	09/01/2012	12/31/9999	1	0.00
15840	O1	GRAFT FOR FACIAL NERVE PARAL	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15841	O1	GRAFT FOR FACIAL NERVE PARAL	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15842	O1	FLAP FOR FACE NERVE PALSY	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15845	O1	GRAFT FOR FACIAL NERVE PARAL	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15847	O1	EXC EXCESS SKIN/SUBCUT TISSUE; AB, UMBIL	N		0	999	07/01/2014	12/31/9999	1	0.00
15850	O6	REMOVAL OF SUTURES UNDER ANEST	E		0	999	09/01/2012	12/31/9999	1	0.00
15851	O1	REMOVAL OF SUTURES IN HOSPIT	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15852	O1	DRESSING CHANGE (FOR OTHER THA	T		0	999	07/01/2021	12/31/9999	1	409.69
15860	O1	TEST FOR BLOOD FLOW IN GRAFT	T		0	999	07/01/2021	12/31/9999	1	211.21
15876	O6	SUCTION ASSISTED LIPECTOMY HEA	E		0	999	09/01/2012	12/31/9999	1	0.00
15877	O6	SUCTION ASSISTED LIPECTOMY TRU	E		0	999	09/01/2012	12/31/9999	1	0.00
15878	O6	SUCTION ASSISTED LIPECTOMY UPP	E		0	999	09/01/2012	12/31/9999	1	0.00
15879	O6	SUCTION ASSISTED LIPECTOMY LOW	E		0	999	09/01/2012	12/31/9999	1	0.00
15920	O1	EXCISION, COCCYGEAL PRESSURE U	T		0	999	07/01/2021	12/31/9999	1	1,852.39
15922	O1	EXCISION, COCCYGEAL PRESSURE U	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15931	O1	EXCISION, SACRAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	1	1,852.39
15933	O1	EXCISION, SACRAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	1	1,852.39
15934	O1	EXCISION, SACRAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15935	O1	EXCISION, SACRAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	1	2,752.91
15936	O1	REMOVE SACRUM PRESSURE SORE	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15937	O1	EXCISION, SACRAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	1	1,340.73
15940	O1	EXCISION, ISCHIAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	2	1,852.39
15941	O1	EXCISION, ISCHIAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	2	1,852.39
15944	O1	EXCISION, ISCHIAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15945	O1	EXCISION, ISCHIAL PRESSURE ULC	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15946	O1	REMOVAL OF PRESSURE SORE	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15950	O1	EXCISION, TROCHANTERIC PRESSUR	T		0	999	07/01/2021	12/31/9999	2	1,099.71
15951	O1	EXCISION, TROCHANTERIC PRESSUR	T		0	999	07/01/2021	12/31/9999	2	1,852.39
15952	O1	EXCISION, TROCHANTERIC PRESSUR	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15953	O1	EXCISION, TROCHANTERIC PRESSUR	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15956	O1	REMOVE THIGH PRESSURE SORE	T		0	999	07/01/2021	12/31/9999	2	1,340.73
15958	O1	EXCISION, TROCHANTERIC PRESSUR	T		0	999	07/01/2021	12/31/9999	2	2,752.91
15999	O1	UNLISTED PROCEDURE, EXCISION P	T		0	999	07/01/2021	12/31/9999	1	486.13
16000	O1	INITIAL TREATMENT, FIRST DEG	T		0	999	07/01/2021	12/31/9999	1	140.33
16020	O1	DRESS/DEBRID P-THICK BURN, S	T		0	999	07/01/2021	12/31/9999	1	140.33
16025	O1	DRESS/DEBRID P-THICK BURN, M	T		0	999	07/01/2021	12/31/9999	1	140.33
16030	O1	DRESS/DEBRID P-THICK BURN, L	T		0	999	07/01/2021	12/31/9999	1	270.31
16035	O1	INCISION OF BURN SCAB, INITI	T		0	999	07/01/2021	12/31/9999	1	270.31
16036	O6	INCISE BURN SCAB, ADDL INCIS	C		0	999	09/01/2012	12/31/9999	20	0.00
17000	O1	DESTRUCT PREMAL LESIONS; 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	140.33
17003	O1	DESTROY 2-14 LESIONS	N		0	999	07/01/2014	12/31/9999	13	0.00
17004	O1	DESTRUCT PREMAL LESIONS; 15 OR MORE LEST	T		0	999	07/01/2021	12/31/9999	1	270.31
17106	O1	DESTRUCTION OF CUTANEOUS VASCU	T		0	999	07/01/2021	12/31/9999	1	270.31
17107	O1	DESTRUCTION OF CUTANEOUS PROLI	T		0	999	07/01/2021	12/31/9999	1	409.69

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
17108	O1	DESTRUCTION OF CUTANEOUS VASCU	T		0	999	07/01/2021	12/31/9999	1	1,340.73
17110	O1	DESTRUCT BENIGN LESIONS OTH THAN SKIN TA	T		0	999	07/01/2021	12/31/9999	1	140.33
17111	O1	DESTRUCT LESION, 15 OR MORE	T		0	999	07/01/2021	12/31/9999	1	140.33
17250	O1	CHEMICAL CAUTERIZATION OF GRAN	T		0	999	07/01/2021	12/31/9999	4	140.33
17260	O1	DESTRUCTION OF SKIN LESIONS	T		0	999	07/01/2021	12/31/9999	7	140.33
17261	O1	LESION DIAMETER 0.6 TO 1.0 CM	T		0	999	07/01/2021	12/31/9999	7	140.33
17262	O1	LESION DIAMETER 1.1 TO 2.0 CM	T		0	999	07/01/2021	12/31/9999	6	140.33
17263	O1	LESION DIAMETER 2.1 TO 3.0 CM	T		0	999	07/01/2021	12/31/9999	3	140.33
17264	O1	LESION DIAMETER 3.1 TO 4.0	T		0	999	07/01/2021	12/31/9999	3	270.31
17266	O1	LESION DIAMETER OVER 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	270.31
17270	O1	DESTRUCTION OF SKIN LESIONS	T		0	999	07/01/2021	12/31/9999	6	140.33
17271	O1	LESION DIAMETER 0.6 TO 1.0 CM	T		0	999	07/01/2021	12/31/9999	4	140.33
17272	O1	LESION DIAMETER 1.1 TO 2.0 CM	T		0	999	07/01/2021	12/31/9999	5	140.33
17273	O1	LESION DIAMETER 2.1CTO 3.0	T		0	999	07/01/2021	12/31/9999	4	270.31
17274	O1	LESION DIAMETER 3.1 TO 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	270.31
17276	O1	LESION DIAMETER OVER 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	270.31
17280	O1	DESTRUCTION OF SKIN LESIONS	T		0	999	07/01/2021	12/31/9999	6	140.33
17281	O1	LESION DIAMTER 0.60 TO 1.0 CM	T		0	999	07/01/2021	12/31/9999	5	270.31
17282	O1	LESION DIAMETER 1.1 TO 2.0 CM	T		0	999	07/01/2021	12/31/9999	4	270.31
17283	O1	LESION DIAMETER 2.1 TO 3.0 CM	T		0	999	07/01/2021	12/31/9999	4	270.31
17284	O1	LESION DIAMETER 3.1 TO 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	409.69
17286	O1	LESION DIAMETER OVER 4.0 CM	T		0	999	07/01/2021	12/31/9999	2	409.69
17311	O1	MOHS, HEAD NECK HANDS FEET, ETC; FIRST S	T		0	999	07/01/2021	12/31/9999	4	409.69
17312	O1	MOHS, HEAD NECK HANDS FEET, ETC; EA ADDL	N		0	999	07/01/2014	12/31/9999	2	0.00
17313	O1	MOHS, TRUNK, ARMS, LEGS; FIRST STAGE UP	T		0	999	07/01/2021	12/31/9999	3	409.69
17314	O1	MOHS, TRUNK, ARMS, LEGS; EA ADDL STAGE A	N		0	999	07/01/2014	12/31/9999	2	0.00
17315	O1	MOHS, EA ADDL BLOCK AFT FIRST 5 TISSUE B	N		0	999	07/01/2014	12/31/9999	2	0.00
17340	O6	CRYOTHERAPY (CO2 SLUSH, LIQUID	E		0	999	09/01/2012	12/31/9999	1	0.00
17360	O6	*CHEMICAL EXFOLIATION FOR ACN	E		0	999	09/01/2012	12/31/9999	1	0.00
17380	O6	*ELECTROLYSIS EPILATION, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
17999	O1	UNLISTED PROCEDURE, SKIN, MU	T		0	999	07/01/2021	12/31/9999	1	140.33
19000	O1	*PUNCTURE ASPIRATION OF CYST;	T		0	999	07/01/2021	12/31/9999	2	486.13
19001	O1	DRAIN BREAST LESION ADD-ON	N		0	999	07/01/2020	12/31/9999	5	0.00
19020	O1	MASTOTOMY WITH EXPLORATION O	T		0	999	07/01/2021	12/31/9999	2	1,099.71
19030	O1	INJECTION PROCEDURE ONLY FOR	N		14	999	09/01/2012	12/31/9999	1	0.00
19081	O1	BIOPSY BREAST STEREOTATIC 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	1,099.71
19082	O1	BIOPSY BREAST STEREOTATIC EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19083	O1	BIOPSY BREAST ULTRASND 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	1,099.71
19084	O1	BIOPSY BREAST ULTRASND EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19085	O1	BIOPSY BREAST MAG RES 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	1,099.71
19086	O1	BIOPSY BREAST MAG RES EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19100	O1	BX BREAST PERCUT W/O IMAGE	T		0	999	07/01/2021	12/31/9999	4	1,099.71
19101	O1	BIOPSY OF BREAST, OPEN	T		0	999	07/01/2021	12/31/9999	3	2,468.08
19105	O1	ABL CRYO FIBRO INCL ULTRASOUND GUID EA	T		0	999	07/01/2021	12/31/9999	2	2,468.08
19110	O1	NIPPLE EXPLORATION, WITH OR WI	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19112	O1	EXCISION OF LACTIFEROUS DUCT F	T		0	999	07/01/2021	12/31/9999	2	2,468.08
19120	O1	EXC CYST FIBROADENOMA BENIGN/MALIGNANT T	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19125	O1	EXCISION, BREAST LESION	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19126	O1	EXCISION, ADDL BREAST LESION	N		0	999	07/01/2014	12/31/9999	1	0.00
19281	O1	PLACE LOC DEV MAMM GUID 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	486.13
19282	O1	PLACE LOC DEV MAMM GUID EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19283	O1	PLACE LOC DEV STEREOTATIC 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	486.13
19284	O1	PLACE LOC DEV STEREOTATIC EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19285	O1	PLACE LOC DEV ULTRASND 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	486.13
19286	O1	PLACE LOC DEV ULTRASND EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19287	O1	PLACE LOC DEV MAG RES 1ST LESION	T		0	999	07/01/2021	12/31/9999	1	486.13
19288	O1	PLACE LOC DEV MAG RES EA ADDL	N		0	999	07/01/2020	12/31/9999	2	0.00
19294	O1	PREP OF TUMOR CAVITY, W/PLACMENT OF IORT	N		0	999	01/01/2018	12/31/9999	2	0.00
19296	O1	PLACE PO BREAST CATH FOR RAD	T		0	999	07/01/2021	12/31/9999	1	6,971.89
19297	O1	PLACE BREAST CATH FOR RAD	N		0	999	07/01/2015	12/31/9999	1	0.00
19298	O1	PLACE BREAST RAD TUBE/CATHS	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19300	O1	MASTECTOMY FOR GYNECOMASTIA	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19301	O1	MASTECTOMY, PARTIAL	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19302	O1	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHA	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19303	O1	MASTECTOMY, SIMPLE, COMPLETE	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19305	O6	MASTECTOMY, RADICAL, INCL POS MUSCLES AX	C		0	999	09/01/2012	12/31/9999	1	0.00
19306	O6	MASTECTOMY, RADICAL, INCL POS MUSCLES AX	C		0	999	09/01/2012	12/31/9999	1	0.00
19307	O1	MASTECTOMY, MODIFIED RADICAL, INCL AXIL	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19316	O6	MASTOPEXY	E		0	999	09/01/2012	12/31/9999	1	0.00
19318	O1	REDUCTION MAMMAPLASTY	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19325	O6	MAMMAPLASTY, AUGMENTATION; WIT	E		0	999	09/01/2012	12/31/9999	1	0.00
19328	O1	REMOVAL OF INTACT MAMMARY IMPL	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19330	O1	REMOVAL OF MAMMARY IMPLANT MAT	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19340	O1	IMMEDIATE INSERTION OF BREAST	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19342	O1	DELAYED INSERTION OF BREAST PR	T		0	999	07/01/2021	12/31/9999	1	6,971.89
19350	O1	RECONSTRUCTION OF NIPPLE AND	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19355	O1	CORRECTION OF INVERTED NIPPLES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19357	O1	BREAST RECONSTRUCTION, IMMEDIA	T		0	999	07/01/2021	12/31/9999	1	11,668.25
19361	O6	BREAST RECONST W/LATISSIMUS DORSI FLAP W/	C		0	999	09/01/2012	12/31/9999	1	0.00
19364	O6	BREAST RECONSTRUCTION WITH FRE	C		0	999	09/01/2012	12/31/9999	1	0.00
19367	O6	BREAST RECONSTRUCTION	C		0	999	09/01/2012	12/31/9999	1	0.00
19368	O6	BREAST RECONSTRUCTION	C		0	999	09/01/2012	12/31/9999	1	0.00
19369	O6	BREAST RECONSTRUCTION	C		0	999	09/01/2012	12/31/9999	1	0.00
19370	O1	OPEN PERIPROSTHETIC CAPSULOTOM	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19371	O1	PERIPROSTHETIC CAPSULECTOMY, B	T		0	999	07/01/2021	12/31/9999	1	2,468.08
19380	O1	REVISION OF RECONSTRUCTED BREA	T		0	999	07/01/2021	12/31/9999	1	4,325.32
19396	O6	PREPARATION OF MOULAGE FOR CUS	E		0	999	09/01/2012	12/31/9999	1	0.00
19499	O1	UNLISTED PROCEDURE, BREAST	T		0	999	07/01/2021	12/31/9999	1	2,468.08
2000F	O6	BLOOD PRESSURE, MEASURED	E		0	999	09/01/2012	12/31/9999	1	0.00
2001F	O6	WEIGHT RECORDED	E		0	999	09/01/2012	12/31/9999	1	0.00
2002F	O6	CLINIC SIGNS VOL OVERLOAD	E		0	999	09/01/2012	12/31/9999	1	0.00
2004F	O6	INIT EXAM OF JOINT(S)	E		0	999	09/01/2012	12/31/9999	1	0.00
20100	O1	EXPLORE WOUND, NECK	T		0	999	07/01/2021	12/31/9999	2	353.56
20101	O1	EXPLORE WOUND, CHEST	T		0	999	07/01/2021	12/31/9999	2	1,340.73
20102	O1	EXPLORE WOUND, ABDOMEN	T		0	999	07/01/2021	12/31/9999	3	1,340.73
20103	O1	EXPLORE WOUND, EXTREMITY	T		0	999	07/01/2021	12/31/9999	3	486.13
2010F	O6	VITAL SIGNS RECORDED	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
2014F	O6	MENTAL STATUS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
20150	O1	EXCISE EPIPHYSEAL BAR	T		0	999	07/01/2021	12/31/9999	2	2,212.24
2015F	O6	ASTHMA IMPAIRMENT ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
2016F	O6	ASTHMA RISK ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
2018F	O6	HYDRATION STATUS ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
2019F	O6	DILATED MACULAR EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
20200	O1	BIOPSY, MUSCLE;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
20205	O1	BIOPSY, MUSCLE;	T		0	999	07/01/2021	12/31/9999	3	1,852.39
20206	O1	*BIOPSY, MUSCLE, PERCUTANEOUS	T		0	999	07/01/2021	12/31/9999	3	1,099.71
2020F	O6	DILATED FUNDUS EVAL W/ 1 6 MOS SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
2021F	O6	DIL MACULAR OR FUNDUS EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
20220	O1	BIOPSY, BONE, TROCAR OR NEEDLE	T		0	999	07/01/2021	12/31/9999	3	1,099.71
20225	O1	BONE BIOPSY, TROCAR/NEEDLE	T		0	999	07/01/2021	12/31/9999	2	1,099.71
2022F	O6	DILATED RETINAL EYE EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
2023F	O6	DILATED EYE EXAM	E		0	999	10/01/2019	12/31/9999	1	0.00
20240	O1	BIOPSY BONE OPEN SUPERFICIAL	T		0	999	07/01/2021	12/31/9999	4	1,852.39
20245	O1	BIOPSY BONE OPEN DEEP	T		0	999	07/01/2021	12/31/9999	3	1,852.39
2024F	O6	7 STANDARD FIELD STERIOSCOPIC RETINAL PH	E		0	999	09/01/2012	12/31/9999	1	0.00
20250	O1	BIOPSY, VERTEBRAL BODY, OPEN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
20251	O1	BIOPSY, VERTEBRAL BODY, OPEN	T		0	999	07/01/2021	12/31/9999	2	4,896.68
2025F	O6	7 STAND FLD STEREO RETINAL PHOTO	E		0	999	10/01/2019	12/31/9999	1	0.00
2026F	O6	EYE IMAGING	E		0	999	09/01/2012	12/31/9999	1	0.00
2027F	O6	OPTIC NERVE HEAD EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
2028F	O6	FOOT EXAM PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
2029F	O6	COMPL PHY SKIN EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
2030F	O6	H2O STAT DOCD NORMAL	E		0	999	09/01/2012	12/31/9999	1	0.00
2031F	O6	H2O STATE DOCD DEHYDRATED	E		0	999	09/01/2012	12/31/9999	1	0.00
2033F	O6	EYE IMG VAL FROM 7 STAND PHOTO	E		0	999	10/01/2019	12/31/9999	1	0.00
2035F	O6	TYMP MEMB MOTION EXAM'D	E		0	999	09/01/2012	12/31/9999	1	0.00
2040F	O6	PHY EXAM DT INIT LOW BK PN PERFMD	E		0	999	09/01/2012	12/31/9999	1	0.00
2044F	O6	DOCD MEN HLTH INTVNT BK PN 6WKS	E		0	999	09/01/2012	12/31/9999	1	0.00
20500	O1	*INJECTION OF SINUS TRACT;	T		0	999	07/01/2021	12/31/9999	2	1,057.34
20501	O1	INJECTION OF SINUS TRACT; DIAG	N		0	999	09/01/2012	12/31/9999	1	0.00
2050F	O6	WOUND CHAR SIZE ETC DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
20520	O1	*REMOVAL OF FOREIGN BODY IN M	T		0	999	07/01/2021	12/31/9999	2	1,099.71
20525	O1	REMOVAL OF FOREIGN BODY IN M	T		0	999	07/01/2021	12/31/9999	4	1,852.39
20526	O1	THER INJECTION CARPAL TUNNEL	T		0	999	07/01/2021	12/31/9999	1	204.13
20527	O1	INJECTION, ENZYME	T		0	999	07/01/2021	12/31/9999	2	204.13
20550	O1	INJECTION; 1 TENDON SHEATH/LIGAMENTINJEC	T		0	999	07/01/2021	12/31/9999	5	204.13
20551	O1	INJECTION; 1 TENDON ORIGIN/INSERTIOINJEC	T		0	999	07/01/2021	12/31/9999	5	204.13
20552	O1	INJ; SINGLE/MX TRIG POINT 1/2 MUSCLINJ;	T		0	999	07/01/2021	12/31/9999	1	204.13
20553	O1	INJECT TRIGGER POINTS, =/ > 3	T		0	999	07/01/2021	12/31/9999	1	204.13
20555	O1	PLACE NDL MUSC/TIS FOR RT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
20560	O6	NEEDLE INSERT W/O INJECT; 1 OR 2	E		0	999	01/01/2020	12/31/9999	1	0.00
20561	O6	NEEDLE INSERT W/O INJECT: 3 OR MORE	E		0	999	01/01/2020	12/31/9999	1	0.00
20600	O1	ARTHROCENTESIS SMALL JOINT NO GUIDANCE	T		0	999	07/01/2021	12/31/9999	6	204.13
20604	O1	ARTHROCENTESIS SMALL JOINT WITH GUIDANCE	T		0	999	07/01/2021	12/31/9999	4	204.13
20605	O1	ARTHROCENTESIS INTERMED JOINT NO GUIDANC	T		0	999	07/01/2021	12/31/9999	2	204.13
20606	O1	ARTHROCENTESIS INTERMED JOINT WITH GUIDA	T		0	999	07/01/2021	12/31/9999	2	495.99
2060F	O6	PT TALK EVAL HLTHWKR RE MDD	E		0	999	09/01/2012	12/31/9999	1	0.00
20610	O1	ARTHROCENTESIS MAJOR JOINT WITHOUT GUIDA	T		0	999	07/01/2021	12/31/9999	2	204.13
20611	O1	ARTHROCENTESIS MAJOR JOINT WITH GUIDANCE	T		0	999	07/01/2021	12/31/9999	2	204.13
20612	O1	ASPIRATE/INJ GANGLION CYST	T		0	999	07/01/2021	12/31/9999	2	204.13
20615	O1	ASPIRATION AND INJECTION FOR	T		0	999	07/01/2021	12/31/9999	1	486.13
20650	O1	*INSERTION OF WIRE OR PIN FOR	T		0	999	07/01/2021	12/31/9999	4	2,212.24
20660	O1	APPLICATION OF TONGS OR CALI	T		0	999	07/01/2021	12/31/9999	1	1,088.26
20661	O6	APPLICATION OF HALO;	C		0	999	09/01/2012	12/31/9999	1	0.00
20662	O1	APPLICATION OF HALO;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
20663	O1	APPLICATION OF HALO;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
20664	O6	APPLICATION OF HALO	C		0	999	09/01/2012	12/31/9999	1	0.00
20665	O1	*REMOVAL OF TONGS OR HALO APP	T		0	999	07/01/2021	12/31/9999	1	211.21
20670	O1	*REMOVAL OF IMPLANT;	T		0	999	07/01/2021	12/31/9999	3	1,099.71
20680	O1	REMOVAL OF IMPLANT;	T		0	999	07/01/2021	12/31/9999	3	1,852.39
20690	O1	APPLICATION OF A UNIPLANE (PIN	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20692	O1	APPLICATION OF A MULTIPLANE (P	T		0	999	07/01/2021	12/31/9999	2	9,625.20
20693	O1	ADJUSTMENT OR REVISION OF EXTE	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20694	O1	REMOVAL UNDER ANESTHESIA, OF E	T		0	999	07/01/2021	12/31/9999	2	1,088.26
20696	O6	APPL MULTIPLN EXT FIX COMPASSIST	E		0	999	09/01/2012	12/31/9999	1	0.00
20697	O6	STRUT REPL MULTIPLN EXT FIX	E		0	999	09/01/2012	12/31/9999	1	0.00
20700	O6	MAN PREP/INSERT DRUG DEV, DEEP	E		0	999	01/01/2020	12/31/9999	1	0.00
20701	O6	REM DRUG DEV, DEEP	E		0	999	01/01/2020	12/31/9999	1	0.00
20702	O6	MAN PREP/INSERT DRUG DEV, INTRA	E		0	999	01/01/2020	12/31/9999	1	0.00
20703	O6	REM DRUG DEV, INTRA	E		0	999	01/01/2020	12/31/9999	1	0.00
20704	O6	MAN PREP/INSERT DRUG DEV, INTRA	E		0	999	01/01/2020	12/31/9999	1	0.00
20705	O6	REM OF DRUG DEV, INTRA	E		0	999	01/01/2020	12/31/9999	1	0.00
20802	O6	REIMPLANTATION, ARM;	C		0	999	09/01/2012	12/31/9999	1	0.00
20805	O6	REPLANTATION, FOREARM (INCLUDE	C		0	999	09/01/2012	12/31/9999	1	0.00
20808	O6	REIMPLANTATION, HAND;	C		0	999	09/01/2012	12/31/9999	1	0.00
20816	O6	REIMPLANTATION, DIGIT;	C		0	999	09/01/2012	12/31/9999	1	0.00
20822	O1	REPLANTATION, DIGIT, EXCLUDING	T		0	999	07/01/2021	12/31/9999	3	1,088.26
20824	O6	REPLANTATION, THUMB (INCLUDES	C		0	999	09/01/2012	12/31/9999	1	0.00
20827	O6	REPLANTATION, THUMB (INCLUDES	C		0	999	09/01/2012	12/31/9999	1	0.00
20838	O6	REPLANTATION, FOOT; COMPLETE A	C		0	999	09/01/2012	12/31/9999	1	0.00
20900	O1	BONE GRAFT, ANY DONOR AREA;	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20902	O1	BONE GRAFT, ANY DONOR AREA;	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20910	O1	CARTILAGE GRAFT, COSTOCHONDR	T		0	999	07/01/2021	12/31/9999	1	409.69
20912	O1	CARTILAGE GRAFT; NASAL SEPTUM	T		0	999	07/01/2021	12/31/9999	1	2,752.91
20920	O1	FASCIA LATA GRAFT;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
20922	O1	FASCIA LATA GRAFT;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
20924	O1	TENDON GRAFT, FROM A DISTANC	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20930	O1	SP BONE ALGRFT MORSEL ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
20931	O1	SP BONE ALGRFT STRUCT ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
20932	O1	OSTEOART ALGRFT W/SURF & B1	N		0	999	01/01/2019	12/31/9999	1	0.00
20933	O1	HEMICRT INTRCLRY ALGRFT PRTL	N		0	999	01/01/2019	12/31/9999	1	0.00
20934	O1	INTERCALARY ALGRFT COMPL	N		0	999	01/01/2019	12/31/9999	1	0.00
20936	O1	SPINAL BONE AUTOGRAFT	N		0	999	07/01/2016	12/31/9999	1	0.00
20937	O1	SPINAL BONE AUTOGRAFT	N		0	999	07/01/2016	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
20938	01	SPINAL BONE AUTOGRAFT	N		0	999	07/01/2016	12/31/9999	1	0.00
20939	01	BONE MARROW ASPIRATION FOR BONE GRAFTING	N		0	999	01/01/2018	12/31/9999	1	0.00
20950	01	MONITORING OF INTERSTITIAL FLU	T		0	999	07/01/2021	12/31/9999	2	486.13
20955	06	FIBULA BONE GRAFT, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
20956	06	ILIAC BONE GRAFT, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
20957	06	MT BONE GRAFT, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
20962	06	OTHER BONE GRAFT, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
20969	06	BONE/SKIN GRAFT, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
20970	06	BONE/SKIN GRAFT, ILIAC CREST	C		0	999	09/01/2012	12/31/9999	1	0.00
20972	01	FREE OSTEOCUTANEOUS FLAP WITH	T		0	999	07/01/2021	12/31/9999	2	4,896.68
20973	01	FREE OSTEOCUTANEOUS FLAP WITH	T		0	999	07/01/2021	12/31/9999	1	4,896.68
20974	01	ELECTRICAL STIMULATION TO AID	A		0	999	07/01/2020	12/31/9999	1	41.14
20975	01	ELECTRICAL STIMULATION TO AID	N		0	999	09/01/2012	12/31/9999	1	0.00
20979	01	US BONE STIMULATION	S		0	999	07/01/2021	12/31/9999	1	19.28
20982	01	ABLATION THERAPY BY RADIOFREQUENCY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
20983	01	ABLATION THERAPY BY CRYOABLATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
20985	01	CPTR-ASST DIR MS PX	N		0	999	09/01/2012	12/31/9999	1	0.00
20999	01	UNLISTED PROCEDURE, MUSCULOS	T		0	999	07/01/2021	12/31/9999	1	161.16
21010	01	ARTHROTOMY, TEMPOROMANDIBULAR	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21011	01	EXC FACE LES SC < 2 CM	T		0	999	07/01/2021	12/31/9999	4	1,099.71
21012	01	EXC FACE LES SC = 2 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
21013	01	EXC FACE TUM DEEP < 2 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
21014	01	EXC FACE TUM DEEP = 2 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21015	01	RESECT FACE TUM < 2 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
21016	01	RESECT FACE TUM = 2 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21025	01	EXCISION OF BONE (FOR OSTEOMYE	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21026	01	EXCISION OF BONE (FOR OSTEOMYE	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21029	01	REMOVAL BY CONTOURING OF BENIG	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21030	01	EXCISE MAX/ZYGOMA B9 TUMOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21031	01	EXCISION OF TORUS MANDIBULARIS	T		0	999	07/01/2021	12/31/9999	2	2,138.76
21032	01	EXCISION OF MAXILLARY PALATIUS	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21034	01	EXCISE MAX/ZYGOMA MLG TUMOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21040	01	EXCISE MANDIBLE LESION	T		0	999	07/01/2021	12/31/9999	2	2,138.76
21044	01	EXCISION OF MALIGNANT TUMOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21045	06	EXCISION OF MALIGNANT TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
21046	01	REMOVE MANDIBLE CYST COMPLEX	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21047	01	EXCISE LWR JAW CYST W/REPAIR	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21048	01	REMOVE MAXILLA CYST COMPLEX	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21049	01	EXCIS UPPR JAW CYST W/REPAIR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21050	01	ARTHRECTOMY, TEMPOROMANDIBUL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21060	01	MENISCECTOMY, TEMPOROMANDIBU	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21070	01	CORONOIDECTOMY (SEPARATE PROCE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21073	01	MNPJ OF TMJ W/ANESTH	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21076	06	PREPARE FACE/ORAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
21077	06	PREPARE FACE/ORAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
21079	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21080	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21081	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21082	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21083	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21084	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21085	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21086	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21087	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21088	06	IMPRESSION AND CUSTOM PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
21089	06	UNLISTED MAXILLOFACIAL PROSTHE	E		0	999	09/01/2012	12/31/9999	1	0.00
21100	01	*APPLICATION OF HALO TYPE APP	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21110	01	APPLICATION OF INTERDENTAL F	T		0	999	07/01/2021	12/31/9999	2	1,057.34
21116	01	INJECTION PROCEDURE FOR TEMP	N		0	999	09/01/2012	12/31/9999	1	0.00
21120	01	GENIOPLASTY; AUGMENTATION (AUT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21121	01	GENIOPLASTY; AUGMENTATION (AUT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21122	01	GENIOPLASTY; AUGMENTATION (AUT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21123	01	GENIOPLASTY; AUGMENTATION (AUT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21125	01	AUGMENTATION, MANDIBULAR BODY	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21127	01	AUGMENTATION, MANDIBULAR BODY	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21137	01	REDUCTION FOREHEAD; CONTOURING	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21138	01	REDUCTION FOREHEAD; CONTOURING	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21139	01	REDUCTION FOREHEAD; CONTOURING	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21141	06	RECONSTRUCT MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21142	06	RECONSTRUCT MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21143	06	RECONSTRUCT MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21145	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21146	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21147	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21150	01	RECONSTRUCTION MIDFACE, LEFORT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21151	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21154	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21155	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21159	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21160	06	RECONSTRUCTION MIDFACE, LEFORT	C		0	999	09/01/2012	12/31/9999	1	0.00
21172	01	RECONSTRUCTION SUPERIOR-LATERA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21175	01	RECONSTRUCTION, BIFRONTAL, SUP	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21179	06	RECONSTRUCTION,LENTIRE OR MAJO	C		0	999	09/01/2012	12/31/9999	1	0.00
21180	06	RECONSTRUCTION, ENTIRE OR MAJO	C		0	999	09/01/2012	12/31/9999	1	0.00
21181	01	REMOVAL BY CONTOURING OF BENIG	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21182	06	RECONSTRUCT CRANIAL BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
21183	06	RECONSTRUCT CRANIAL BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
21184	06	RECONSTRUCT CRANIAL BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
21188	06	RECONSTRUCTION MIDFACE, OSTEO	C		0	999	09/01/2012	12/31/9999	1	0.00
21193	01	RECONSTRUCTION OF MANDIBULAR R	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21194	06	RECONSTRUCTION OF MANDIBULAR R	C		0	999	09/01/2012	12/31/9999	1	0.00
21195	01	RECONSTRUCTION OF MANDIBULAR R	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21196	06	RECONSTRUCTION OF MANDIBULAR R	C		0	999	09/01/2012	12/31/9999	1	0.00
21198	01	OSTEOTOMY MANDIBLE, SEGMENTAL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21199	01	RECONSTR LWR JAW W/ADVANCE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21206	01	OSTEOTOMY, MAXILLA, SEGMENTAL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21208	01	OSTEOPLASTY, FACIAL BONES; AUG	T		0	999	07/01/2021	12/31/9999	1	3,975.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
21209	01	OSTEOPLASTY, FACIAL BONES; RED	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21210	01	GRAFT, BONE;	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21215	01	GRAFT, BONE;	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21230	01	GRAFT;	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21235	01	GRAFT; EAR CARTILAGE, AUTOGENO	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21240	01	ARTHROPLASTY, TEMPOROMANDIBULA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21242	01	ARTHROPLASTY, TEMPOROMANDIBULA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21243	01	ARTHROPLASTY, TEMPOROMANDIBULA	T		0	999	07/01/2021	12/31/9999	1	12,402.50
21244	01	RECONSTRUCTION OF MANDIBLE, EX	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21245	01	RECONSTRUCTION OF MANDIBLE OR	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21246	01	RECONSTRUCTION OF MANDIBLE OR	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21247	06	RECONSTRUCTION OF MANDIBLE OR	C		0	999	09/01/2012	12/31/9999	1	0.00
21248	01	RECONSTRUCTION OF MANDIBLE OR	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21249	01	RECONSTRUCTION OF MANDIBLE OR	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21255	06	RECONSTRUCTION OF ZYGOMATIC AR	C		0	999	09/01/2012	12/31/9999	1	0.00
21256	01	RECONSTRUCTION OF ORBIT WITH O	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21260	01	ORBITAL HYPERTELORISM CORREC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21261	01	ORBITAL HYPERTELORISM CORREC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21263	01	ORBITAL HYPERTELORISM CORREC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21267	01	ORBITAL REPOSITIONING, PERIO	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21268	06	ORBITAL REPOSITIONING, PERIO	C		0	999	09/01/2012	12/31/9999	1	0.00
21270	01	MALAR AUGMENTATION, PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21275	01	SECONDARY REVISION FOR ORBIT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21280	01	MEDIAL CANTHOPEXY (SEPARATE PR	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21282	01	LATERAL CANTHOPEXY	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21295	01	REDUCTION OF MASSETER MUSCLE A	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21296	01	REDUCTION OF MASSETER MUSCLE (	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21299	01	UNLISTED CRANIOFACIAL AND MAXI	T		0	999	07/01/2021	12/31/9999	1	165.39
21315	01	CLOSED TREATMENT, NASAL BONE F	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21320	01	MANIPULATIVE TREATMENT, NASA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21325	01	OPEN TREATMENT OF NASAL FRAC	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21330	01	OPEN TREATMENT OF NASAL FRAC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21335	01	OPEN TREATMENT OF NASAL FRAC	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21336	01	OPEN TREATMENT OF NASAL SEPTAL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21337	01	CLOSED TREATMENT OF NASAL SEPT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21338	01	OPEN TREATMENT OF NASOETHMOI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21339	01	OPEN TREATMENT OF NASOETHMOI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21340	01	PERCUTANEOUS TREATMENT OF NASO	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21343	06	OPEN TREATMENT OF DEPRESSED FR	C		0	999	09/01/2012	12/31/9999	1	0.00
21344	06	OPEN TREATMENT OF COMPLICATED	C		0	999	09/01/2012	12/31/9999	1	0.00
21345	01	CLOSED TREATMENT OF NASOMAXILL	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21346	01	OPEN TREATMENT OF NASOMAXILL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21347	06	OPEN TREATMENT OF NASOMAXILLAR	C		0	999	09/01/2012	12/31/9999	1	0.00
21348	06	OPEN TREATMENT OF NASOMAXILLAR	C		0	999	09/01/2012	12/31/9999	1	0.00
21355	01	PERCUTANEOUS TREATMENT OF FRAC	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21356	01	OPEN TREATMENT OF DEPRESSED ZY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21360	01	OPEN TREATMENT OF DEPRESSED MA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21365	01	OPEN TREATMENT OF COMPLICATED	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21366	06	OPEN TREATMENT OF COMPLICATED	C		0	999	09/01/2012	12/31/9999	1	0.00
21385	01	OPEN TREATMENT OF ORBITAL FL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21386	01	OPEN TREATMENT OF ORBITAL FL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21387	01	OPEN TREATMENT OF ORBITAL FL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21390	01	OPEN TREATMENT OF ORBITAL FL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21395	01	OPEN TREATMENT OF ORBITAL FL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21400	01	CLOSED TREATMENT OF FRACTURE O	T		0	999	07/01/2021	12/31/9999	1	353.56
21401	01	TREATMENT OF FRACTURE OF ORB	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21406	01	OPEN TREATMENT OF FRACTURE O	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21407	01	OPEN TREATMENT OF FRACTURE O	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21408	01	OPEN TREATMENT OF FRACTURE OF	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21421	01	CLOSED TREATMENT OF PALATAL OR	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21422	06	OPEN TREATMENT OF PALATAL OR M	C		0	999	09/01/2012	12/31/9999	1	0.00
21423	06	OPEN TREATMENT OF PALATAL OR M	C		0	999	09/01/2012	12/31/9999	1	0.00
21431	06	CLOSED TREATMENT OF CRANIOFACI	C		0	999	09/01/2012	12/31/9999	1	0.00
21432	06	OPEN TREATMENT OF CRANIOFACIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
21433	06	OPEN TREATMENT OF CRANIOFACIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
21435	06	OPEN TREATMENT OF CRANIOFACIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
21436	06	OPEN TREATMENT OF CRANIOFACIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
21440	01	CLOSED TREATMENT OF MANDIBULAR	T		0	999	07/01/2021	12/31/9999	2	2,138.76
21445	01	OPEN TREATMENT OF MANDIBULAR O	T		0	999	07/01/2021	12/31/9999	2	3,975.25
21450	01	CLOSED TREATMENT OF MANDIBULAR	T		0	999	07/01/2021	12/31/9999	1	353.56
21451	01	CLOSED TREATMENT OF MANDIBULAR	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21452	01	PERCUTANEOUS TREATMENT OF MAND	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21453	01	CLOSED TREATMENT OF MANDIBULAR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21454	01	OPEN TREATMENT OF MANDIBULAR F	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21461	01	OPEN TREATMENT OF MANDIBULAR F	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21462	01	OPEN TREATMENT OF CLOSED OR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21465	01	OPEN TREATMENT OF MANDIBULAR C	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21470	01	OPEN TREATMENT OF COMPLICATED	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21480	01	CLOSED TREATMENT OF TEMPOROMAN	T		0	999	07/01/2021	12/31/9999	1	161.16
21485	01	CLOSED TREATMENT OF TEMPOROMAN	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21490	01	OPEN TREATMENT OF TEMPOROMAN	T		0	999	07/01/2021	12/31/9999	1	2,138.76
21497	01	INTERDENTAL WIRING, FOR COND	T		0	999	07/01/2021	12/31/9999	1	1,057.34
21499	01	UNLISTED PROCEDURE, HEAD	T		0	999	07/01/2021	12/31/9999	1	165.39
21501	01	INCISION AND DRAINAGE, DEEP	T		0	999	07/01/2021	12/31/9999	3	1,852.39
21502	01	INCISION AND DRAINAGE, DEEP	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21510	06	INCISION, DEEP, WITH OPENING	C		0	999	09/01/2012	12/31/9999	1	0.00
21550	01	EXCISIONAL BIOPSY, SOFT TISS	T		0	999	07/01/2021	12/31/9999	2	1,099.71
21552	01	EXC NECK LES SC = 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21554	01	EXC NECK TUM DEEP = 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21555	01	EXC NECK LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
21556	01	EXC NECK TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21557	01	RESECT NECK TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
21558	01	RESECT NECK TUM = 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
21600	01	EXCISION OF RIB, PARTIAL	T		0	999	07/01/2021	12/31/9999	5	4,896.68
21601	01	EXC CHEST WALL TUMOR W/RIBS	T		0	999	07/01/2021	12/31/9999	1	1,852.39
21602	06	EXC CH WAL TUM W/O LYMPHADEC	E		0	999	01/01/2020	12/31/9999	1	0.00
21603	06	EXC CH WAL TUM W/LYMPHADEC	E		0	999	01/01/2020	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
21610	01	COSTOTRANSVERSECTOMY (SEPARA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21615	06	EXCISION FIRST AND/OR CERVIC	C		0	999	09/01/2012	12/31/9999	1	0.00
21616	06	EXCISION FIRST AND/OR CERVIC	C		0	999	09/01/2012	12/31/9999	1	0.00
21620	06	OSTECTOMY OF STERNUM, PARTIA	C		0	999	09/01/2012	12/31/9999	1	0.00
21627	06	STERNAL DEBRIDEMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
21630	06	RADICAL RESECTION OF STERNUM	C		0	999	09/01/2012	12/31/9999	1	0.00
21632	06	RADICAL RESECTION OF STERNUM	C		0	999	09/01/2012	12/31/9999	1	0.00
21685	01	HYOID MYOTOMY AND SUSPENSION HYOID	T		0	999	07/01/2021	12/31/9999	1	3,975.25
21700	01	DIVISION OF SCALENUS ANTICUS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
21705	06	DIVISION OF SCALENUS ANTICUS	C		0	999	09/01/2012	12/31/9999	1	0.00
21720	01	DIVISION OF STERNOCLEIDOMAST	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21725	01	DIVISION OF STERNOCLEIDOMAST	T		0	999	07/01/2021	12/31/9999	1	486.13
21740	06	RECONSTRUCTION OF STERNUM	C		0	999	09/01/2012	12/31/9999	1	0.00
21742	01	REPAIR STERN/NUSS W/O SCOPE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21743	01	REPAIR STERNUM/NUSS W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
21750	06	REPAIR OF STERNUM SEPARATION	C		0	999	09/01/2012	12/31/9999	1	0.00
21811	01	OPEN TRMT 1-3 RIBS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
21812	01	OPEN TRMT 4-6 RIBS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
21813	01	OPEN TRMT 7+ RIBS	T		0	999	07/01/2021	12/31/9999	1	1,088.26
21820	01	CLOSED TREATMENT OF STERNUM FR	T		0	999	07/01/2021	12/31/9999	1	161.16
21825	06	OPEN TREATMENT OF STERNUM FRAC	C		0	999	09/01/2012	12/31/9999	1	0.00
21899	01	UNLISTED PROCEDURE, NECK OR	T		0	999	07/01/2021	12/31/9999	1	165.39
21920	01	BIOPSY, SOFT TISSUE OF BACK OR	T		0	999	07/01/2021	12/31/9999	2	1,099.71
21925	01	BIOPSY, SOFT TISSUE OF BACK OR	T		0	999	07/01/2021	12/31/9999	2	1,099.71
21930	01	EXC BACK LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	5	1,099.71
21931	01	EXC BACK LES SC = 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
21932	01	EXC BACK TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21933	01	EXC BACK TUM DEEP = 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
21935	01	RESECT BACK TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
21936	01	RESECT BACK TUM = 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
22010	06	I&D, P-SPINE, C/T/CERV-THOR	C		0	999	09/01/2012	12/31/9999	1	0.00
22015	06	I&D, P-SPINE, L/S/LS	C		0	999	09/01/2012	12/31/9999	1	0.00
22100	01	PARTIAL RESECTION OF VERTEBR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
22101	01	PARTIAL RESECTION OF VERTEBR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
22102	01	PARTIAL RESECTION OF VERTEBR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
22103	01	REMOVE EXTRA SPINE SEGMENT	N		0	999	07/01/2020	12/31/9999	3	0.00
22110	06	PARTIAL EXCISION OF VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
22112	06	PARTIAL EXCISION OF VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
22114	06	PARTIAL EXCISION OF VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
22116	06	REMOVE EXTRA SPINE SEGMENT	C		0	999	09/01/2012	12/31/9999	11	0.00
22206	06	CUT SPINE 3 COL, THOR	C		0	999	09/01/2012	12/31/9999	1	0.00
22207	06	CUT SPINE 3 COL, LUMB	C		0	999	09/01/2012	12/31/9999	1	0.00
22208	06	CUT SPINE 3 COL, ADDL SEG	C		0	999	09/01/2012	12/31/9999	11	0.00
22210	06	OSTEOTOMY OF SPINE, POSTERIOR	C		0	999	09/01/2012	12/31/9999	1	0.00
22212	06	OSTEOTOMY OF SPINE, POSTERIOR	C		0	999	09/01/2012	12/31/9999	1	0.00
22214	06	OSTEOTOMY OF SPINE, POSTERIOR	C		0	999	09/01/2012	12/31/9999	1	0.00
22216	06	REVISE, EXTRA SPINE SEGMENT	C		0	999	09/01/2012	12/31/9999	11	0.00
22220	06	OSTEOTOMY OF SPINE, ANTERIOR A	C		0	999	09/01/2012	12/31/9999	1	0.00
22222	06	OSTEOTOMY OF SPINE, ANTERIOR A	C		0	999	07/01/2015	12/31/9999	1	0.00
22224	06	OSTEOTOMY OF SPINE, ANTERIOR A	C		0	999	09/01/2012	12/31/9999	1	0.00
22226	06	REVISE, EXTRA SPINE SEGMENT	C		0	999	09/01/2012	12/31/9999	11	0.00
22310	01	TREATMENT OF VERTEBRAL BODY	T		0	999	07/01/2021	12/31/9999	1	161.16
22315	01	ALLOGRAFT, STRUCTURAL, FOR SPINE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
22318	06	TREAT ODONTOID FX W/O GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
22319	06	TREAT ODONTOID FX W/GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
22325	06	OPEN TREATMENT OF VERTEBRAL	C		0	999	09/01/2012	12/31/9999	1	0.00
22326	06	OPEN TREATMENT OF VERTEBRAL	C		0	999	09/01/2012	12/31/9999	1	0.00
22327	06	OPEN TREATMENT OF VERTEBRAL	C		0	999	09/01/2012	12/31/9999	1	0.00
22328	06	REPAIR EACH ADD SPINE FX	C		0	999	09/01/2012	12/31/9999	11	0.00
22505	01	*MANIPULATION OF SPINE, ANY R	T		0	999	07/01/2021	12/31/9999	1	1,088.26
22510	01	PERQ CERVICOTHORACIC INJECTION	T		0	999	07/01/2021	12/31/9999	1	2,212.24
22511	01	PERQ LUMBOSACRAL INJECTION	T		0	999	07/01/2021	12/31/9999	1	2,212.24
22512	01	ADDL PERQ CERVICO/LUMBOSACRAL INJ	N		0	999	07/01/2020	12/31/9999	3	0.00
22513	01	PERQ AUGMENTATION THORACIC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
22514	01	PERQ AUGMENTATION LUMBAR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
22515	01	ADDL PERQ THORACIC/LUMBAR INJ	N		0	999	07/01/2020	12/31/9999	4	0.00
22526	06	PERCUT INTRADISC ELEC ANNULOPLASTY, UNIL	E		0	999	09/01/2012	12/31/9999	1	0.00
22527	06	ANNULOPLASTY, UNILAT/BILAT, ONE+ ADDL LE	E		0	999	09/01/2012	12/31/9999	1	0.00
22532	06	ARTHRODIS LAT MINI DISSECT; THOR ARTHR	C		0	999	09/01/2012	12/31/9999	1	0.00
22533	06	ARTHRODIS LAT MINI DISSECT; LUMB ARTHR	C		0	999	09/01/2012	12/31/9999	1	0.00
22534	06	LAT THOR/LUMB ADDL SEG	C		0	999	09/01/2012	12/31/9999	11	0.00
22548	06	ARTHRODESIS, ANTERIOR TRANSORA	C		0	999	09/01/2012	12/31/9999	1	0.00
22551	01	ARTHRO ANT INTR DECOM CERV BELW C2	T		0	999	07/01/2021	12/31/9999	1	9,625.20
22552	01	ARTHRO ANT INTR CERV BELW C2 EA ADD NTRS	N		0	999	07/01/2016	12/31/9999	4	0.00
22554	01	ARTHRODESIS, ANTERIOR INTERBOD	T		0	999	07/01/2021	12/31/9999	1	9,625.20
22556	06	ARTHRODESIS, ANTERIOR INTERBOD	C		0	999	09/01/2012	12/31/9999	1	0.00
22558	06	ARTHRODESIS, ANTERIOR INTERBOD	C		0	999	09/01/2012	12/31/9999	1	0.00
22585	01	ARTHRODESIS, ANTERIOR OR ANTER	N		0	999	07/01/2020	12/31/9999	5	0.00
22586	06	ARTHRODESIS PRESACRAL L5-S1	C		0	999	01/01/2013	12/31/9999	2	0.00
22590	06	ARTHRODESIS, POSTERIOR TECHNIQ	C		0	999	09/01/2012	12/31/9999	1	0.00
22595	06	ARTHRODESIS, POSTERIOR TECHNIQ	C		0	999	09/01/2012	12/31/9999	1	0.00
22600	06	CERVICAL FUSION, POSTERIOR A	C		0	999	09/01/2012	12/31/9999	1	0.00
22610	06	ARTHRODESIS, POSTERIOR OR POST	C		0	999	09/01/2012	12/31/9999	1	0.00
22612	01	ARTHRODESIS, POSTERIOR OR POST	T		0	999	07/01/2021	12/31/9999	1	9,625.20
22614	01	SPINE FUSION, EXTRA SEGMENT	N		0	999	07/01/2014	12/31/9999	11	0.00
22630	06	LUMBAR SPINE FUSION	C		0	999	09/01/2012	12/31/9999	1	0.00
22632	06	SPINE FUSION, EXTRA SEGMENT	C		0	999	09/01/2012	12/31/9999	10	0.00
22633	06	ARTHRO SINGL INTRSPC/SEG LUMBAR	E		0	999	07/01/2020	12/31/9999	1	0.00
22634	06	ARTHRO EA ADD INTRSPC/SEG	E		0	999	07/01/2020	12/31/9999	1	0.00
22800	06	ARTHRODESIS, PRIMARY FOR SCO	C		0	999	09/01/2012	12/31/9999	1	0.00
22802	06	ARTHRODESIS, PRIMARY FOR SCO	C		0	999	09/01/2012	12/31/9999	1	0.00
22804	06	FUSION OF SPINE	C		0	999	09/01/2012	12/31/9999	1	0.00
22808	06	FUSION OF SPINE	C		0	999	09/01/2012	12/31/9999	1	0.00
22810	06	ARTHRODESIS, ANTERIOR, FOR SPI	C		0	999	09/01/2012	12/31/9999	1	0.00
22812	06	ARTHRODESIS, ANTERIOR, FOR SPI	C		0	999	09/01/2012	12/31/9999	1	0.00
22818	06	KYPHECTOMY, 1-2 SEGMENTS	C		0	999	09/01/2012	12/31/9999	1	0.00
22819	06	KYPHECTOMY, 3 & MORE SEGMENT	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
22830	O6	EXPLORATION OF SPINAL FUSION	C		0	999	09/01/2012	12/31/9999	1	0.00
22840	O1	INSERT SPINE FIXATION DEVICE	N		0	999	07/01/2017	12/31/9999	1	0.00
22841	O6	INSERT SPINE FIXATION DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22842	O1	POSTERIOR INSTRUMENTATION;	N		0	999	07/01/2017	12/31/9999	1	0.00
22843	O6	INSERT SPINE FIXATION DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22844	O6	INSERT SPINE FIXATION DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22845	O1	INSERT SPINE FIXATION DEVICE	N		0	999	07/01/2017	12/31/9999	1	0.00
22846	O6	INSERT SPINE FIXATION DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22847	O6	INSERT SPINE FIXATION DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22848	O6	INSERT PELVIC FIXATIONDEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
22849	O6	REINSERTION OF SPINAL FIXATION	C		0	999	09/01/2012	12/31/9999	1	0.00
22850	O6	REMOVAL OF POSTERIOR INSTRUM	C		0	999	09/01/2012	12/31/9999	1	0.00
22852	O6	REMOVAL OF POSTERIOR SEGMENTAL	C		0	999	09/01/2012	12/31/9999	1	0.00
22853	O1	INS INTERBODY DEV/INTERSP	N		0	999	07/01/2020	12/31/9999	4	0.00
22854	O1	INS INTERBODY DEV/DEFECT	N		0	999	01/01/2017	12/31/9999	1	0.00
22855	O6	REMOVAL OF ANTERIOR INSTRUME	C		0	999	09/01/2012	12/31/9999	1	0.00
22856	O6	TOT DISC ARTHROPLASTY SINGLE	E		0	999	09/01/2012	12/31/9999	1	0.00
22857	O6	TOT DISC ARTHROPLASTY, LUMBAR SINGLE INT	C		0	999	09/01/2012	12/31/9999	1	0.00
22858	O6	TOT DISC ARTHROPLASTY 2ND LEVEL	E		0	999	07/01/2020	12/31/9999	1	0.00
22859	O1	INSERT IN-VET DEV CONJ W/INTRBDY	N		0	999	01/01/2017	12/31/9999	1	0.00
22861	O6	REV REPL TOT DISC ARTHRO SNGL CERV	C		0	999	09/01/2012	12/31/9999	1	0.00
22862	O6	REV INVL TOT DISC ARTHROPLASTY, LUMBAR S	C		0	999	09/01/2012	12/31/9999	1	0.00
22864	O6	REM TOT DOSC ARTHRO SNGL CERV	C		0	999	09/01/2012	12/31/9999	1	0.00
22865	O6	REM TOT DISC ARTHROPLASTY, LUMBAR, SNGL	C		0	999	09/01/2012	12/31/9999	1	0.00
22867	O6	INSERT INTERLAM-INTERSP PROCESS STABIL S	E		0	999	01/01/2017	12/31/9999	1	0.00
22868	O6	INSERT INTERLAM-INTERSP PROCESS STABIL S	E		0	999	01/01/2017	12/31/9999	1	0.00
22869	O6	INSERT INTERLAM-INTERSPIN PROCESS STAB;	E		0	999	01/01/2017	12/31/9999	1	0.00
22870	O6	INSERT INTERLAM-INTERSPIN PROCESS STAB;	E		0	999	01/01/2017	12/31/9999	1	0.00
22899	O1	UNLISTED PROCEDURE, SPINE	T		0	999	07/01/2021	12/31/9999	1	161.16
22900	O1	EXC BACK TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
22901	O1	EXC BACK TUM DEEP = 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
22902	O1	EXC ABD LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	4	1,099.71
22903	O1	EXC ABD LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
22904	O1	RESECT ABD TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
22905	O1	RESECT ABD TUM > 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
22999	O1	UNLISTED PROCEDURE, ABDOMEN,	T		0	999	07/01/2021	12/31/9999	1	161.16
23000	O1	REMOVAL OF CALCIUM DEPOSITS	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23020	O1	RELEASE SHOULDER JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23030	O1	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	2	1,852.39
23031	O1	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23035	O1	DRAIN SHOULDER BONE LESION	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23040	O1	EXPLORATORY SHOULDER SURGERY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23044	O1	EXPLORATORY SHOULDER SURGERY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23065	O1	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
23066	O1	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,852.39
23071	O1	EXC SHOULDER LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
23073	O1	EXC SHOULDER TUM DEEP > 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
23075	O1	EXC SHOULDER LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
23076	O1	EXC SHOULDER TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
23077	O1	RESECT SHOULDER TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23078	O1	RESECT SHOULDER TUM > 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23100	O1	BIOPSY OF SHOULDER JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23101	O1	SHOULDER JOINT SURGERY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23105	O1	REMOVE SHOULDER JOINT LINING	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23106	O1	INCISION OF COLLARBONE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23107	O1	ARTHROTOMY GLENOHUMERAL JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23120	O1	CLAVICULECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23125	O1	CLAVICULECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23130	O1	PARTIAL REMOVAL, SHOULDERBONE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23140	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23145	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23146	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23150	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23155	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23156	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23170	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23172	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23174	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23180	O1	REMOVE COLLAR BONE LESION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23182	O1	REMOVE SHOULDER BLADE LESION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23184	O1	REMOVE HUMERUS LESION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23190	O1	OSTECTOMY OF SCAPULA, PARTIA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
23195	O1	RESECTION HUMERAL HEAD	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23200	O6	RESECT CLAVICLE TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
23210	O6	RESECT SCAPULA TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
23220	O6	RESECT PROX HUMERUS TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
23330	O1	REMOVAL OF FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	2	486.13
23333	O1	RMV FOREIGN BODY SHOULDER DEEP	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23334	O1	RMV PROSTHESIS HUMERAL/GLENOID	T		0	999	07/01/2021	12/31/9999	1	1,852.39
23335	O6	RMV PROSTHESIS TOT SHOULDER	C		0	999	01/01/2014	12/31/9999	1	0.00
23350	O1	INJECTION FOR SHOULDER X-RAY	N		0	999	09/01/2012	12/31/9999	1	0.00
23395	O1	MUSCLE TRANSFER, ANY TYPE FO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23397	O1	MUSCLE TRANSFER, ANY TYPE FO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23400	O1	SCAPULOPEXY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23405	O1	INCISION OF TENDON & MUSCLE	T		0	999	07/01/2021	12/31/9999	2	4,896.68
23406	O1	INCISE TENDON(S) & MUSCLE(S)	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23410	O1	REPAIR ROTATOR CUFF, ACUTE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23412	O1	REPAIR OF RUPTURED SUPRASPIN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23415	O1	CORACOAACROMIAL LIGAMENT RELEAS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23420	O1	REPAIR OF SHOULDER	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23430	O1	TENODESIS FOR RUPTURE OF LON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23440	O1	RESECTION OR TRANSPLANTATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23450	O1	CAPSULORRHAPHY FOR RECURRENT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23455	O1	REPAIR SHOULDER CAPSULE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23460	O1	CAPSULORRHAPHY FOR RECURRENT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23462	O1	CAPSULORRHAPHY FOR RECURRENT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23465	O1	REPAIR SHOULDER CAPSULE	T		0	999	07/01/2021	12/31/9999	1	4,896.68

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
23466	O1	REPAIR SHOULDER CAPSULE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23470	O1	RECONSTRUCT SHOULDER JOINT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23472	O6	RECONSTRUCT SHOULDER JOINT	E		0	999	09/01/2012	12/31/9999	1	0.00
23473	O1	REV TOT SHLDR HUMERAL OR GLENOID	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23474	O6	REV TOT SHLDR HUMERAL AND GLENOID	C		0	999	01/01/2013	12/31/9999	1	0.00
23480	O1	OSTEOTOMY, CLAVICLE, WITH OR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23485	O1	OSTEOTOMY, CLAVICLE, WITH OR	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23490	O1	PROPHYLACTIC TREATMENT (NAILIN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23491	O1	REINFORCE SHOULDER BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23500	O1	CLOSED TREATMENT OF CLAVICULAR	T		0	999	07/01/2021	12/31/9999	1	161.16
23505	O1	TREATMENT OF CLOSED CLAVICUL	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23515	O1	OPEN TRMNT CLAVIC FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23520	O1	CLOSED TREATMENT OF STERNOCLAV	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23525	O1	TREATMENT OF CLOSED STERNOCL	T		0	999	07/01/2021	12/31/9999	1	161.16
23530	O1	OPEN TREATMENT OF STERNOCLAVIC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23532	O1	OPEN TREATMENT OF CLOSED OR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23540	O1	CLOSED TREATMENT OF ACROMIOCLA	T		0	999	07/01/2021	12/31/9999	1	161.16
23545	O1	TREATMENT OF CLOSED ACROMIOC	T		0	999	07/01/2021	12/31/9999	1	161.16
23550	O1	OPEN TREATMENT OF ACROMIOCLAVI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23552	O1	OPEN TREATMENT OF CLOSED OR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23570	O1	CLOSED TREATMENT OF SCAPULAR F	T		0	999	07/01/2021	12/31/9999	1	161.16
23575	O1	CLOSED TREATMENT OF SCAPULAR F	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23585	O1	OPEN TREATMENT OF SCAPULAR FRA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23600	O1	CLOSED TREATMENT OF PROXIMAL H	T		0	999	07/01/2021	12/31/9999	1	161.16
23605	O1	CLOSED TREATMENT OF PROXIMAL H	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23615	O1	OPEN TRMNT PROX HUM FRAC	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23616	O1	OPEN TRMNT PROX HUM FRAC W/PROSTH RPL	T		0	999	07/01/2021	12/31/9999	1	12,402.50
23620	O1	TREAT HUMERUS FRACTURE	T		0	999	07/01/2021	12/31/9999	1	161.16
23625	O1	TREATMENT OF CLOSED GREATER	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23630	O1	OPEN TRMNT GR HUM TUB FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23650	O1	CLOSED TREATMENT OF SHOULDER D	T		0	999	07/01/2021	12/31/9999	1	161.16
23655	O1	TREATMENT OF CLOSED SHOULDER	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23660	O1	OPEN TREATMENT OF ACUTE SHOUL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23665	O1	TREAT DISLOCATION/FRACTURE	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23670	O1	OPEN TRMT SHLDR DISLOC W/FAC GR HUM TUB	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23675	O1	CLOSED TREATMENT OF SHOULDER D	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23680	O1	OPEN TRMNT SLDR DISL W/SURG OR ANAT NECK	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23700	O1	*MANIPULATION UNDER ANESTHESI	T		0	999	07/01/2021	12/31/9999	1	1,088.26
23800	O1	FUSION OF SHOULDER JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
23802	O1	FUSION OF SHOULDER JOINT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
23900	O6	INTERTHORACOSCAPULAR AMPUTAT	C		0	999	09/01/2012	12/31/9999	1	0.00
23920	O6	DISARTICULATION OF SHOULDER;	C		0	999	09/01/2012	12/31/9999	1	0.00
23921	O1	DISARTICULATION OF SHOULDER;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
23929	O1	UNLISTED PROCEDURE, SHOULDER	T		0	999	07/01/2021	12/31/9999	1	161.16
23930	O1	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	2	1,852.39
23931	O1	DRAINAGE OF ARM BURSA	T		0	999	07/01/2021	12/31/9999	2	1,099.71
23935	O1	INCISION, DEEP, WITH OPENING	T		0	999	07/01/2021	12/31/9999	2	2,212.24
24000	O1	EXPLORATORY ELBOW SURGERY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24006	O1	ARTHROTOMY OF THE ELBOW, WITH	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24065	O1	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
24066	O1	BIOPSY ARM/ELBOW SOFT TISSUE	T		0	999	07/01/2021	12/31/9999	2	1,852.39
24071	O1	EXC ARM/ELBOW LES SC = 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
24073	O1	EX ARM/ELBOW TUM DEEP > 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
24075	O1	EXC ARM/ELBOW LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	5	1,099.71
24076	O1	EX ARM/ELBOW TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	4	1,852.39
24077	O1	RESECT ARM/ELBOW TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
24079	O1	RESECT ARM/ELBOW TUM > 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
24100	O1	ARTHROTOMY, ELBOW;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24101	O1	ARTHROTOMY, ELBOW;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24102	O1	ARTHROTOMY, ELBOW;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24105	O1	EXCISION, OLECRANON BURSA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24110	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24115	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24116	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24120	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24125	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24126	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24130	O1	EXCISION, RADIAL HEAD	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24134	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24136	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24138	O1	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24140	O1	PARTIAL REMOVAL OF ARM BONE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24145	O1	PARTIAL REMOVAL OF RADIUS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24147	O1	PARTIAL REMOVAL OF ELBOW	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24149	O1	RADICAL RESECTION OF ELBOW	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24150	O1	RESECT DISTAL HUMERUS TUMOR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24152	O1	RESECT RADIUS TUMOR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24155	O1	RESECTION OF ELBOW JOINT (AR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24160	O1	IMPLANT REMOVAL;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24164	O1	IMPLANT REMOVAL;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24200	O1	REMOVAL OF FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	3	1,099.71
24201	O1	REMOVAL OF ARM FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	3	1,852.39
24220	O1	INJECTION PROCEDURE FOR ELBO	N		0	999	09/01/2012	12/31/9999	1	0.00
24300	O1	MANIPULATE ELBOW W/ANESTH	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24301	O1	MUSCLE OR TENDON TRANSFER, A	T		0	999	07/01/2021	12/31/9999	2	4,896.68
24305	O1	ARM TENDON LENGTHENING	T		0	999	07/01/2021	12/31/9999	4	2,212.24
24310	O1	REVISION OF ARM TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
24320	O1	TENOPLASTY, WITH MUSCLE TRAN	T		0	999	07/01/2021	12/31/9999	2	4,896.68
24330	O1	FLEXOR-PLASTY, ELBOW, (EG, S	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24331	O1	FLEXOR-PLASTY, ELBOW, (EG, S	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24332	O1	TENOLYSIS, TRICEPS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24340	O1	TENODESIS FOR RUPTURE OF BIC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24341	O1	REPAIR TENDON/MUSCLE ARM	T		0	999	07/01/2021	12/31/9999	2	4,896.68
24342	O1	REPAIR OF RUPTURED TENDON	T		0	999	07/01/2021	12/31/9999	2	4,896.68
24343	O1	REPR ELBOW LAT LIGMNT W/TISS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24344	O1	RECONSTRUCT ELBOW LAT LIGMNT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24345	O1	REPR ELBW MED LIGMNT W/TISS	T		0	999	07/01/2021	12/31/9999	1	4,896.68

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
24346	01	RECONSTRUCT ELBOW MED LIGMNT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24357	01	REPAIR ELBOW, PERC	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24358	01	REPAIR ELBOW W/DEB, OPEN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24359	01	REPAIR ELBOW DEB/ATTCH OPEN	T		0	999	07/01/2021	12/31/9999	2	2,212.24
24360	01	RECONSTRUCT ELBOW JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24361	01	ARTHROPLASTY, ELBOW;	T		0	999	07/01/2021	12/31/9999	1	12,402.50
24362	01	ARTHROPLASTY, ELBOW;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24363	01	REPLACE ELBOW JOINT	T		0	999	07/01/2021	12/31/9999	1	12,402.50
24365	01	ARTHROPLASTY, RADIAL HEAD;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24366	01	ARTHROPLASTY, RADIAL HEAD;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24370	01	REV TOT ELBOW HUMERAL OR ULNAR	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24371	01	REV TOT ELBOW HUMERAL AND ULNAR	T		0	999	07/01/2021	12/31/9999	1	12,402.50
24400	01	OSTEOTOMY, HUMERUS, WITH OR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24410	01	MULTIPLE OSTEOTOMIES WITH RE	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24420	01	OSTEOPLASTY, HUMERUS (EG, SH	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24430	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24435	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24470	01	REVISION OF ELBOW JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24495	01	DECOMPRESSION FASCIOTOMY, FO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24498	01	REINFORCE HUMERUS	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24500	01	CLOSED TREATMENT OF HUMERAL SH	T		0	999	07/01/2021	12/31/9999	1	161.16
24505	01	CLOSED TREATMENT OF HUMERAL SH	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24515	01	OPEN TREATMENT OF HUMERAL SHAF	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24516	01	TREAT HUMERUS FRACTURE	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24530	01	CLOSED TREATMENT OF SUPRACONDY	T		0	999	07/01/2021	12/31/9999	1	161.16
24535	01	CLOSED TREATMENT OF SUPRACONDY	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24538	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24545	01	OPEN TRTMNT HUM SUPRA FRAC W/O INTERCOND	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24546	01	OPEN TRTMNT HUM SUPRA FRAC W/INTERCOND E	T		0	999	07/01/2021	12/31/9999	1	12,402.50
24560	01	CLOSED TREATMENT OF HUMERAL EP	T		0	999	07/01/2021	12/31/9999	1	161.16
24565	01	TREATMENT OF CLOSED EPICONDY	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24566	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24575	01	OPEN TRTMNT HUM EPICOND FRAC MED/LAT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24576	01	CLOSED TREATMENT OF HUMERAL CO	T		0	999	07/01/2021	12/31/9999	1	161.16
24577	01	TREATMENT OF CLOSED CONDYLAR	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24579	01	OPEN TRTMNT HUM COND FRAC MED/LAT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24582	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24586	01	OPEN TREATMENT OF PERIARTICULA	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24587	01	OPEN TREATMENT OF PERIARTICULA	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24600	01	TREATMENT OF CLOSED ELBOW DI	T		0	999	07/01/2021	12/31/9999	1	161.16
24605	01	TREATMENT OF CLOSED ELBOW DI	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24615	01	OPEN TREATMENT OF ACUTE OR CHR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24620	01	CLOSED TREATMENT OF MONTEGGIA	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24635	01	OPEN TRTMNT MONTEGGIA TYPE FRAC/ELBOW	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24640	01	CLOSED TREATMENT OF RADIAL HEA	T		0	20	07/01/2021	12/31/9999	1	161.16
24650	01	CLOSED TREATMENT OF RADIAL HEA	T		0	999	07/01/2021	12/31/9999	1	161.16
24655	01	TREATMENT OF CLOSED RADIAL H	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24665	01	OPEN TRTMNT RAD HEAD/NECK FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24666	01	OPEN TRTMNT RAD HEAD/NECK FRAC W/RADIAL	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24670	01	CLOSED TRTMNT ULNAR FRAC W/O MAN	T		0	999	07/01/2021	12/31/9999	1	161.16
24675	01	CLOSED TRTMNT ULNAR FRAC W/MAN	T		0	999	07/01/2021	12/31/9999	1	1,088.26
24685	01	OPEN TRTMNT ULNAR FRAC PROX END	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24800	01	FUSION OF ELBOW JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24802	01	FUSION/GRAFT OF ELBOW JOINT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
24900	06	AMPUTATION, ARM THROUGH HUME	C		0	999	09/01/2012	12/31/9999	1	0.00
24920	06	AMPUTATION, ARM THROUGH HUME	C		0	999	09/01/2012	12/31/9999	1	0.00
24925	01	AMPUTATION, ARM THROUGH HUME	T		0	999	07/01/2021	12/31/9999	1	2,212.24
24930	06	AMPUTATION, ARM THROUGH HUME	C		0	999	09/01/2012	12/31/9999	1	0.00
24931	06	AMPUTATION, ARM THROUGH HUME	C		0	999	09/01/2012	12/31/9999	1	0.00
24935	01	STUMP ELONGATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
24940	06	CINEPLASTY, UPPER EXTREMITY,	C		0	999	09/01/2012	12/31/9999	1	0.00
24999	01	UNLISTED PROCEDURE, HUMERUS	T		0	999	07/01/2021	12/31/9999	1	161.16
25000	01	INCISION OF TENDON SHEATH	T		0	999	07/01/2021	12/31/9999	2	1,088.26
25001	01	INCISE FLEXOR CARPI RADIALIS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25020	01	DECOMPRESS FOREARM 1 SPACE	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25023	01	DECOMPRESSION FASCIOTOMY, FL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25024	01	DECOMPRESS FOREARM 2 SPACES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25025	01	DECOMPRESS FORARM 2 SPACES	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25028	01	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25031	01	DRAINAGE OF FOREARM BURSA	T		0	999	07/01/2021	12/31/9999	2	1,088.26
25035	01	TREAT FOREARM BONE LESION	T		0	999	07/01/2021	12/31/9999	2	4,896.68
25040	01	ARTHROTOMY WITH EXPLORATION,	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25065	01	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
25066	01	BIOPSY FOREARM SOFT TISSUES	T		0	999	07/01/2021	12/31/9999	2	1,852.39
25071	01	EXC FOREARM LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
25073	01	EXC FOREARM TUM DEEP = 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
25075	01	EXC FOREARM LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	6	1,099.71
25076	01	EXC FOREARM TUM DEEP < 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
25077	01	RESECT FOREARM/WRIST TUM<3CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
25078	01	RESECT FOREARM/WRIST TUM=3CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
25085	01	INCISION OF WRIST CAPSULE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25100	01	ARTHROTOMY, WRIST JOINT;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25101	01	ARTHROTOMY, WRIST JOINT;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25105	01	ARTHROTOMY, WRIST JOINT;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25107	01	REMOVE WRIST JOINT CARTILAGE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25109	01	EXC TENDON FOREARM WRIST FLEXOR EXTENSOR	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25110	01	EXCISION, LESION OF TENDON S	T		0	999	07/01/2021	12/31/9999	2	1,088.26
25111	01	EXCISION OF GANGLION, WRIST	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25112	01	EXCISION OF GANGLION, WRIST	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25115	01	RADICAL EXCISION OF BURSA, S	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25116	01	RADICAL EXCISION OF BURSA, S	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25118	01	SYNOVECTOMY, EXTENSOR TENDON	T		0	999	07/01/2021	12/31/9999	5	1,088.26
25119	01	SYNOVECTOMY, EXTENSOR TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25120	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25125	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25126	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25130	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
25135	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25136	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25145	01	SEQUESTRECTOMY FOR OSTEOMYEL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25150	01	PARTIAL EXCISION OF BONE (CR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25151	01	PARTIAL EXCISION OF BONE (CR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25170	01	RESECT RADIUS/ULNAR TUMOR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25210	01	CARPECTOMY;	T		0	999	07/01/2021	12/31/9999	2	2,212.24
25215	01	CARPECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25230	01	RADIAL STYLOIDECTOMY (SEPARA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25240	01	EXCISION DISTAL ULNA (DARRAC	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25246	01	INJECTION PROCEDURE FOR WRIS	N		0	999	09/01/2012	12/31/9999	1	0.00
25248	01	EXPLORATION FOR REMOVAL OF D	T		0	999	07/01/2021	12/31/9999	3	1,088.26
25250	01	REMOVAL OF WRIST PROSTHESIS;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25251	01	REMOVAL OF WRIST PROSTHESIS;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25259	01	MANIPULATE WRIST W/ANESTHES	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25260	01	REPAIR, TENDON OR MUSCLE, FL	T		0	999	07/01/2021	12/31/9999	7	2,212.24
25263	01	REPAIR, TENDON OR MUSCLE, FL	T		0	999	07/01/2021	12/31/9999	4	4,896.68
25265	01	REPAIR, TENDON OR MUSCLE, FL	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25270	01	REPAIR, TENDON OR MUSCLE, EX	T		0	999	07/01/2021	12/31/9999	8	2,212.24
25272	01	REPAIR, TENDON OR MUSCLE, EX	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25274	01	REPAIR FOREARM TENDON/MUSCLE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25275	01	REPAIR FOREARM TENDON SHEATH	T		0	999	07/01/2021	12/31/9999	2	2,212.24
25280	01	LENGTHENING OR SHORTENING OF	T		0	999	07/01/2021	12/31/9999	9	2,212.24
25290	01	TENOTOMY, OPEN, SINGLE, FLEX	T		0	999	07/01/2021	12/31/9999	10	2,212.24
25295	01	TENOLYSIS, SINGLE FLEXOR OR	T		0	999	07/01/2021	12/31/9999	9	2,212.24
25300	01	TENODESIS AT WRIST;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25301	01	TENODESIS AT WRIST;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25310	01	TENDON TRANSPLANTATION OR TR	T		0	999	07/01/2021	12/31/9999	5	2,212.24
25312	01	TENDON TRANSPLANTATION OR TR	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25315	01	FLEXOR ORIGIN SLIDE FOR CERE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25316	01	FLEXOR ORIGIN SLIDE FOR CERE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25320	01	REPAIR/REVISE WRIST JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25332	01	REVISE WRIST JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25335	01	TRANSPOSITION AND REALIGNMEN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25337	01	RECONSTRUCT ULNA/RADIOULNAR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25350	01	OSTEOTOMY, RADIUS;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25355	01	OSTEOTOMY, RADIUS;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25360	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25365	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25370	01	MULTIPLE OSTEOTOMIES, WITH R	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25375	01	MULTIPLE OSTEOTOMIES, WITH R	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25390	01	OSTEOPLASTY, RADIUS OR ULNA;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25391	01	OSTEOPLASTY, RADIUS OR ULNA;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25392	01	OSTEOPLASTY, RADIUS AND ULNA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25393	01	OSTEOPLASTY, RADIUS AND ULNA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25394	01	REPAIR CARPAL BONE, SHORTEN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25400	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25405	01	REPAIR/GRAFT RADIUS OR ULNA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25415	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25420	01	REPAIR/GRAFT RADIUS & ULNA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25425	01	REPAIR OF DEFECT WITH AUTOGE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25426	01	REPAIR OF DEFECT WITH AUTOGE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25430	01	VASC GRAFT INTO CARPAL BONE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25431	01	REPAIR NONUNION CARPAL BONE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25440	01	REPAIR/GRAFT WRIST BONE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25441	01	ARTHROPLASTY WITH PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25442	01	ARTHROPLASTY WITH PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	12,402.50
25443	01	RECONSTRUCT WRIST JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25444	01	ARTHROPLASTY WITH PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25445	01	ARTHROPLASTY WITH PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25446	01	ARTHROPLASTY WITH PROSTHETIC	T		0	999	07/01/2021	12/31/9999	1	12,402.50
25447	01	REPAIR WRIST JOINT(S)	T		0	999	07/01/2021	12/31/9999	4	2,212.24
25449	01	ARTHROPLASTY WITH REMOVAL OF	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25450	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25455	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25490	01	PROPHYLACTIC TREATMENT (NAILIN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25491	01	PROPHYLACTIC TREATMENT (NAILIN	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25492	01	PROPHYLACTIC TREATMENT (NAILIN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25500	01	CLOSED TREATMENT OF RADIAL SHA	T		0	999	07/01/2021	12/31/9999	1	161.16
25505	01	TREATMENT OF CLOSED RADIAL S	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25515	01	OPEN TRTMNT RAD SHAFT FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25520	01	TREAT FRACTURE OF RADIUS	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25525	01	OPEN TRTMNT RAD SHAFT FRAC & CLOSED TRTM	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25526	01	OPEN TRTMNT RAD SHAFT FRAC & DIST RADIOU	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25530	01	CLOSED TREATMENT OF ULNAR SHAF	T		0	999	07/01/2021	12/31/9999	1	161.16
25535	01	TREATMENT OF CLOSED ULNAR SH	T		0	999	07/01/2021	12/31/9999	1	161.16
25545	01	OPEN TRTMNT ULNAR SHAFT FRAC INCL INT FI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25560	01	CLOSED TREATMENT OF RADIAL AND	T		0	999	07/01/2021	12/31/9999	1	161.16
25565	01	TREATMENT OF CLOSED RADIAL A	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25574	01	OPEN TRTMNT RAD & ULNAR SHAFT; OF RADIUS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25575	01	OPEN TRTMNT DOD & ULAR SHAFT; OF RAD AN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25600	01	CLOSED TREAT DISTAL RADIAL FRAC W/O MANI	T		0	999	07/01/2021	12/31/9999	1	161.16
25605	01	TREATMENT OF CLOSED DISTAL R	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25606	01	PERCUT SKEL FIX DISTAL RAD FRAC	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25607	01	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25608	01	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25609	01	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25622	01	CLOSED TREATMENT OF CARPAL SCA	T		0	999	07/01/2021	12/31/9999	1	161.16
25624	01	TREATMENT OF CLOSED CARPAL S	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25628	01	OPEN TRTMNT CARPAL SCAPHOID FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25630	01	CLOSED TREATMENT OF CARPAL BON	T		0	999	07/01/2021	12/31/9999	1	161.16
25635	01	TREATMENT OF CLOSED CARPAL B	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25645	01	TREAT WRIST BONE FRACTURE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25650	01	CLOSED TREATMENT OF ULNAR STYL	T		0	999	07/01/2021	12/31/9999	1	161.16
25651	01	PIN ULNAR STYLOID FRACTURE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25652	01	TREAT FRACTURE ULNAR STYLOID	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25660	01	CLOSED TREATMENT OF RADIOCARPA	T		0	999	07/01/2021	12/31/9999	1	161.16

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
25670	01	OPEN TREATMENT OF RADIOCARPAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25671	01	PIN RADIOULNAR DISLOCATION	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25675	01	CLOSED TREATMENT OF DISTAL RAD	T		0	999	07/01/2021	12/31/9999	1	161.16
25676	01	OPEN TREATMENT OF DISTAL RADIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25680	01	CLOSED TREATMENT OF TRANS-SCAP	T		0	999	07/01/2021	12/31/9999	1	161.16
25685	01	OPEN TREATMENT OF TRANS-SCAPHO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25690	01	CLOSED TREATMENT OF LUNATE DIS	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25695	01	OPEN TREATMENT OF LUNATE DIS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25800	01	FUSION OF WRIST JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25805	01	ARTHRODESIS, WRIST JOINT;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25810	01	ARTHRODESIS, WRIST JOINT;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
25820	01	FUSION OF HAND BONES	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25825	01	INTERCARPAL FUSION; WITH AUTOG	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25830	01	FUSION RADIOULNAR JNT/ULNA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25900	06	AMPUTATION, FOREARM, THROUGH	C		0	999	09/01/2012	12/31/9999	1	0.00
25905	06	AMPUTATION, FOREARM, THROUGH	C		0	999	09/01/2012	12/31/9999	1	0.00
25907	01	AMPUTATION, FOREARM, THROUGH	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25909	01	AMPUTATION, FOREARM, THROUGH	T		0	999	07/01/2021	12/31/9999	1	4,896.68
25915	06	KRUKENBERG PROCEDURE	C		0	999	09/01/2012	12/31/9999	1	0.00
25920	06	DISARTICULATION THROUGH WRIS	C		0	999	09/01/2012	12/31/9999	1	0.00
25922	01	DISARTICULATION THROUGH WRIS	T		0	999	07/01/2021	12/31/9999	1	1,088.26
25924	06	DISARTICULATION THROUGH WRIS	C		0	999	09/01/2012	12/31/9999	1	0.00
25927	06	TRANSMETACARPAL AMPUTATION;	C		0	999	09/01/2012	12/31/9999	1	0.00
25929	01	TRANSMETACARPAL AMPUTATION;	T		0	999	07/01/2021	12/31/9999	1	1,340.73
25931	01	TRANSMETACARPAL AMPUTATION;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
25999	01	UNLISTED PROCEDURE, FOREARM	T		0	999	07/01/2021	12/31/9999	1	161.16
26010	01	*DRAINAGE OF FINGER ABSCESS;	T		0	999	07/01/2021	12/31/9999	2	140.33
26011	01	*DRAINAGE OF FINGER ABSCESS;	T		0	999	07/01/2021	12/31/9999	3	1,099.71
26020	01	DRAIN HAND TENDON SHEATH	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26025	01	DRAINAGE OF PALM BURSA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26030	01	DRAINAGE OF PALM BURSA(S)	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26034	01	TREAT HAND BONE LESION	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26035	01	DECOMPRESSION FINGERS AND/OR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26037	01	DECOMPRESSIVE FASCIOTOMY HAND	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26040	01	RELEASE PALM CONTRACTURE	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26045	01	FASCIOTOMY, PALMAR, FOR DUPI	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26055	01	TENDON SHEATH INCISION FOR T	T		0	999	07/01/2021	12/31/9999	5	1,088.26
26060	01	INCISION OF FINGER TENDON	T		0	999	07/01/2021	12/31/9999	5	1,088.26
26070	01	EXPLORE/TREAT HAND JOINT	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26075	01	EXPLORE/TREAT FINGER JOINT	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26080	01	ARTHROTOMY WITH EXPLORATION,	T		0	999	07/01/2021	12/31/9999	3	1,088.26
26100	01	BIOPSY HAND JOINT LINING	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26105	01	BIOPSY FINGER JOINT LINING	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26110	01	ARTHROTOMY FOR SYNOVIAL BIOP	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26111	01	EXC HAND LES SC > 1.5 CM	T		0	999	07/01/2021	12/31/9999	4	1,099.71
26113	01	EXC HAND TUM DEEP > 1.5 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
26115	01	EXC HAND LES SC < 1.5 CM	T		0	999	07/01/2021	12/31/9999	4	1,099.71
26116	01	EXC HAND TUM DEEP < 1.5 CM	T		0	999	07/01/2021	12/31/9999	2	1,099.71
26117	01	EXC HAND TUM RA < 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
26118	01	EXC HAND TUM RA > 3 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
26121	01	RELEASE PALM CONTRACTURE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26123	01	RELEASE PALM CONTRACTURE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26125	01	RELEASE PALM CONTRACTURE	N		0	999	07/01/2014	12/31/9999	1	0.00
26130	01	SYNOVECTOMY, CARPOMETACARPAL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26135	01	SYNOVECTOMY, METACARPOPHALAN	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26140	01	SYNOVECTOMY, PROXIMAL INTERP	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26145	01	TENDON EXCISION, PALM/FINGER	T		0	999	07/01/2021	12/31/9999	6	1,088.26
26160	01	REMOVE TENDON SHEATH LESION	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26170	01	EXC TENDON PALM FLEX OR EXTEN SNGL EA TE	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26180	01	EXC TENDON FINGER FLEX OR EXTEN SNGL EA	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26185	01	REMOVE FINGER BONE	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26200	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26205	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26210	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26215	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26230	01	PARTIAL REMOVAL OF HAND BONE	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26235	01	PARTIAL EXCISION OF BONE (CR	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26236	01	PARTIAL EXCISION OF BONE (CR	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26250	01	EXTENSIVE HAND SURGERY	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26260	01	RESECT PROX FINGER TUMOR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26262	01	RESECT DISTAL FINGER TUMOR	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26320	01	REMOVAL OF IMPLANT FROM FING	T		0	999	07/01/2021	12/31/9999	4	1,099.71
26340	01	MANIPULATE FINGER W/ANESTH	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26341	01	MANIP PALMAR FASCIAL CORD POST ENZ INJ	T		0	999	07/01/2021	12/31/9999	2	161.16
26350	01	REPAIR FINGER/HAND TENDON	T		0	999	07/01/2021	12/31/9999	6	2,212.24
26352	01	FLEXOR TENDON REPAIR OR ADVA	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26356	01	REP FLX TEND ZONE 2 DIGTL; W/O GFT REP/A	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26357	01	REP FLX TEND ZONE 2 DIGT;SEC NO GFTREP/A	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26358	01	FLEXOR TENDON REPAIR OR ADVA	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26370	01	REPAIR FINGER/HAND TENDON	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26372	01	REPAIR/GRAFT HAND TENDON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26373	01	REPAIR FINGER/HAND TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26390	01	REVISE HAND/FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26392	01	REPAIR/GRAFT HAND TENDON	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26410	01	REPAIR HAND TENDON	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26412	01	EXTENSOR TENDON REPAIR, DORS	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26415	01	EXCISION, HAND/FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26416	01	GRAFT HAND OR FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26418	01	REPAIR FINGER TENDON	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26420	01	EXTENSOR TENDON REPAIR, DORS	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26426	01	REPAIR FINGER/HAND TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26428	01	REPAIR/GRAFT FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26432	01	REPAIR FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26433	01	REPAIR FINGER TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26434	01	EXTENSOR TENDON REPAIR, OPEN	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26437	01	REALIGNMENT OF TENDONS	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26440	01	RELEASE PALM/FINGER TENDON	T		0	999	07/01/2021	12/31/9999	6	1,088.26

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
26442	01	TENOLYSIS, SIMPLE, FLEXOR TE	T		0	999	07/01/2021	12/31/9999	5	2,212.24
26445	01	RELEASE HAND/FINGER TENDON	T		0	999	07/01/2021	12/31/9999	5	2,212.24
26449	01	RELEASE FOREARM/HAND TENDON	T		0	999	07/01/2021	12/31/9999	5	2,212.24
26450	01	INCISION OF PALM TENDON	T		0	999	07/01/2021	12/31/9999	6	2,212.24
26455	01	INCISION OF FINGER TENDON	T		0	999	07/01/2021	12/31/9999	6	1,088.26
26460	01	INCISE HAND/FINGER TENDON	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26471	01	FUSION OF FINGER TENDONS	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26474	01	FUSION OF FINGER TENDONS	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26476	01	TENDON LENGTHENING	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26477	01	TENDON SHORTENING	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26478	01	LENGTHENING OF HAND TENDON	T		0	999	07/01/2021	12/31/9999	6	2,212.24
26479	01	SHORTENING OF HAND TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26480	01	TRANSPLANT HAND TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26483	01	TENDON TRANSFER OR TRANSPLAN	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26485	01	TRANSPLANT PALM TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26489	01	TENDON TRANSFER OR TRANSPLAN	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26490	01	REVISE THUMB TENDON	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26492	01	TENDON TRANSFER WITH GRAFT	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26494	01	OPPONENS PLASTY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26496	01	OPPONENS PLASTY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26497	01	FINGER TENDON TRANSFER	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26498	01	SUBLIMIS TRANSFER TO CORRECT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26499	01	CORRECTION CLAW FINGER, OTHE	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26500	01	HAND TENDON RECONSTRUCTION	T		0	999	07/01/2021	12/31/9999	3	4,896.68
26502	01	TENDON PULLEY RECONSTRUCTION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26508	01	RELEASE THUMB CONTRACTURE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26510	01	THUMB TENDON TRANSFER	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26516	01	FUSION OF KNUCKLE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26517	01	CAPSULODESIS FOR M-P JOINT S	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26518	01	CAPSULODESIS FOR M-P JOINT S	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26520	01	RELEASE KNUCKLE CONTRACTURE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26525	01	RELEASE FINGER CONTRACTURE	T		0	999	07/01/2021	12/31/9999	4	1,088.26
26530	01	REVISE KNUCKLE JOINT	T		0	999	07/01/2021	12/31/9999	4	4,896.68
26531	01	REVISE KNUCKLE WITH IMPLANT	T		0	999	07/01/2021	12/31/9999	4	4,896.68
26535	01	REVISE FINGER JOINT	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26536	01	REVISE/IMPLANT FINGER JOINT	T		0	999	07/01/2021	12/31/9999	4	4,896.68
26540	01	REPAIR HAND JOINT	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26541	01	REPAIR HAND JOINT WITH GRAFT	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26542	01	PRIMARY REPAIR OF COLLATERAL L	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26545	01	RECONSTRUCTION, COLLATERAL L	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26546	01	REPAIR NON-UNION HAND	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26548	01	REPAIR AND RECONSTRUCTION, FIN	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26550	01	POLLICIZATION OF A DIGIT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26551	06	GREAT TOE-HAND TRANSFER	C		0	999	09/01/2012	12/31/9999	1	0.00
26553	06	SINGLE TOE-HAND TRANSFER	C		0	999	09/01/2012	12/31/9999	1	0.00
26554	06	DOUBLE TOE-HAND TRANSFER	C		0	999	09/01/2012	12/31/9999	1	0.00
26555	01	POSITIONAL CHANGE OF FINGER	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26556	06	TOE JOINT TRANSFER	C		0	999	09/01/2012	12/31/9999	1	0.00
26560	01	REPAIR OF SYNDACTYL (WEB FI	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26561	01	REPAIR OF SYNDACTYL (WEB FI	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26562	01	REPAIR OF SYNDACTYL (WEB FI	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26565	01	CORRECT METACARPAL FLAW	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26567	01	CORRECT FINGER DEFORMITY	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26568	01	LENGTHEN METACARPAL/FINGER	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26580	01	REPAIR CLEFT HAND	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26587	01	RECONSTRUCT EXTRA FINGER	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26590	01	REPAIR FINGER DEFORMITY	T		0	999	07/01/2021	12/31/9999	2	1,088.26
26591	01	REPAIR MUSCLES OF HAND	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26593	01	RELEASE MUSCLES OF HAND	T		0	999	07/01/2021	12/31/9999	8	2,212.24
26596	01	EXCISION OF CONSTRICTING RING	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26600	01	CLOSED TREATMENT OF METACARPAL	T		0	999	07/01/2021	12/31/9999	2	161.16
26605	01	TREATMENT OF CLOSED METACARP	T		0	999	07/01/2021	12/31/9999	3	161.16
26607	01	TREAT METACARPAL FRACTURE	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26608	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26615	01	OPEN TRTMT METACARPAL FRAC EA BONE	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26641	01	CLOSED TREATMENT OF CARPOMETAC	T		0	999	07/01/2021	12/31/9999	1	161.16
26645	01	CLOSED TREATMENT OF CARPOMETAC	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26650	01	PERCUT SKEL FIX CARPOMETACARPAL FRAC THU	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26665	01	OPEN TRTMT CARPOMETACARPAL THUMB	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26670	01	TREAT HAND DISLOCATION	T		0	999	07/01/2021	12/31/9999	2	161.16
26675	01	TREATMENT OF CLOSED CARPOMET	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26676	01	PIN HAND DISLOCATION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26685	01	OPEN TRTMT CARPOMETACARPAL NOT THUMB EA	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26686	01	OPEN TREATMENT OF CLOSED OR	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26700	01	CLOSED TREATMENT OF METACARPOP	T		0	999	07/01/2021	12/31/9999	2	161.16
26705	01	TREATMENT OF CLOSED METACARP	T		0	999	07/01/2021	12/31/9999	3	1,088.26
26706	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26715	01	OPEN TRTMT METACARPOPHALANGEAL	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26720	01	CLOSED TREATMENT OF PHALANGEAL	T		0	999	07/01/2021	12/31/9999	4	161.16
26725	01	CLOSED TREATMENT OF PHALANGEAL	T		0	999	07/01/2021	12/31/9999	3	161.16
26727	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26735	01	OPEN TRTMT PHALANGEAL SHAFT EA	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26740	01	CLOSED TREATMENT OF ARTICULAR	T		0	999	07/01/2021	12/31/9999	3	161.16
26742	01	TREATMENT OF CLOSED ARTICULA	T		0	999	07/01/2021	12/31/9999	3	1,088.26
26746	01	OPEN TRTMT FRAC METACAR OR INTERPHAL JT	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26750	01	CLOSED TREATMENT OF DISTAL PHA	T		0	999	07/01/2021	12/31/9999	3	161.16
26755	01	TREATMENT OF CLOSED DISTAL P	T		0	999	07/01/2021	12/31/9999	2	161.16
26756	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26765	01	OPEN TRTMT DISTAL PHAL FRAC EA	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26770	01	CLOSED TREATMENT OF INTERPHALA	T		0	999	07/01/2021	12/31/9999	3	161.16
26775	01	TREATMENT OF CLOSED INTERPHA	T		0	999	07/01/2021	12/31/9999	2	188.50
26776	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26785	01	OPEN TRTMT INTERPHAL JT SINGLE	T		0	999	07/01/2021	12/31/9999	3	2,212.24
26820	01	FUSION IN OPPOSITION, THUMB,	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26841	01	ARTHRODESIS, CARPOMETACARPAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26842	01	ARTHRODESIS, CARPOMETACARPAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
26843	01	FUSION OF HAND JOINT	T		0	999	07/01/2021	12/31/9999	2	4,896.68

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
26844	O1	ARTHRODESIS, CARPOMETACARPAL	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26850	O1	ARTHRODESIS, METACARPOPHALAN	T		0	999	07/01/2021	12/31/9999	5	4,896.68
26852	O1	ARTHRODESIS, METACARPOPHALAN	T		0	999	07/01/2021	12/31/9999	2	4,896.68
26860	O1	ARTHRODESIS, INTERPHALANGEAL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26861	O1	FUSION OF FINGER JOINT,ADDED	N		0	999	07/01/2014	12/31/9999	1	0.00
26862	O1	ARTHRODESIS, INTERPHALANGEAL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
26863	O1	FUSE/GRAFT ADDED JOINT	N		0	999	07/01/2014	12/31/9999	1	0.00
26910	O1	AMPUTATION, METACARPAL, WITH	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26951	O1	AMPUTATION, FINGER OR THUMB,	T		0	999	07/01/2021	12/31/9999	8	2,212.24
26952	O1	AMPUTATION, FINGER OR THUMB,	T		0	999	07/01/2021	12/31/9999	4	2,212.24
26989	O1	UNLISTED PROCEDURE, HANDS OR	T		0	999	07/01/2021	12/31/9999	1	161.16
26990	O1	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	2	2,212.24
26991	O1	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
26992	O6	DRAINAGE OF BONE LESION	C		0	999	09/01/2012	12/31/9999	1	0.00
27000	O1	INCISION OF HIP TENDON	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27001	O1	INCISION OF HIP TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27003	O1	TENOTOMY, ADDUCTOR, SUBCUTANEO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27005	O6	INCISION OF HIP TENDON	C		0	999	09/01/2012	12/31/9999	1	0.00
27006	O1	INCISION OF HIP TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27025	O6	FASCIOTOMY, HIP OR THIGH, ANY	C		0	999	09/01/2012	12/31/9999	1	0.00
27027	O1	DCMP FASCIOT PELVIC UNILAT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27030	O6	DRAINAGE OF HIP JOINT	C		0	999	09/01/2012	12/31/9999	1	0.00
27033	O1	EXPLORATION OF HIP JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27035	O1	DENERVATION OF HIP JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27036	O6	EXCISION OF HIP JOINT/MUSCLE	C		0	999	09/01/2012	12/31/9999	1	0.00
27040	O1	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
27041	O1	BIOPSY OF SOFT TISSUES	T		0	999	07/01/2021	12/31/9999	3	1,099.71
27043	O1	EXC HIP PELVIS LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27045	O1	EXC HIP/PELV TUM DEEP > 5 CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27047	O1	EXC HIP/PELVIS LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27048	O1	EXC HIP/PELV TUM DEEP < 5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27049	O1	RESECT HIP/PELV TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27050	O1	ARTHROTOMY, FOR BIOPSY;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27052	O1	ARTHROTOMY, FOR BIOPSY;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27054	O6	ARTHROTOMY FOR SYNOVECTOMY,	C		0	999	09/01/2012	12/31/9999	1	0.00
27057	O1	DCMP FASCIOT PELVIC W/DEBR UNILAT	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27059	O1	RESECT HIP/PELV TUM > 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27060	O1	EXCISION;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27062	O1	EXCISION;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27065	O1	EXCISION OF BONE CYST OR BEN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27066	O1	REMOVE HIP BONE LES DEEP	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27067	O1	EXCISION OF BONE CYST OR BEN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27070	O6	PARTIAL REMOVAL OF HIP BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
27071	O6	PARTIAL REMOVAL OF HIP BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
27075	O6	RESECT HIP TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
27076	O6	RESECT HIP TUM INCL ACETABUL	C		0	999	09/01/2012	12/31/9999	1	0.00
27077	O6	RESECT HIP TUM W/INNOB BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
27078	O6	RSECT HIP TUM INCL FEMUR	C		0	999	09/01/2012	12/31/9999	1	0.00
27080	O1	COCCYGECTOMY, PRIMARY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27086	O1	*REMOVAL OF FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27087	O1	REMOVE HIP FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27090	O6	REMOVAL OF HIP PROSTHESIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
27091	O6	REMOVAL OF HIP PROSTHESIS	C		0	999	09/01/2012	12/31/9999	1	0.00
27093	O1	INJECTION PROCEDURE FOR HIP	N		0	999	09/01/2012	12/31/9999	1	0.00
27095	O1	INJECTION PROCEDURE FOR HIP	N		0	999	09/01/2012	12/31/9999	1	0.00
27096	O1	INJECT SACROILIAC JOINT	B		0	999	07/01/2020	12/31/9999	1	70.90
27097	O1	REVISION OF HIP TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27098	O1	TRANSFER TENDON TO PELVIS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27100	O1	TRANSFER EXTERNAL OBLIQUE MU	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27105	O1	TRANSFER PARASPINAL MUSCLE T	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27110	O1	TRANSFER OF ILIOPSOAS MUSCLE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27111	O1	TRANSFER ILIOPSOAS;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27120	O6	ACETABULOPLASTY; (EG, WHITMAN,	C		0	999	09/01/2012	12/31/9999	1	0.00
27122	O6	RECONSTRUCTION OF HIP SOCKET	C		0	999	09/01/2012	12/31/9999	1	0.00
27125	O6	PARTIAL HIP REPLACEMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
27130	O6	TOTAL HIP ARTHROPLASTY	E		0	999	07/01/2020	12/31/9999	1	0.00
27132	O6	TOTAL HIP ARTHROPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
27134	O6	REVISION OF TOTAL HIP ARTHROPL	C		0	999	09/01/2012	12/31/9999	1	0.00
27137	O6	REVISION OF TOTAL HIP ARTHROPL	C		0	999	09/01/2012	12/31/9999	1	0.00
27138	O6	REVISION OF TOTAL HIP ARTHROPL	C		0	999	09/01/2012	12/31/9999	1	0.00
27140	O6	TRANSPLANT FEMUR RIDGE	C		0	999	09/01/2012	12/31/9999	1	0.00
27146	O6	OSTEOTOMY, ILIAC, ACETABULAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27147	O6	OSTEOTOMY, ILIAC, ACETABULAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27151	O6	OSTEOTOMY, ILIAC, ACETABULAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27156	O6	OSTEOTOMY, ILIAC, ACETABULAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27158	O6	REVISION OF PELVIS	C		0	999	09/01/2012	12/31/9999	1	0.00
27161	O6	OSTEOTOMY, FEMORAL NECK (SEP	C		0	999	09/01/2012	12/31/9999	1	0.00
27165	O6	OSTEOTOMY, INTERTROCHANTERIC	C		0	999	09/01/2012	12/31/9999	1	0.00
27170	O6	BONE GRAFT, FEMORAL HEAD, NECK	C		0	999	09/01/2012	12/31/9999	1	0.00
27175	O6	TREATMENT OF SLIPPED FEMORAL	C		0	999	09/01/2012	12/31/9999	1	0.00
27176	O6	TREATMENT OF SLIPPED FEMORAL	C		0	999	09/01/2012	12/31/9999	1	0.00
27177	O6	OPEN TREATMENT OF SLIPPED FE	C		0	999	09/01/2012	12/31/9999	1	0.00
27178	O6	OPEN TREATMENT OF SLIPPED FE	C		0	999	09/01/2012	12/31/9999	1	0.00
27179	O1	OPEN TREATMENT OF SLIPPED FE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27181	O6	OPEN TREATMENT OF SLIPPED FE	C		0	999	09/01/2012	12/31/9999	1	0.00
27185	O6	REVISION OF FEMUR EPIPHYSIS	C		0	999	09/01/2012	12/31/9999	1	0.00
27187	O6	PROPHYLACTIC TREATMENT (NAILIN	C		0	999	09/01/2012	12/31/9999	1	0.00
27197	O1	CLSD TREAT POST PELV RING FRAC W/O MAN	T		0	999	07/01/2021	12/31/9999	1	161.16
27198	O1	CLSD TREAT POST PELV RING FRAC W/MAN	T		0	999	07/01/2021	12/31/9999	1	161.16
27200	O1	CLOSED TREATMENT OF COCCYGEAL	T		0	999	07/01/2021	12/31/9999	1	161.16
27202	O1	OPEN TREATMENT OF COCCYGEAL FR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27215	O1	OPEN TREATMENT OF ILIAC SPINE(	B		0	999	07/01/2020	12/31/9999	1	517.38
27216	O1	PERCUTANEOUS SKELETAL FIXATION	B		0	999	07/01/2020	12/31/9999	1	767.73
27217	O1	OPEN TREATMENT OF ANTERIOR RIN	B		0	999	07/01/2020	12/31/9999	1	720.22
27218	O1	OPEN TREATMENT OF POSTERIOR RI	B		0	999	07/01/2020	12/31/9999	1	995.35
27220	O1	CLOSED TREATMENT OF ACETABULUM	T		0	999	07/01/2021	12/31/9999	1	161.16
27222	O6	TREATMENT OF CLOSED ACETABUL	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27226	O6	OPEN TREATMENT OF POSTERIOR OR	C		0	999	09/01/2012	12/31/9999	1	0.00
27227	O6	OPEN TREATMENT OF ACETABULAR F	C		0	999	09/01/2012	12/31/9999	1	0.00
27228	O6	OPEN TREATMENT OF ACETABULAR F	C		0	999	09/01/2012	12/31/9999	1	0.00
27230	O1	CLOSED TREATMENT OF FEMORAL FR	T		0	999	07/01/2021	12/31/9999	1	161.16
27232	O6	CLOSED TREATMENT OF FEMORAL FR	C		0	999	09/01/2012	12/31/9999	1	0.00
27235	O1	TREAT THIGH FRACTURE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27236	O6	TREAT THIGH FRACTURE	C		0	999	09/01/2012	12/31/9999	1	0.00
27238	O1	CLOSED TREATMENT OF INTERTROCH	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27240	O6	CLOSED TREATMENT OF INTERTROCH	C		0	999	09/01/2012	12/31/9999	1	0.00
27244	O6	TREAT THIGH FRACTURE	C		0	999	09/01/2012	12/31/9999	1	0.00
27245	O6	OPEN TREATMENT OF INTERTROCHAN	C		0	999	09/01/2012	12/31/9999	1	0.00
27246	O1	CLOSED TREATMENT OF GREATER TR	T		0	999	07/01/2021	12/31/9999	1	161.16
27248	O6	OPEN TRTMT GTR TROCHANTERIC FRAC	C		0	999	09/01/2012	12/31/9999	1	0.00
27250	O1	CLOSED TREATMENT OF HIP DISLOC	T		0	999	07/01/2021	12/31/9999	1	161.16
27252	O1	TREATMENT OF CLOSED HIP DISL	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27253	O6	OPEN TREATMENT OF HIP DISLOCAT	C		0	999	09/01/2012	12/31/9999	1	0.00
27254	O6	OPEN TREATMENT OF HIP DISLOCAT	C		0	999	09/01/2012	12/31/9999	1	0.00
27256	O1	TREATMENT OF SPONTANEOUS HIP D	T		0	999	07/01/2021	12/31/9999	1	161.16
27257	O1	*TREATMENT OF CONGENITAL HIP	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27258	O6	OPEN TREATMENT OF SPONTANEOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
27259	O6	OPEN TREATMENT OF CONGENITAL	C		0	999	09/01/2012	12/31/9999	1	0.00
27265	O1	CLOSED TREATMENT OF POST HIP A	T		0	999	07/01/2021	12/31/9999	1	161.16
27266	O1	CLOSED TREATMENT OF POST HIP A	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27267	O1	CLTX THIGH FX	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27268	O6	CLTX THIGH F W/MNPJ	C		0	999	09/01/2012	12/31/9999	1	0.00
27269	O6	OPTX THIGH FX	C		0	999	09/01/2012	12/31/9999	1	0.00
27275	O1	*MANIPULATION, HIP JOINT, REQ	T		0	999	07/01/2021	12/31/9999	2	1,088.26
27279	O6	ARTHRODESIS SACROILIAC	E		0	999	01/01/2015	12/31/9999	1	0.00
27280	O6	ARTHRODESIS OPEN SACROILIAC	C		0	999	09/01/2012	12/31/9999	1	0.00
27282	O6	ARTHRODESIS, SYMPHYSIS PUBIS	C		0	999	09/01/2012	12/31/9999	1	0.00
27284	O6	FUSION OF HIP JOINT	C		0	999	09/01/2012	12/31/9999	1	0.00
27286	O6	ARTHRODESIS, HIP JOINT (INCL	C		0	999	09/01/2012	12/31/9999	1	0.00
27290	O6	INTERPELVIABDOMINAL AMPUTATI	C		0	999	09/01/2012	12/31/9999	1	0.00
27295	O6	DISARTICULATION OF HIP	C		0	999	09/01/2012	12/31/9999	1	0.00
27299	O1	UNLISTED PROCEDURE, PELVIS O	T		0	999	07/01/2021	12/31/9999	1	161.16
27301	O1	DRAIN THIGH/KNEE LESION	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27303	O6	DRAINAGE OF BONE LESION	C		0	999	09/01/2012	12/31/9999	1	0.00
27305	O1	FASCIOTOMY, ILIOTIBIAL (TENO	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27306	O1	INCISION OF THIGH TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27307	O1	INCISION OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27310	O1	EXPLORATION OF KNEE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27323	O1	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
27324	O1	BIOPSY THIGH SOFT TISSUES	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27325	O1	NEURECTOMY, HAMSTRING MUSCLE	T		0	999	07/01/2021	12/31/9999	1	1,371.22
27326	O1	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	T		0	999	07/01/2021	12/31/9999	1	1,371.22
27327	O1	EXC THIGH/KNEE LES SC < 3 CM	T		0	999	07/01/2021	12/31/9999	5	1,099.71
27328	O1	EXC THIGH/KNEE TUM DEEP <5CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27329	O1	RESECT THIGH/KNEE TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27330	O1	ARTHROTOMY, KNEE;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27331	O1	EXPLORE/TREAT KNEE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27332	O1	REMOVAL OF KNEE CARTILAGE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27333	O1	ARTHROTOMY, KNEE, FOR EXCISI	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27334	O1	REMOVE KNEE JOINT LINING	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27335	O1	ARTHROTOMY, KNEE, FOR SYNOVE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27337	O1	EXC THIGH/KNEE LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27339	O1	EXC THIGH/KNEE TUM DEEP >5CM	T		0	999	07/01/2021	12/31/9999	4	1,852.39
27340	O1	EXCISION, PREPATELLAR BURSA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27345	O1	REMOVAL OF KNEE CYST	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27347	O1	REMOVE KNEE CYST	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27350	O1	PATELLECTOMY OR HEMIPATELLEC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27355	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27356	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27357	O1	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27358	O1	REMOVE FEMUR LESION/FIXATION	N		0	999	07/01/2014	12/31/9999	1	0.00
27360	O1	PARTIAL REMOVAL LEG BONE(S)	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27364	O1	RESECT THIGH/KNEE TUM >5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27365	O6	RESECT FEMUR/KNEE TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
27369	O1	NJX CNTRST KNE ARTHG/CT/MRI	N		0	999	01/01/2019	12/31/9999	1	0.00
27372	O1	REMOVAL FOREIGN BODY, DEEP	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27380	O1	SUTURE OF INFRAPATELLAR TEND	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27381	O1	SUTURE OF INFRAPATELLAR TEND	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27385	O1	SUTURE OF QUADRICEPS OR HAMS	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27386	O1	SUTURE OF QUADRICEPS OR HAMS	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27390	O1	INCISION OF THIGH TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27391	O1	INCISION OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27392	O1	INCISION OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27393	O1	LENGTHENING OF THIGH TENDON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27394	O1	LENGTHENING OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27395	O1	LENGTHENING OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27396	O1	TRANSPLANT OF THIGH TENDON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27397	O1	TRANSPLANTS OF THIGH TENDONS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27400	O1	REVISE THIGH MUSCLES/TENDONS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27403	O1	REPAIR OF KNEE CARTILAGE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27405	O1	SUTURE, PRIMARY, TORN, RUPTU	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27407	O1	SUTURE, PRIMARY, TORN, RUPTU	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27409	O1	SUTURE, PRIMARY, TORN, RUPTU	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27412	O1	AUTOCHONDROCYTE IMPLANT KNEE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27415	O1	OSTEOCHONDRAL KNEE ALLOGRAFT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27416	O1	OSTEOCHONDRAL KNEE AUTOGRAFT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27418	O1	REPAIR DEGENERATED KNEECAP	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27420	O1	REVISION OF UNSTABLE KNEECAP	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27422	O1	REVISION OF UNSTABLE KNEECAP	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27424	O1	RECONSTRUCTION FOR RECURRENT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27425	O1	LAT RETINACULAR RELEASE OPEN	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27427	O1	LIGAMENTOUS RECONSTRUCTION (AU	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27428	O1	LIGAMENTOUS RECONSTRUCTION (AU	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27429	O1	LIGAMENTOUS RECONSTRUCTION (AU	T		0	999	07/01/2021	12/31/9999	1	9,625.20

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27430	01	REVISION OF THIGH MUSCLES	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27435	01	INCISION OF KNEE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27437	01	ARTHROPLASTY, PATELLA; WITHO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27438	01	ARTHROPLASTY, PATELLA;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27440	01	ARTHROPLASTY, KNEE, TIBIAL P	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27441	01	ARTHROPLASTY, KNEE, TIBIAL P	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27442	01	REVISION OF KNEE JOINT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27443	01	ARTHROPLASTY, KNEE, FEMORAL	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27445	06	REVISION OF KNEE JOINT	C		0	999	09/01/2012	12/31/9999	1	0.00
27446	01	ARTHROPLASTY, KNEE, CONDYLE	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27447	01	TOTAL KNEE ARTHROPLASTY	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27448	06	OSTEOTOMY, FEMUR, SHAFT OR S	C		0	999	09/01/2012	12/31/9999	1	0.00
27450	06	OSTEOTOMY, FEMUR, SHAFT OR S	C		0	999	09/01/2012	12/31/9999	1	0.00
27454	06	REALIGNMENT OF THIGH BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
27455	06	OSTEOTOMY, PROXIMAL TIBIA, I	C		0	999	09/01/2012	12/31/9999	1	0.00
27457	06	OSTEOTOMY, PROXIMAL TIBIA, I	C		0	999	09/01/2012	12/31/9999	1	0.00
27465	06	OSTEOPLASTY, FEMUR;	C		0	999	09/01/2012	12/31/9999	1	0.00
27466	06	OSTEOPLASTY, FEMUR;	C		0	999	09/01/2012	12/31/9999	1	0.00
27468	06	OSTEOPLASTY, FEMUR;	C		0	999	09/01/2012	12/31/9999	1	0.00
27470	06	REPAIR, NONUNION OR MALUNION	C		0	999	09/01/2012	12/31/9999	1	0.00
27472	06	REPAIR, NONUNION OR MALUNION	C		0	999	09/01/2012	12/31/9999	1	0.00
27475	01	SURGERY TO STOP LEG GROWTH	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27477	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27479	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27485	01	SURGERY TO STOP LEG GROWTH	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27486	06	REVISION OF TOTAL KNEE ARTHROP	C		0	999	09/01/2012	12/31/9999	1	0.00
27487	06	REVISE KNEE JOINT REPLACE	C		0	999	09/01/2012	12/31/9999	1	0.00
27488	06	REMOVAL OF KNEE PROSTHESIS	C		0	999	09/01/2012	12/31/9999	1	0.00
27495	06	PROPHYLACTIC TREATMENT (NAILIN	C		0	999	09/01/2012	12/31/9999	1	0.00
27496	01	DECOMPRESSION FASCIOTOMY, THIG	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27497	01	DECOMPRESSION FASCIOTOMY, THIG	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27498	01	DECOMPRESSION FASCIOTOMY, THIG	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27499	01	DECOMPRESSION FASCIOTOMY, THIG	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27500	01	CLOSED TREATMENT OF FEMORAL SH	T		0	999	07/01/2021	12/31/9999	1	161.16
27501	01	CLOSED TREATMENT OF SUPRACONDY	T		0	999	07/01/2021	12/31/9999	1	161.16
27502	01	CLOSED TREATMENT OF FEMORAL SH	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27503	01	CLOSED TREATMENT OF SUPRACONDY	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27506	06	OPEN TREATMENT OF FEMORAL SHAF	C		0	999	09/01/2012	12/31/9999	1	0.00
27507	06	OPEN TREATMENT OF FEMORAL SHAF	C		0	999	09/01/2012	12/31/9999	1	0.00
27508	01	CLOSED TREATMENT OF FEMORAL FR	T		0	999	07/01/2021	12/31/9999	1	161.16
27509	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27510	01	CLOSED TREATMENT OF FEMORAL FR	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27511	06	OPEN TRTMNT FEMORAL FRAC W/O INTERCOND	C		0	999	09/01/2012	12/31/9999	1	0.00
27513	06	OPEN TRTMNT FEMORAL FRAC W/INTERCOND	C		0	999	09/01/2012	12/31/9999	1	0.00
27514	06	OPEN TRTMNT FEMORAL FRAC DISTAL/LATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
27516	01	CLOSED TREATMENT OF DISTAL FEM	T		0	999	07/01/2021	12/31/9999	1	161.16
27517	01	CLOSED TREATMENT OF DISTAL FEM	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27519	06	OPEN TRTMNT DISTAL FEM EPEPHYSEAL SEP	C		0	999	09/01/2012	12/31/9999	1	0.00
27520	01	CLOSED TREATMENT OF PATELLAR F	T		0	999	07/01/2021	12/31/9999	1	161.16
27524	01	OPEN TREATMENT OF PATELLAR FRA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27530	01	CLOSED TREATMENT OF TIBIAL FRA	T		0	999	07/01/2021	12/31/9999	1	161.16
27532	01	CLOSED TREATMENT OF TIBIAL FRA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27535	06	OPEN TRTMNT TIBIAL FRAC PROX UNICONDYLAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27536	06	OPEN TREATMENT OF TIBIAL FRACT	C		0	999	09/01/2012	12/31/9999	1	0.00
27538	01	CLOSED TREATMENT OF INTERCONDY	T		0	999	07/01/2021	12/31/9999	1	161.16
27540	06	OPEN TRTMNT INTERCOND/TUBER FRAC KNEE	C		0	999	09/01/2012	12/31/9999	1	0.00
27550	01	CLOSED TREATMENT OF KNEE DISLO	T		0	999	07/01/2021	12/31/9999	1	161.16
27552	01	TREATMENT OF CLOSED KNEE DIS	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27556	06	OPEN TRTMNT KNEE DIS W/O LIG REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
27557	06	OPEN TRTMNT KNEE DIS W/LIG REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
27558	06	OPEN TRTMNT KNEE DIS W/LIG REPAIR W/AUG/	C		0	999	09/01/2012	12/31/9999	1	0.00
27560	01	CLOSED TREATMENT OF PATELLAR D	T		0	999	07/01/2021	12/31/9999	1	161.16
27562	01	TREATMENT OF CLOSED PATELLAR	T		0	999	07/01/2021	12/31/9999	1	161.16
27566	01	OPEN TREATMENT OF PATELLAR DIS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27570	01	*MANIPULATION OF KNEE JOINT U	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27580	06	FUSION OF KNEE	C		0	999	09/01/2012	12/31/9999	1	0.00
27590	06	AMPUTATION, THIGH, THROUGH F	C		0	999	09/01/2012	12/31/9999	1	0.00
27591	06	AMPUTATION, THIGH, THROUGH F	C		0	999	09/01/2012	12/31/9999	1	0.00
27592	06	AMPUTATION, THIGH, THROUGH F	C		0	999	09/01/2012	12/31/9999	1	0.00
27594	01	AMPUTATION, THIGH, THROUGH F	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27596	06	AMPUTATION, THIGH, THROUGH F	C		0	999	09/01/2012	12/31/9999	1	0.00
27598	06	DISARTICULATION AT KNEE	C		0	999	09/01/2012	12/31/9999	1	0.00
27599	01	UNLISTED PROCEDURE, FEMUR OR	T		0	999	07/01/2021	12/31/9999	1	161.16
27600	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27601	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27602	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27603	01	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27604	01	INCISION AND DRAINAGE;	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27605	01	INCISION OF ACHILLES TENDON	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27606	01	TENOTOMY, ACHILLES TENDON, S	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27607	01	TREAT LOWER LEG BONE LESION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27610	01	EXPLORE/TREAT ANKLE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27612	01	EXPLORATION OF ANKLE JOINT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27613	01	BIOPSY, SOFT TISSUES;	T		0	999	07/01/2021	12/31/9999	3	1,099.71
27614	01	BIOPSY LOWER LEG SOFT TISSUE	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27615	01	RESECT LEG/ANKLE TUM < 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27616	01	RESECT LEG/ANKLE TUM > 5 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
27618	01	EXC LEG/ANKLE TUM < 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,099.71
27619	01	EXC LEG/ANKLE TUM DEEP <5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27620	01	ARTHROTOMY, ANKLE, FOR BIOPS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27625	01	ARTHROTOMY, ANKLE, FOR SYNOV	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27626	01	ARTHROTOMY, ANKLE, FOR SYNOV	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27630	01	EXCISION OF LESION OF TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27632	01	EXC LEG/ANKLE LES SC > 3 CM	T		0	999	07/01/2021	12/31/9999	3	1,852.39
27634	01	EXC LEG/ANKLE TUM DEEP >5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
27635	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27637	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27638	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27640	01	PARTIAL REMOVAL OF TIBIA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27641	01	PARTIAL REMOVAL OF FIBULA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27645	06	RESECT TIBIA TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
27646	06	RESECT FIBULA TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
27647	01	RESECT TALUS/CALCANEUS TUM	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27648	01	INJECTION PROCEDURE FOR ANKL	N		0	999	09/01/2012	12/31/9999	1	0.00
27650	01	SUTURE, PRIMARY, RUPTURED AC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27652	01	SUTURE, PRIMARY, RUPTURED AC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27654	01	REPAIR OF ACHILLES TENDON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27656	01	REPAIR, FASCIAL DEFECT OF LE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27658	01	REPAIR OF LEG TENDON, EACH	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27659	01	REPAIR OF LEG TENDON, EACH	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27664	01	REPAIR OF LEG TENDON, EACH	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27665	01	REPAIR OF LEG TENDON, EACH	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27675	01	REPAIR LOWER LEG TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27676	01	REPAIR FOR DISLOCATING PERON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27680	01	RELEASE OF LOWER LEG TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27681	01	RELEASE OF LOWER LEG TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27685	01	REVISION OF LOWER LEG TENDON	T		0	999	07/01/2021	12/31/9999	2	2,212.24
27686	01	REVISE LOWER LEG TENDONS	T		0	999	07/01/2021	12/31/9999	3	2,212.24
27687	01	GASTROCNEMIUS RECESSON (EG,	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27690	01	TRANSFER OR TRANSPLANT OF SI	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27691	01	TRANSFER OR TRANSPLANT OF SI	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27692	01	REVISE ADDITIONAL LEG TENDON	N		0	999	07/01/2014	12/31/9999	1	0.00
27695	01	REPAIR OF ANKLE LIGAMENT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27696	01	SUTURE, PRIMARY, TORN, RUPTU	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27698	01	REPAIR OF ANKLE LIGAMENT	T		0	999	07/01/2021	12/31/9999	2	4,896.68
27700	01	ARTHROPLASTY, ANKLE;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27702	06	ARTHROPLASTY, ANKLE;	E		0	999	09/01/2012	12/31/9999	1	0.00
27703	06	RECONSTRUCTION, ANKLE JOINT	C		0	999	09/01/2012	12/31/9999	1	0.00
27704	01	REMOVAL OF ANKLE IMPLANT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27705	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27707	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27709	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27712	06	REALIGNMENT OF LOWER LEG	C		0	999	09/01/2012	12/31/9999	1	0.00
27715	06	REVISION OF LOWER LEG	C		0	999	09/01/2012	12/31/9999	1	0.00
27720	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27722	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27724	06	REPAIR OF NONUNION OR MALUNI	C		0	999	09/01/2012	12/31/9999	1	0.00
27725	06	REPAIR OF NONUNION OR MALUNI	C		0	999	09/01/2012	12/31/9999	1	0.00
27726	01	REPAIR FIBULA NONUNION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27727	06	REPAIR OF CONGENITAL PSEUDAR	C		0	999	09/01/2012	12/31/9999	1	0.00
27730	01	REPAIR OF TIBIA EPIPHYSIS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27732	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27734	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27740	01	REPAIR OF LEG EPIPHYSES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27742	01	EPIPHYSEAL ARREST BY EPIPHYS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27745	01	PROPHYLACTIC TREATMENT (NAILIN	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27750	01	CLOSED TREATMENT OF TIBIAL SHA	T		0	999	07/01/2021	12/31/9999	1	161.16
27752	01	CLOSED TREATMENT OF TIBIAL SHA	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27756	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27758	01	OPEN TREATMENT OF TIBIAL SHAFT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27759	01	TREATMENT OF TIBIA FRACTURE	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27760	01	CLOSED TREATMENT OF MEDIAL MAL	T		0	999	07/01/2021	12/31/9999	1	161.16
27762	01	CLOSED TREATMENT OF MEDIAL MAL	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27766	01	OPEN TRTMNT MED MALLEOLUS FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27767	01	CLTX POST ANKLE FX	T		0	999	07/01/2021	12/31/9999	1	161.16
27768	01	CLTX POST ANDLE FX W/MNPJ	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27769	01	OPTX POST ANDLE FX	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27780	01	CLOSED TREATMENT OF PROXIMAL F	T		0	999	07/01/2021	12/31/9999	1	161.16
27781	01	TREATMENT OF CLOSED PROXIMAL	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27784	01	OPEN TRTMNT PROX FIB/SHAFT FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27786	01	CLOSED TREATMENT OF DISTAL FIB	T		0	999	07/01/2021	12/31/9999	1	161.16
27788	01	TREATMENT OF CLOSED DISTAL F	T		0	999	07/01/2021	12/31/9999	1	161.16
27792	01	OPEN TRTMNT DISTAL FIB FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27808	01	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/O	T		0	999	07/01/2021	12/31/9999	1	161.16
27810	01	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/M	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27814	01	OPEN TRTMNT BIMALLEOLAR ANKLE FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27816	01	CLOSED TREATMENT OF TRIMALLEOL	T		0	999	07/01/2021	12/31/9999	1	161.16
27818	01	TREATMENT OF CLOSED TRIMALLE	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27822	01	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/O	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27823	01	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/FI	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27824	01	CLOSED TREATMENT OF FRACTURE O	T		0	999	07/01/2021	12/31/9999	1	161.16
27825	01	CLOSED TREATMENT OF FRACTURE O	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27826	01	OPEN TRTMNT DISTAL TIBIA/FIBULA ONLY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27827	01	OPEN TRTMNT DISTAL TIBIA/TIBIA ONLY	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27828	01	OPEN TRTMNT DISTAL TIBIA/TIBIA & FIBULA	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27829	01	OPEN TRTMNT DISTAL TIBIOFIB JT (SYNDESMO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27830	01	CLOSED TREATMENT OF PROXIMAL T	T		0	999	07/01/2021	12/31/9999	1	161.16
27831	01	TREATMENT OF PROXIMAL TIBIOF	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27832	01	OPEN TRTMNT PROX TIBIOFIB JT DISLOC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27840	01	CLOSED TREATMENT OF ANKLE DISL	T		0	999	07/01/2021	12/31/9999	1	161.16
27842	01	CLOSED TREATMENT OF ANKLE DISL	T		0	999	07/01/2021	12/31/9999	1	1,088.26
27846	01	OPEN TREATMENT OF ANKLE DISLOC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27848	01	OPEN TREATMENT OF ANKLE DISLOC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27860	01	*MANIPULATION OF ANKLE UNDER	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27870	01	FUSION OF ANKLE JOINT, OPEN	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27871	01	ARTHRODESIS, TIBIOFIBULAR JO	T		0	999	07/01/2021	12/31/9999	1	9,625.20
27880	06	AMPUTATION LEG, THROUGH TIBI	C		0	999	09/01/2012	12/31/9999	1	0.00
27881	06	AMPUTATION LEG, THROUGH TIBI	C		0	999	09/01/2012	12/31/9999	1	0.00
27882	06	AMPUTATION LEG, THROUGH TIBI	C		0	999	09/01/2012	12/31/9999	1	0.00
27884	01	AMPUTATION LEG, THROUGH TIBI	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27886	06	AMPUTATION LEG, THROUGH TIBI	C		0	999	09/01/2012	12/31/9999	1	0.00
27888	06	AMPUTATION OF FOOT AT ANKLE	C		0	999	09/01/2012	12/31/9999	1	0.00
27889	01	ANKLE DISARTICULATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27892	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	2,212.24

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
27893	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
27894	01	DECOMPRESSION FASCIOTOMY, LEG;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
27899	01	UNLISTED PROCEDURE, LEG OR A	T		0	999	07/01/2021	12/31/9999	1	161.16
28001	01	DRAINAGE OF BURSA OF FOOT	T		0	999	07/01/2021	12/31/9999	2	1,099.71
28002	01	TREATMENT OF FOOT INFECTION	T		0	999	07/01/2021	12/31/9999	3	1,088.26
28003	01	DEEP INFECTION, BELOW FASCIA	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28005	01	TREAT FOOT BONE LESION	T		0	999	07/01/2021	12/31/9999	3	2,212.24
28008	01	FASCIOTOMY, FOOT AND/OR TOE	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28010	01	INCISION OF TOE TENDON	T		0	999	07/01/2021	12/31/9999	4	1,088.26
28011	01	INCISION OF TOE TENDONS	T		0	999	07/01/2021	12/31/9999	4	1,088.26
28020	01	EXPLORATION OF A FOOT JOINT	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28022	01	ARTHROTOMY, WITH EXPLORATION	T		0	999	07/01/2021	12/31/9999	3	2,212.24
28024	01	ARTHROTOMY, WITH EXPLORATION	T		0	999	07/01/2021	12/31/9999	4	1,088.26
28035	01	DECOMPRESSION OF TIBIA NERVE	T		0	999	07/01/2021	12/31/9999	1	1,371.22
28039	01	EXC FOOT/TOE TUM SC > 1.5 CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
28041	01	EXC FOOT/TOE TUM DEEP >1.5CM	T		0	999	07/01/2021	12/31/9999	2	1,852.39
28043	01	EXC FOOT/TOE TUM SC < 1.5 CM	T		0	999	07/01/2021	12/31/9999	4	1,099.71
28045	01	EXC FOOT/TOE TUM DEEP <1.5CM	T		0	999	07/01/2021	12/31/9999	4	1,852.39
28046	01	RESECT FOOT/TOE TUMOR < 3 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
28047	01	RESECT FOOT/TOE TUMOR > 3 CM	T		0	999	07/01/2021	12/31/9999	1	1,852.39
28050	01	BIOPSY OF FOOT JOINT LINING	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28052	01	ARTHROTOMY FOR SYNOVIAL BIOP	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28054	01	ARTHROTOMY FOR SYNOVIAL BIOP	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28055	01	NEURECTOMY INTRINSIC MUSCULATURE OF FEET	T		0	999	07/01/2021	12/31/9999	1	1,371.22
28060	01	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28062	01	FASCIECTOMY, EXCISION OF PLA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28070	01	SYNOVECTOMY;	T		0	999	07/01/2021	12/31/9999	2	4,896.68
28072	01	SYNOVECTOMY;	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28080	01	REMOVAL OF FOOT LESION	T		0	999	07/01/2021	12/31/9999	3	1,088.26
28086	01	SYNOVECTOMY, TENDON SHEATH;	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28088	01	SYNOVECTOMY, TENDON SHEATH;	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28090	01	REMOVAL OF FOOT LESION	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28092	01	REMOVAL OF TOE LESIONS	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28100	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28102	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28103	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28104	01	REMOVAL OF FOOT LESION	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28106	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28107	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28108	01	EXCISION OR CURETTAGE OF BON	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28110	01	OSTECTOMY, PARTIAL EXCISION,	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28111	01	OSTECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28112	01	OSTECTOMY;	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28113	01	OSTECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28114	01	REMOVAL OF METATARSAL HEADS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28116	01	OSTECTOMY, EXCISION OF TARSA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28118	01	OSTECTOMY, CALCANEUS;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28119	01	OSTECTOMY, CALCANEUS;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28120	01	PART REMOVAL OF ANKLE/HEEL	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28122	01	PARTIAL REMOVAL OF FOOT BONE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28124	01	PARTIAL REMOVAL OF TOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28126	01	PARTIAL REMOVAL OF TOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28130	01	TALECTOMY (ASTRAGALECTOMY)	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28140	01	METATARSECTOMY	T		0	999	07/01/2021	12/31/9999	3	2,212.24
28150	01	REMOVAL OF TOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28153	01	PARTIAL REMOVAL OF TOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28160	01	PARTIAL REMOVAL OF TOE	T		0	999	07/01/2021	12/31/9999	5	2,212.24
28171	01	RESECT TARSAL TUMOR	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28173	01	RESECT METATARSAL TUMOR	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28175	01	RESECT PHALANX OF TOE TUMOR	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28190	01	*REMOVE FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	3	486.13
28192	01	REMOVE FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
28193	01	REMOVE FOREIGN BODY;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
28200	01	REPAIR OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28202	01	REPAIR OR SUTURE OF TENDON,	T		0	999	07/01/2021	12/31/9999	2	4,896.68
28208	01	REPAIR OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28210	01	REPAIR OR SUTURE OF TENDON,	T		0	999	07/01/2021	12/31/9999	2	4,896.68
28220	01	RELEASE OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28222	01	RELEASE OF FOOT TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28225	01	RELEASE OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28226	01	RELEASE OF FOOT TENDONS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28230	01	INCISION OF FOOT TENDON(S)	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28232	01	INCISION OF TOE TENDON	T		0	999	07/01/2021	12/31/9999	6	1,088.26
28234	01	INCISION OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	6	1,088.26
28238	01	REVISION OF FOOT TENDON	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28240	01	TENOTOMY OR RELEASE, ABDUCTO	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28250	01	REVISION OF FOOT FASCIA	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28260	01	CAPSULOTOMY, MIDFOOT;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28261	01	CAPSULOTOMY, MIDFOOT;	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28262	01	REVISION OF FOOT AND ANKLE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28264	01	RELEASE OF MIDFOOT JOINT	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28270	01	RELEASE OF FOOT CONTRACTURE	T		0	999	07/01/2021	12/31/9999	6	2,212.24
28272	01	RELEASE OF TOE JOINT, EACH	T		0	999	07/01/2021	12/31/9999	6	1,088.26
28280	01	FUSION OF TOES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28285	01	REPAIR OF HAMMERTOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28286	01	REPAIR OF HAMMERTOE	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28288	01	PARTIAL REMOVAL OF FOOT BONE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28289	01	HALLUX RIGID CORR W/O IMPLANT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28291	01	HALLUX RIGID COR W/IMPLANT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28292	01	CORR HALLUX VALGUS RESEC ANY METHOD	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28295	01	HALLUX VALGUS OSTEOTOMY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28296	01	CORR HALLUX VALGUS DISTAL META OSTEO	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28297	01	CORR HALLUX VALGUS CUNEIFORM JT ARTHRO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28298	01	CORR HALLUX VALGUS PROX PHALX OSTEO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28299	01	CORR HALLUX VALGUS DBL OSTEOTOMY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28300	01	INCISION OF HEEL BONE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28302	01	OSTEOTOMY;	T		0	999	07/01/2021	12/31/9999	1	4,896.68

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
28304	01	INCISION OF MIDFOOT BONES	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28305	01	INCISE/GRAFT MIDFOOT BONES	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28306	01	INCISION OF METATARSAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28307	01	INCISION OF METATARSAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28308	01	INCISION OF METATARSAL	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28309	01	INCISION OF METATARSALS	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28310	01	REVISION OF BIG TOE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28312	01	OSTEOTOMY FOR SHORTENING, AN	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28313	01	REPAIR DEFORMITY OF TOE	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28315	01	SESAMOIDECTOMY, FIRST TOE (S	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28320	01	REPAIR OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28322	01	REPAIR OF NONUNION OR MALUNI	T		0	999	07/01/2021	12/31/9999	2	4,896.68
28340	01	RECONSTRUCTION TOE MACRODACTYL	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28341	01	RECONSTRUCTION TOE MACRODACTYL	T		0	999	07/01/2021	12/31/9999	2	2,212.24
28344	01	RECONSTRUCTION TOE(S) POLYDACT	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28345	01	RECONSTRUCTION TOE(S) SYNDACTY	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28360	01	RECONSTRUCTION CLEFTFOOT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28400	01	CLOSED TREATMENT OF CALCANEAL	T		0	999	07/01/2021	12/31/9999	1	161.16
28405	01	CLOSED TREATMENT OF CALCANEAL	T		0	999	07/01/2021	12/31/9999	1	161.16
28406	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28415	01	OPEN TRTMTNT CALCNEAL FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28420	01	OPEN TRTMTNT CALCNEAL FRAC W/ILIAC GRAFT	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28430	01	CLOSED TREATMENT OF TALUS FRAC	T		0	999	07/01/2021	12/31/9999	1	161.16
28435	01	TREATMENT OF CLOSED TALUS FR	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28436	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28445	01	OPEN TRTMTNT TALUS FRAC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28446	01	OSTEOCHONDRAL TALUS AUTOGRAFT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28450	01	TREATMENT OF TARSAL BONE FRACT	T		0	999	07/01/2021	12/31/9999	2	161.16
28455	01	TREATMENT OF CLOSED TARSAL B	T		0	999	07/01/2021	12/31/9999	3	1,088.26
28456	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	2	4,896.68
28465	01	OPEN TRTMTNT TARSAL BONE FRAC	T		0	999	07/01/2021	12/31/9999	3	4,896.68
28470	01	CLOSED TREATMENT OF METATARSAL	T		0	999	07/01/2021	12/31/9999	2	161.16
28475	01	TREATMENT OF CLOSED METATARS	T		0	999	07/01/2021	12/31/9999	5	161.16
28476	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28485	01	OPEN TRTMTNT METATARSAL FRAC EA	T		0	999	07/01/2021	12/31/9999	5	4,896.68
28490	01	CLOSED TREATMENT OF FRACTURE G	T		0	999	07/01/2021	12/31/9999	1	161.16
28495	01	TREATMENT OF CLOSED FRACTURE	T		0	999	07/01/2021	12/31/9999	1	161.16
28496	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28505	01	OPEN TRTMTNT FRAC GREAT TOES PHYLANK(S)	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28510	01	CLOSED TREATMENT OF FRACTURE,	T		0	999	07/01/2021	12/31/9999	4	161.16
28515	01	TREATMENT OF CLOSED FRACTURE	T		0	999	07/01/2021	12/31/9999	4	161.16
28525	01	OPEN TRT FRAC PHYLANK(S) OTH THAN GRT TO	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28530	01	CLOSED TREATMENT OF SESAMOID F	T		0	999	07/01/2021	12/31/9999	1	161.16
28531	01	OPEN TREATMENT OF SESAMOID FRA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28540	01	CLOSED TREATMENT OF TARSAL BON	T		0	999	07/01/2021	12/31/9999	1	161.16
28545	01	TREATMENT OF CLOSED TARSAL B	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28546	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28555	01	OPEN TRTMTNT TARSAL BONE DISLOC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28570	01	CLOSED TREATMENT OF TALOTARSAL	T		0	999	07/01/2021	12/31/9999	1	161.16
28575	01	TREATMENT OF CLOSED TALOTARS	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28576	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28585	01	OPEN TRTMTNT TALOTARSAL JT DISLOC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28600	01	CLOSED TREATMENT OF TARSOMETAT	T		0	999	07/01/2021	12/31/9999	2	161.16
28605	01	TREATMENT OF CLOSED TARSOMET	T		0	999	07/01/2021	12/31/9999	2	161.16
28606	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	3	2,212.24
28615	01	OPEN TRTMTNT TARSOMETATARSAL JT DISLOC	T		0	999	07/01/2021	12/31/9999	5	4,896.68
28630	01	CLOSED TREATMENT OF METATARSOP	T		0	999	07/01/2021	12/31/9999	2	161.16
28635	01	*TREATMENT OF CLOSED METATARS	T		0	999	07/01/2021	12/31/9999	2	1,088.26
28636	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28645	01	OPEN TRTMTNT METATARSPHALANGEAL JT DISLOC	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28660	01	CLOSED TREATMENT OF INTERPHALA	T		0	999	07/01/2021	12/31/9999	4	161.16
28665	01	*TREATMENT OF CLOSED INTERPHA	T		0	999	07/01/2021	12/31/9999	3	188.50
28666	01	PERCUTANEOUS SKELETAL FIXATION	T		0	999	07/01/2021	12/31/9999	4	2,212.24
28675	01	OPEN TRTMTNT INTERPHALANGEAL JT DISLOC	T		0	999	07/01/2021	12/31/9999	3	2,212.24
28705	01	FUSION OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	12,402.50
28715	01	FUSION OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28725	01	FUSION OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28730	01	ARTHRODESIS, MIDTARSAL OR TA	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28735	01	FUSION OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28737	01	REVISION OF FOOT BONES	T		0	999	07/01/2021	12/31/9999	1	9,625.20
28740	01	ARTHRODESIS, MIDTARSAL OR TA	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28750	01	ARTHRODESIS, GREAT TOE;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28755	01	ARTHRODESIS, GREAT TOE;	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28760	01	FUSION OF BIG TOE JOINT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
28800	06	AMPUTATION OF MIDFOOT	C		0	999	09/01/2012	12/31/9999	1	0.00
28805	01	AMPUTATION, FOOT;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
28810	01	AMPUTATION, METATARSAL, WITH	T		0	999	07/01/2021	12/31/9999	5	2,212.24
28820	01	AMPUTATION, TOE;	T		0	999	07/01/2021	12/31/9999	6	2,212.24
28825	01	AMPUTATION, TOE;	T		0	999	07/01/2021	12/31/9999	8	2,212.24
28890	01	HIGH ENERGY ESWT, PLANTAR F	T		0	999	07/01/2021	12/31/9999	1	1,088.26
28899	01	UNLISTED PROCEDURE, FOOT OR	T		0	999	07/01/2021	12/31/9999	1	161.16
29000	01	APPLICATION OF HALO TYPE BOD	T		0	999	07/01/2021	12/31/9999	1	188.50
29010	01	APPLICATION OF RISSER JACKET	T		0	999	07/01/2021	12/31/9999	1	188.50
29015	01	APPLICATION OF RISSER JACKET	T		0	999	07/01/2021	12/31/9999	1	188.50
29035	01	APPLICATION OF BODY CAST, SH	T		0	999	07/01/2021	12/31/9999	1	188.50
29040	01	APPLICATION OF BODY CAST, SH	T		0	999	07/01/2021	12/31/9999	1	188.50
29044	01	APPLICATION OF BODY CAST, SH	T		0	999	07/01/2021	12/31/9999	1	110.34
29046	01	APPLICATION OF BODY CAST, SH	T		0	999	07/01/2021	12/31/9999	1	188.50
29049	01	APPLICATION OF FIGURE EIGHT	T		0	999	07/01/2021	12/31/9999	1	188.50
29055	01	APPLICATION;	T		0	999	07/01/2021	12/31/9999	1	188.50
29058	01	APPLICATION;	T		0	999	07/01/2021	12/31/9999	1	188.50
29065	01	APPLICATION;	T		0	999	07/01/2021	12/31/9999	1	188.50
29075	01	APPLICATION;	T		0	999	07/01/2021	12/31/9999	1	188.50
29085	01	APPLICATION;	T		0	999	07/01/2021	12/31/9999	1	110.34
29086	01	APPLY FINGER CAST	T		0	999	07/01/2021	12/31/9999	2	110.34
29105	01	APPLICATION OF LONG ARM SPLI	T		0	999	07/01/2021	12/31/9999	1	110.34
29125	01	APPLICATION OF SHORT ARM SPL	T		0	999	07/01/2021	12/31/9999	1	87.50

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
29126	01	APPLICATION OF SHORT ARM SPL	T		0	999	07/01/2021	12/31/9999	1	87.50
29130	01	APPLICATION OF FINGER SPLINT	T		0	999	07/01/2021	12/31/9999	3	87.50
29131	01	APPLICATION OF FINGER SPLINT	T		0	999	07/01/2021	12/31/9999	2	43.50
29200	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	110.34
29240	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	87.50
29260	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	43.50
29280	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	2	43.50
29305	01	APPLICATION OF HIP SPICA CAST;	T		0	999	07/01/2021	12/31/9999	1	188.50
29325	01	APPLICATION OF HIP SPICA CAST;	T		0	999	07/01/2021	12/31/9999	1	188.50
29345	01	APPLICATION OF LONG LEG CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29355	01	APPLICATION OF LONG LEG CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29358	01	APPLICATION OF LONG LEG CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29365	01	APPLICATION OF CYLINDER CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29405	01	APPLICATION OF SHORT LEG CAS	T		0	999	07/01/2021	12/31/9999	1	188.50
29425	01	APPLICATION OF SHORT LEG CAS	T		0	999	07/01/2021	12/31/9999	1	188.50
29435	01	APPLICATION OF PATELLAR TEND	T		0	999	07/01/2021	12/31/9999	1	188.50
29440	01	ADDING WALKER TO PREVIOUSLY	T		0	999	07/01/2021	12/31/9999	1	110.34
29445	01	APPLY RIGID LEG CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29450	01	APPLICATION OF CLUBFOOT CAST W	T		0	999	07/01/2021	12/31/9999	1	110.34
29505	01	APPLICATION OF LONG LEG SPLI	T		0	999	07/01/2021	12/31/9999	1	110.34
29515	01	APPLICATION OF SHORT LEG SPL	T		0	999	07/01/2021	12/31/9999	1	110.34
29520	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	87.50
29530	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	87.50
29540	01	STRAPPING OF ANKLE AND/OR FT	T		0	999	07/01/2021	12/31/9999	1	110.34
29550	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	43.50
29580	01	STRAPPING;	T		0	999	07/01/2021	12/31/9999	1	110.34
29581	01	APP MULTILAYER COMPR SYS	T		0	999	07/01/2021	12/31/9999	1	110.34
29584	01	APP MULTI-LAYER COMPR SYS ARM	T		0	999	07/01/2021	12/31/9999	1	110.34
29700	01	REMOVAL OR BIVALVING;	T		0	999	07/01/2021	12/31/9999	2	188.50
29705	01	REMOVAL OR BIVALVING;	T		0	999	07/01/2021	12/31/9999	1	188.50
29710	01	REMOVAL OR BIVALVING;	T		0	999	07/01/2021	12/31/9999	1	188.50
29720	01	REPAIR OF SPICA, BODY CAST O	T		0	999	07/01/2021	12/31/9999	1	110.34
29730	01	WINDOWING OF CAST	T		0	999	07/01/2021	12/31/9999	1	110.34
29740	01	WEDGING OF CAST (EXCEPT CLUB	T		0	999	07/01/2021	12/31/9999	1	188.50
29750	01	WEDGING OF CLUBFOOT CAST	T		0	999	07/01/2021	12/31/9999	1	188.50
29799	01	UNLISTED PROCEDURE, CASTING	T		0	999	07/01/2021	12/31/9999	1	110.34
29800	01	ARTHROSCOPY, TEMPOMANDIBULAR J	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29804	01	ARTROSCOPY, TEMPOMANDIBULAR JO	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29805	01	SHOULDER ARTHROSCOPY, DX	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29806	01	SHOULDER ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29807	01	SHOULDER ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29819	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29820	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29821	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29822	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29823	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29824	01	SHOULDER ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29825	01	ARTHROSCOPY, SHOULDER, SURGICA	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29826	01	ARTHROSCOPY SHOULDER SURGICAL	N		0	999	07/01/2014	12/31/9999	1	0.00
29827	01	ARTHROSCOP ROTATOR CUFF REPR	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29828	01	ARTHROSCOPY BICEPS TENODESIS	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29830	01	ARTHROSCOPY, ELBOW, DIAGNOSTIC	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29834	01	ARTHROSCOPY, ELBOW, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29835	01	ARTHROSCOPY, ELBOW, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29836	01	ARTHROSCOPY, ELBOW, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29837	01	ARTHROSCOPY, ELBOW, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29838	01	ARTHROSCOPY, ELBOW, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29840	01	ARTHROSCOPY, WRIST, DIAGNOSTIC	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29843	01	ARTHROSCOPY, WRIST, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29844	01	ARTHROSCOPY, WRIST, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29845	01	ARTHROSCOPY, WRIST, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29846	01	ARTHROSCOPY, WRIST, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29847	01	ARTHROSCOPY, WRIST, SURGICAL;	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29848	01	WRIST ENDOSCOPY/SURGERY	T		0	999	07/01/2021	12/31/9999	1	1,088.26
29850	01	ARTHROSCOPICALLY AIDED TREATME	T		0	999	07/01/2021	12/31/9999	1	1,088.26
29851	01	ARTHROSCOPICALLY AIDED TREATME	T		0	999	07/01/2021	12/31/9999	1	1,088.26
29855	01	ARTHRO TRTMNT TIBIAL FRAC UNICONDYLAR	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29856	01	ARTHRO TRTMNT TIBIAL FRAC BICONDYLAR	T		0	999	07/01/2021	12/31/9999	1	9,625.20
29860	01	HIP ARTHROSCOPY, DX	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29861	01	HIP ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29862	01	HIP ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29863	01	HIP ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29866	01	ARTHRO KNEE SURG OSTEOCHOND AUTOGRAFT	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29867	01	ALLGRFT IMPLNT, KNEE W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	9,625.20
29868	01	MENISCAL TRNSPL, KNEE W/SCOPE	T		18	55	07/01/2021	12/31/9999	1	4,896.68
29870	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29871	01	ARTHROSCOPY, KNEE, SURGICAL; F	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29873	01	KNEE ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29874	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29875	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29876	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29877	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29879	01	KNEE ARTHROSCOPY/SURGERY	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29880	01	ARTHROSCOPY, KNEE, SURGICAL; W	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29881	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29882	01	ARTHROSCOPY, KNEE, SURGICAL; W	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29883	01	ARTHROSCOPY, KNEE, SURGICAL; W	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29884	01	ARTHROSCOPY, KNEE, SURGICAL; W	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29885	01	ARTHROSCOPY, KNEE, SURGICAL; D	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29886	01	ARTHROSCOPY, KNEE, SURGICAL; D	S		0	999	07/01/2021	12/31/9999	1	2,212.24
29887	01	ARTHROSCOPY, KNEE, DIAGNOSTIC,	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29888	01	ARTHROSCOPICALLY AIDED ANTERIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29889	01	ARTHROSCOPICALLY AIDED POSTERI	T		0	999	07/01/2021	12/31/9999	1	9,625.20
29891	01	ANKLE ARTHROSCOPY/SURGERY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29892	01	ANKLE ARTHROSCOPY/SURGERY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29893	01	SCOPE, PLANTAR FASCIOTOMY	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29894	01	ARTHROSCOPY, ANKLE (TIBIOTALAR	T		0	999	07/01/2021	12/31/9999	1	2,212.24

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
29895	01	ARTHROSCOPY, ANKLE, SURGICAL;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29897	01	ARTHROSCOPY, ANKLE, SURGICAL;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29898	01	ARTHROSCOPY, ANKLE, SURGICAL;	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29899	01	ANKLE ARTHROSCOPY/SURGERY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29900	01	MCP JOINT ARTHROSCOPY, DX	T		0	999	07/01/2021	12/31/9999	2	2,212.24
29901	01	MCP JOINT ARTHROSCOPY, SURG	T		0	999	07/01/2021	12/31/9999	2	2,212.24
29902	01	MCP JOINT ARTHROSCOPY, SURG	T		0	999	07/01/2021	12/31/9999	2	1,088.26
29904	01	SUBTALAR ARTHRO Q/FB RMVL	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29905	01	SUBTALAR ARTHRO W/EXC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
29906	01	SUBTALAR ARTHRO W/DEB	T		0	999	07/01/2021	12/31/9999	1	2,212.24
29907	01	SUBTALAR ARTHRO W/FUSION	T		0	999	07/01/2021	12/31/9999	1	9,625.20
29914	01	HIP ARTHRO W/FEMOROPLASTY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29915	01	HIP ARTHRO ACETABULOPLASTY	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29916	01	HIP ARTHRO W/LABRAL REPAIR	S		0	999	07/01/2021	12/31/9999	1	4,896.68
29999	01	ARTHROSCOPY OF JOINT	T		0	999	07/01/2021	12/31/9999	1	161.16
30000	01	*DRAINAGE ABSCESS OR HEMATOMA	T		0	999	07/01/2021	12/31/9999	1	165.39
30020	01	*DRAINAGE ABSCESS OR HEMATOMA	T		0	999	07/01/2021	12/31/9999	1	353.56
3006F	06	CXR DOC REV	E		0	999	09/01/2012	12/31/9999	1	0.00
3008F	06	BODY MASS INDEX DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
30100	01	BIOPSY, INTRANASAL	T		0	999	07/01/2021	12/31/9999	2	1,057.34
30110	01	EXCISION, NASAL POLYP(S), SIMP	T		0	999	07/01/2021	12/31/9999	1	1,057.34
30115	01	EXCISION, NASAL POLYP(S), EXTE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
30117	01	REMOVAL OF INTRANASAL LESION	T		0	999	07/01/2021	12/31/9999	2	2,138.76
30118	01	EXCISION, INTRANASAL LESION;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3011F	06	LIPID PANEL DOC REV	E		0	999	09/01/2012	12/31/9999	1	0.00
30120	01	EXCISION OR SURGICAL PLANING	T		0	999	07/01/2021	12/31/9999	1	2,138.76
30124	01	EXCISION DERMOID CYST, NOSE;	T		0	999	07/01/2021	12/31/9999	2	1,057.34
30125	01	EXCISION DERMOID CYST, NOSE;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30130	01	EXCISE INFERIOR TURBINATE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
30140	01	RESECT INFERIOR TURBINATE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3014F	06	SCREEN MAMMO DOC REV	E		0	999	09/01/2012	12/31/9999	1	0.00
30150	01	RHINECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3015F	06	CERV CANCER SCREEN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
30160	01	RHINECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3016F	06	PT SCRND UNHLTHY OH USE	E		0	999	09/01/2012	12/31/9999	1	0.00
3017F	06	COLREC CA SCREEN RESLT DOCD/ REWD	E		0	999	09/01/2012	12/31/9999	1	0.00
3018F	06	PRE-PRXD RSK ET AL DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
3019F	06	LVEF ASSESSMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
30200	01	*INJECTION INTO TURBINATE(S),	T		0	999	07/01/2021	12/31/9999	1	353.56
3020F	06	LVF ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
30210	01	*DISPLACEMENT THERAPY (PROETZ	T		0	999	07/01/2021	12/31/9999	1	1,057.34
3021F	06	LVEF MOD/SEVER DEPRS SYST	E		0	999	09/01/2012	12/31/9999	1	0.00
30220	01	INSERTION,NASAL SEPTAL PROST	T		0	999	07/01/2021	12/31/9999	1	1,057.34
3022F	06	LVEF >=40% SYSTOLIC	E		0	999	09/01/2012	12/31/9999	1	0.00
3023F	06	SPIROM DOC REV	E		0	999	09/01/2012	12/31/9999	1	0.00
3025F	06	SPIROM FEV/FVC<70% W COPD	E		0	999	09/01/2012	12/31/9999	1	0.00
3027F	06	SPIROM FEV/FVC=70%/ W/O COPD	E		0	999	09/01/2012	12/31/9999	1	0.00
3028F	06	O2 SATURATION DOC REV	E		0	999	09/01/2012	12/31/9999	1	0.00
30300	01	*REMOVAL FOREIGN BODY, INTRAN	T		0	999	07/01/2021	12/31/9999	1	87.50
30310	01	REMOVAL FOREIGN BODY, INTRAN	T		0	999	07/01/2021	12/31/9999	1	2,138.76
30320	01	REMOVAL FOREIGN BODY, INTRAN	T		0	999	07/01/2021	12/31/9999	1	1,057.34
3035F	06	O2 SATURATION 0.88 /PAO 55	E		0	999	09/01/2012	12/31/9999	1	0.00
3037F	06	O2 SATURATION> 0.88 /PAO>55	E		0	999	09/01/2012	12/31/9999	1	0.00
3038F	06	PULM FX W/IN 12 MON B/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
30400	01	RHINOPLASTY, PRIMARY; LATERAL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3040F	06	FEV<40% PREDICTED VALUE	E		0	999	09/01/2012	12/31/9999	1	0.00
30410	01	RHINOPLASTY, PRIMARY; COMPLETE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30420	01	RHINOPLASTY, PRIMARY; INCLUDIN	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3042F	06	FEV= 0.4 PREDICTED VALUE	E		0	999	09/01/2012	12/31/9999	1	0.00
30430	01	RHINOPLASTY, SECONDARY; MINOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30435	01	RHINOPLASTY, SECONDARY; INTERM	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3044F	06	HG A1C LEVEL <7.0 (DM)	E		0	999	09/01/2012	12/31/9999	1	0.00
30450	01	RHINOPLASTY, SECONDARY; MAJOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30460	01	RHINOPLASTY FOR NASAL DEFORMIT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30462	01	RHINOPLASTY FOR NASAL DEFORMIT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30465	01	REPAIR NASAL STENOSIS	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30468	01	RPR NSL VLV COLLAPSE W/IMPLT	T		0	999	01/01/2021	12/31/9999	1	3,975.25
3046F	06	HEMOGLOBIN A1C LEVEL > 0.09	E		0	999	09/01/2012	12/31/9999	1	0.00
3048F	06	LDL-C <100 MG/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
3049F	06	LDL-C 100-129 MG/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
3050F	06	LDL-C = 130 MG/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
3051F	06	A1C LVL >= 7.0 AND <8.0%	E		0	999	10/01/2019	12/31/9999	1	0.00
30520	01	SEPTOPLASTY WITH OR WITHOUT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3052F	06	A1C LVL >=8.0% AND <=9.0%	E		0	999	10/01/2019	12/31/9999	1	0.00
30540	01	REPAIR CHOANAL ATRESIA;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
30545	01	REPAIR CHOANAL ATRESIA;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3055F	06	LVEF LESS <= 35% (HF)1	E		0	999	09/01/2012	12/31/9999	1	0.00
30560	01	*LYSIS INTRANASAL SYNECHIA	T		0	999	07/01/2021	12/31/9999	1	353.56
3056F	06	LVEF> 35% NO RESULT AVAIL (HF)1	E		0	999	09/01/2012	12/31/9999	1	0.00
30580	01	REPAIR FISTULA;	T		0	999	07/01/2021	12/31/9999	2	3,975.25
30600	01	REPAIR FISTULA;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3060F	06	POS MICROALBUMINURIA REV	E		0	999	09/01/2012	12/31/9999	1	0.00
3061F	06	NEG MICROALBUMINURIA REV	E		0	999	09/01/2012	12/31/9999	1	0.00
30620	01	SEPTAL OR OTHER INTRANASAL DER	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3062F	06	POS MACROALBUMINURIA REV	E		0	999	09/01/2012	12/31/9999	1	0.00
30630	01	REPAIR NASAL SEPTAL PERFORAT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3066F	06	NEPHROPATHY DOC TX	E		0	999	09/01/2012	12/31/9999	1	0.00
3072F	06	LOW RISK FOR RETINOPATHY	E		0	999	09/01/2012	12/31/9999	1	0.00
3073F	06	PRE-SUR AXL, CRNL INTRA LENS WI 12MM	E		0	999	09/01/2012	12/31/9999	1	0.00
3074F	06	SYST BP LT 130 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00
3075F	06	SYST BP 130-139 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00
3077F	06	SYST BP = 140 MM HGG IT	E		0	999	09/01/2012	12/31/9999	1	0.00
3078F	06	DIAST BP < 80 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00
3079F	06	DIAST BP 80-89 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00
30801	01	ABLATE INF TURBINATE, SUPERF	T		0	999	07/01/2021	12/31/9999	1	1,057.34
30802	01	ABLATE INF TURBINATE SUBMUC	T		0	999	07/01/2021	12/31/9999	1	1,057.34
3080F	06	DIAST BP = 90 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
3082F	O6	KT/V<1.2	E		0	999	09/01/2012	12/31/9999	1	0.00
3083F	O6	KT/V>=1.2 AND <1.7	E		0	999	09/01/2012	12/31/9999	1	0.00
3084F	O6	KT/V>1.7	E		0	999	09/01/2012	12/31/9999	1	0.00
3085F	O6	SUICIDE RISK ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
3088F	O6	MDD MILD	E		0	999	09/01/2012	12/31/9999	1	0.00
3089F	O6	MDD MODERATE	E		0	999	09/01/2012	12/31/9999	1	0.00
3090I	O1	CONTROL NASAL HEMORRHAGE, ANTE	T		0	999	07/01/2021	12/31/9999	1	87.50
30903	O1	CONTROL NASAL HEMORRHAGE, ANTE	T		0	999	07/01/2021	12/31/9999	1	87.50
30905	O1	CONTROL OF NOSEBLEED	T		0	999	07/01/2021	12/31/9999	1	87.50
30906	O1	*CONTROL NASAL HEMORRHAGE, PO	T		0	999	07/01/2021	12/31/9999	1	165.39
3090F	O6	MDD SEVERE W/O PSYCH	E		0	999	09/01/2012	12/31/9999	1	0.00
30915	O1	LIGATION ARTERIES;	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3091F	O6	MDD SEVERE W/ PSYCH	E		0	999	09/01/2012	12/31/9999	1	0.00
30920	O1	LIGATION ARTERIES;	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3092F	O6	MDD IN REMISSION	E		0	999	09/01/2012	12/31/9999	1	0.00
30930	O1	THER FX, NASAL INF TURBINATE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3093F	O6	DOC NEW DIAG 1ST/ADDL MDD	E		0	999	09/01/2012	12/31/9999	1	0.00
3095F	O6	DXA RESULTS DOC'D (OP)	E		0	999	09/01/2012	12/31/9999	1	0.00
3096F	O6	CENTRAL DEXA ORDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
30999	O1	UNLISTED PROCEDURE, NOSE	T		0	999	07/01/2021	12/31/9999	1	165.39
31000	O1	LAVAGE BY CANNULATION; MAXILLA	T		0	999	07/01/2021	12/31/9999	1	165.39
31002	O1	*LAVAGE BY CANNULATION;	T		0	999	07/01/2021	12/31/9999	1	1,057.34
3100F	O6	IMAGE TEST REF CAROT DIAM	E		0	999	09/01/2012	12/31/9999	1	0.00
31020	O1	SINUSOTOMY, MAXILLARY (ANTROTO	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31030	O1	SINUSOTOMY, MAXILLARY (ANTROTO	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31032	O1	SINUSOTOMY, MAXILLARY (ANTROTO	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31040	O1	SURGERY ON PTERYGOMAXILLARY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31050	O1	SINUSOTOMY, SPHENOID	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31051	O1	SINUSOTOMY, SPHENOID, WITH OR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31070	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31075	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31080	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31081	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31084	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31085	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31086	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31087	O1	SINUSOTOMY FRONTAL;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31090	O1	EXPLORATION OF SINUSES	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3110F	O6	PRES/ABSN HMRHG/LESION DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
3111F	O6	CT/MRI BRAIN DONE W/IN 24HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
3112F	O6	CT/MRI BRAIN DONE >24 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
3115F	O6	QUANTITATIVE RESULTS OF AN EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
3117F	O6	HEART FAILURE DISEASE	E		0	999	09/01/2012	12/31/9999	1	0.00
3118F	O6	NEW YORK HEART ASSOC	E		0	999	09/01/2012	12/31/9999	1	0.00
3119F	O6	NO EVALU LEVEL ACTIVITY	E		0	999	09/01/2012	12/31/9999	1	0.00
31200	O1	ETHMOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31201	O1	ETHMOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	1,057.34
31205	O1	ETHMOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3120F	O6	12-LEAD ECG PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
31225	O6	MAXILLECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31230	O6	MAXILLECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31231	O1	NASAL ENDOSCOPY, DIAGNOSTIC, U	T		0	999	07/01/2021	12/31/9999	1	128.49
31233	O1	NASAL/SINUS ENDOSCOPY MAXILLARY	T		0	999	07/01/2021	12/31/9999	1	294.28
31235	O1	NASAL/SINUS ENDOSCOPY SPHENOID	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31237	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31238	O1	NASAL/SINUS ENDOSCOPY, SURG	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31239	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	2,421.40
31240	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31241	O1	NASAL/SINUS ENDOSCOPY, SURGICAL	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31253	O1	NASAL/SINUS ENDOSCOPY, SURGICAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31254	O1	NASAL ENDOSCOPY, SURGICAL; WIT	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31255	O1	NASAL ENDOSCOPY, SURGICAL; ANT AND POS	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31256	O1	NASAL ENDOSCOPY, SURGICAL; WIT	T		0	999	07/01/2021	12/31/9999	1	2,421.40
31257	O1	NASAL/SINUS ENDOSCOPY, SURGICAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31259	O1	NASAL/SINUS ENDOSCOPY, SURGICAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31267	O1	MAXILLARY SINUS ENDOSCOPY, SUR	T		0	999	07/01/2021	12/31/9999	1	4,551.06
3126F	O6	ESOPHAGEAL BIOPSY RPT	E		0	999	07/01/2014	12/31/9999	1	0.00
31276	O1	NASAL/SINUS SURGICAL ENDOSCOPY	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31287	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31288	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31290	O6	NASAL/SINUS ENDOSCOPY, SURGICA	C		0	999	09/01/2012	12/31/9999	1	0.00
31291	O6	NASAL/SINUS ENDOSCOPY, SURGICA	C		0	999	09/01/2012	12/31/9999	1	0.00
31292	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, MEDIAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31293	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, MEDIAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31294	O1	NASAL/SINUS ENDOSCOPY, SURGICA	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31295	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, MAXILLA	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31296	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31297	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, SPHENOI	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31298	O1	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31299	O1	UNLISTED PROCEDURE, ACCESSOR	T		0	999	07/01/2021	12/31/9999	1	165.39
31300	O1	LARYNGOTOMY (THYROTOMY, LARY	T		0	999	07/01/2021	12/31/9999	1	2,138.76
3130F	O6	UPPER GI ENDOSCOPY PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
3132F	O6	DOC REF UPPER GI ENDOSCOPY	E		0	999	09/01/2012	12/31/9999	1	0.00
31360	O6	LARYNGECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31365	O6	LARYNGECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31367	O6	LARYNGECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31368	O6	LARYNGECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31370	O6	PARTIAL LARYNGECTOMY (HEMILA	C		0	999	09/01/2012	12/31/9999	1	0.00
31375	O6	PARTIAL LARYNGECTOMY (HEMILA	C		0	999	09/01/2012	12/31/9999	1	0.00
31380	O6	PARTIAL LARYNGECTOMY (HEMILA	C		0	999	09/01/2012	12/31/9999	1	0.00
31382	O6	PARTIAL LARYNGECTOMY (HEMILA	C		0	999	09/01/2012	12/31/9999	1	0.00
31390	O6	PHARYNGOLARYNGECTOMY, WITH R	C		0	999	09/01/2012	12/31/9999	1	0.00
31395	O6	PHARYNGOLARYNGECTOMY, WITH R	C		0	999	09/01/2012	12/31/9999	1	0.00
31400	O1	ARYTENOIDECTOMY OR ARYTENOID	T		0	999	07/01/2021	12/31/9999	1	3,975.25
3140F	O6	UPPER GI ENDO SHOWS BARRETT'S	E		0	999	09/01/2012	12/31/9999	1	0.00
3141F	O6	UPPER GI ENDO NOT BARRETT'S	E		0	999	09/01/2012	12/31/9999	1	0.00
31420	O1	EPIGLOTTIDECTOMY	T		0	999	07/01/2021	12/31/9999	1	3,975.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
3142F	O6	BARIUM SWALLOW TEST ORDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
31500	O1	INTUBATION, ENDOTRACHEAL, EM	T		0	999	07/01/2021	12/31/9999	2	165.39
31502	O1	TRACHEOTOMY TUBE CHANGE PRIOR	T		0	999	07/01/2021	12/31/9999	1	165.39
31505	O1	LARYNGOSCOPY, INDIRECT (SEPA	T		0	999	07/01/2021	12/31/9999	1	128.49
3150F	O6	FORCEPS ESOPH BIOPSY DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
31510	O1	LARYNGOSCOPY, INDIRECT (SEPA	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31511	O1	LARYNGOSCOPY, INDIRECT (SEPA	T		0	999	07/01/2021	12/31/9999	1	128.49
31512	O1	LARYNGOSCOPY, INDIRECT (SEPA	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31513	O1	LARYNGOSCOPY, INDIRECT (SEPA	T		0	999	07/01/2021	12/31/9999	1	294.28
31515	O1	LARYNGOSCOPY DIRECT;	T		0	999	07/01/2021	12/31/9999	1	294.28
31520	O1	LARYNGOSCOPY DIRECT;	T		0	1	07/01/2021	12/31/9999	1	294.28
31525	O1	LARYNGOSCOPY DIRECT;	T		1	999	07/01/2021	12/31/9999	1	1,169.58
31526	O1	DX LARYNGOSCOPY W/OPER SCOPE	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31527	O1	LARYNGOSCOPY DIRECT;	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31528	O1	LARYNGOSCOPY AND DILATION	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31529	O1	LARYNGOSCOPY AND DILATION	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31530	O1	LARYNGOSCOPY, DIRECT, OPERAT	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31531	O1	LARYNGOSCOPY W/FB & OP SCOPE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31535	O1	LARYNGOSCOPY, DIRECT, OPERAT	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31536	O1	LARYNGOSCOPY W/BX & OP SCOPE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31540	O1	LARYNGOSCOPY, DIRECT, OPERAT	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31541	O1	LARYNSCOP W/TUMR EXC + SCOPE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31545	O1	REMOVE VC LESION W/SCOPE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31546	O1	REMOVE VC LESION SCOPE/GRAFT	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31551	O1	LARYNGPLSTY W/GRAFT W/O STENT	T		0	11	07/01/2021	12/31/9999	1	3,975.25
31552	O1	LARYNGPLSTY W/O STENT REPL 12+ YRS	T		12	999	07/01/2021	12/31/9999	1	3,975.25
31553	O1	LARYNGPLSTY W/STENT REPL >12 YRS	T		0	11	07/01/2021	12/31/9999	1	3,975.25
31554	O1	LARYNGPLSTY W/STENT REPL 12+ YRS	T		12	999	07/01/2021	12/31/9999	1	3,975.25
3155F	O6	CYTOGEN TEST MARROW B/4 TX	E		0	999	09/01/2012	12/31/9999	1	0.00
31560	O1	LARYNGOSCOPY, DIRECT, OPERAT	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31561	O1	LARYNSCOP, REMVE CART + SCOP	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31570	O1	LARYNGOSCOPY, DIRECT, WITH I	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31571	O1	LARYNGOSCOPY W/VC INJ + SCOPE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31572	O1	LARYNGSCP FLEX DESTR LESIONS UNILAT	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31573	O1	LARYNGSCP FLEX W/INJ UNILAT	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31574	O1	LARYNGSCP FLEX W/INJ AUG UNILAT	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31575	O1	LARYNGOSCOPY FLEX; DIAGNOSTIC	T		0	999	07/01/2021	12/31/9999	1	128.49
31576	O1	LARYNGOSCOPY FLEX; W/BIPSIES	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31577	O1	LARYNGOSCPY FLEX W/REMOVAL FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	1	294.28
31578	O1	LARYNGOSCPY FLE; W/REMOVAL LESION NON-LA	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31579	O1	LARYNGOSCOPY FLEX/RIG TELE W/STROBOSCPY	T		0	999	07/01/2021	12/31/9999	1	294.28
31580	O1	LARYNGOPLSTY LARYNGEAL WEB KEEL/STNT INS	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31584	O1	LARYNGOPLSTY W/OPEN RED FIX FRAC INCL TR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31587	O1	LARYNGOPLSTY CRICOID SPLIT W/O GRAFT PLC	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31590	O1	LARYNGEAL REINNERVATION BY N	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31591	O1	LARYNGPLSTY MEDIALIZATION UNILAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31592	O1	CRICOTRACHEAL RESECTION	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31599	O1	UNLISTED PROCEDURE, LARYNX	T		0	999	07/01/2021	12/31/9999	1	165.39
31600	O1	TRACHEOSTOMY, PLANNED (SEPAR	T		2	999	07/01/2021	12/31/9999	1	2,138.76
31601	O1	TRACHEOSTOMY, PLANNED (SEPAR	T		0	1	07/01/2021	12/31/9999	1	3,975.25
31603	O1	TRACHEOSTOMY, EMERGENCY PROC	T		0	999	07/01/2021	12/31/9999	1	1,057.34
31605	O1	TRACHEOSTOMY, EMERGENCY PROC	T		0	999	07/01/2021	12/31/9999	1	165.39
3160F	O6	DOC FE+ STORES B/4 EPO THX	E		0	999	09/01/2012	12/31/9999	1	0.00
31610	O1	TRACHEOSTOMY, FENESTRATION P	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31611	O1	CONSTRUCTION OF TRACHEOESOPHAG	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31612	O1	TRACHEAL PUNCTURE, PERCUTANE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31613	O1	TRACHEOSTOMA REVISION; SIMPL	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31614	O1	TRACHEOSTOMA REVISION;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31615	O1	TRACHEOSCOPY THROUGH ESTABL	T		0	999	07/01/2021	12/31/9999	1	353.56
31622	O1	DX BRONCHOSCOPE/WASH	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31623	O1	BRONCHOSCPY W/WO FLOURO; W/BRUSHINGBRONC	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31624	O1	BRNCHSCP; W/BRONCH ALVEOL LAVAGE BRNCH	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31625	O1	BRONCHOSCPY;BRONCHIAL/ENDOBONCHIALBRONC	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31626	O1	BRONCHOSCOPY W/MARKERS	T		0	999	07/01/2021	12/31/9999	1	4,551.06
31627	O1	NAVIGATIONAL BRONCHOSCOPY	N		0	999	09/01/2012	12/31/9999	1	0.00
31628	O1	BRNCHSCPY; TRNSBRNCH LUNG BX 1 LOBEBRNCH	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31629	O1	BRNCHSCPY;NABX TRACH STEM&/BRNCH BRNCH	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31630	O1	BRONCHOSCOPY DILATE/FX REPR	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31631	O1	BRONCHOSCOPY, DILATE W/STENT	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31632	O1	BRNCHSCP; W/TBLB EA ADD LOBE BRNCH	S		0	999	07/01/2020	12/31/9999	2	0.00
31633	O1	BRNCHSCPY; W/TBNA BX EA ADD LOBE BRNCH	N		0	999	07/01/2020	12/31/9999	2	0.00
31634	O1	BRONCH W/BALLOON OCCLUSION	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31635	O1	BRNCHSCP W/WO FLOURO; W/REMV FB BRONC	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31636	O1	BRONCHOSCOPY, BRONCH STENTS	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31637	O1	BRONCHOSCOPY, STENT ADD-ON	N		0	999	07/01/2020	12/31/9999	2	0.00
31638	O1	BRONCHOSCOPY, REVISE STENT	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31640	O1	BRONCHOSCOPY; W/EXCISION OF TUMOR BRONC	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31641	O1	BRONCHOSCOPY, TREAT BLOCKAGE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31643	O1	DIAG BRONCHOSCOPE/CATHETER	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31645	O1	BRONCHOSCOPY, CLEAR AIRWAYS	S		0	999	07/01/2021	12/31/9999	1	1,169.58
31646	O1	BRONCHOSCOPY, RECLEAR AIRWAY	T		0	999	07/01/2021	12/31/9999	2	294.28
31647	O1	BRNCHSCP INSRTRONC VALVE INITIAL LOBE	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31648	O1	BRNCHSCP REMOV BRONC VALVE INITIAL LOBE	S		0	999	07/01/2021	12/31/9999	1	2,421.40
31649	O1	BRNCHSCP REMOV BRONC VALVE EA ADDL LOBE	S		0	999	07/01/2021	12/31/9999	2	1,169.58
31651	O1	BRNCHSCP W/BALLOON OCCL EA ADDL LOBE	N		0	999	07/01/2020	12/31/9999	3	0.00
31652	O1	BRONCH EBUS SAMPLNG 1/2 NODE	T		0	999	07/01/2021	12/31/9999	1	2,421.40
31653	O1	BRONCH EBUS SAMPLNG 3/> NODE	T		0	999	07/01/2021	12/31/9999	1	2,421.40
31654	O1	BRONCH EBUS PERIPHERAL	N		0	999	01/01/2016	12/31/9999	1	0.00
31660	O1	BRNCHSCP BRONC THERMOPLASTY 1 LOBE	S		0	999	07/01/2021	12/31/9999	1	4,551.06
31661	O1	BRNCHSCP BRONC THERMOPLASTY 2+ LOBES	S		0	999	07/01/2021	12/31/9999	1	4,551.06
3170F	O6	BASELIN FLO CYTOMETRY B/4 TX	E		0	999	09/01/2012	12/31/9999	1	0.00
31717	O1	CATHETERIZATION WITH BRONCHI	T		0	999	07/01/2021	12/31/9999	1	294.28
31720	O1	CATHETER ASPIRATION (SEPARAT	T		0	999	07/01/2021	12/31/9999	3	146.85
31725	O6	CATHETER ASPIRATION (SEPARAT	C		0	999	09/01/2012	12/31/9999	1	0.00
31730	O1	TRANSTRACHEAL (PERCUTANEOUS) I	T		0	999	07/01/2021	12/31/9999	1	1,169.58
31750	O1	TRACHEOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31755	O1	TRACHEOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
31760	O6	TRACHEOPLASTY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31766	O6	CARINAL RECONSTRUCTION	C		0	999	09/01/2012	12/31/9999	1	0.00
31770	O6	BRONCHOPLASTY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31775	O6	BRONCHOPLASTY;	C		0	999	09/01/2012	12/31/9999	1	0.00
31780	O6	EXCISION TRACHEAL STENOSIS A	C		0	999	09/01/2012	12/31/9999	1	0.00
31781	O6	EXCISION TRACHEAL STENOSIS A	C		0	999	09/01/2012	12/31/9999	1	0.00
31785	O1	EXCISION OF TRACHEAL TUMOR O	T		0	999	07/01/2021	12/31/9999	1	3,975.25
31786	O6	EXCISION OF TRACHEAL TUMOR O	C		0	999	09/01/2012	12/31/9999	1	0.00
31800	O6	SUTURE OF EXTERNAL TRACHEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
31805	O6	SUTURE OF EXTERNAL TRACHEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
31820	O1	SURGICAL CLOSURE TRACHEOSTOM	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31825	O1	SURGICAL CLOSURE TRACHEOSTOM	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31830	O1	REVISION OF TRACHEOSTOMY SCA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
31899	O1	UNLISTED PROCEDURE, TRACHEA,	T		0	999	07/01/2021	12/31/9999	1	128.49
3200F	O6	BARIUM SWALLOW TEST NOT REQ	E		0	999	09/01/2012	12/31/9999	1	0.00
32035	O6	THORACOSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
32036	O6	THORACOSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
32096	O6	THORACTMY DIAG BIOPSY LUNG UNILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32097	O6	THORCTMY BIOPSY LUNG NOD UNILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32098	O6	THORCTMY BIOPSY PLEURA	C		0	999	09/01/2012	12/31/9999	1	0.00
32100	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
3210F	O6	GRP A STREP TEST PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
32110	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32120	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32124	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32140	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32141	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32150	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
32151	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
3215F	O6	PT IMMUNITY TO HEP A DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
32160	O6	THORACOTOMY, MAJOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
3216F	O6	PT IMMUNITY TO HEP B DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
3218F	O6	RNA TESTG HEP C WITHIN 6 MNTS PIR TRTMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
32200	O6	PNEUMONOSTOMY, WITH OPEN DRA	C		0	999	09/01/2012	12/31/9999	1	0.00
3220F	O6	HEP C QUANT RNA TSTNG DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
32215	O6	PLEURAL SCARIFICATION FOR RE	C		0	999	09/01/2012	12/31/9999	1	0.00
32220	O6	DECORTICATION, PULMONARY, (S	C		0	999	09/01/2012	12/31/9999	1	0.00
32225	O6	DECORTICATION, PULMONARY, (S	C		0	999	09/01/2012	12/31/9999	1	0.00
3230F	O6	NOTE HRING TST W/ IN 6 MON	E		0	999	09/01/2012	12/31/9999	1	0.00
32310	O6	PLEURECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
32320	O6	DECORTICATION AND PARIETAL P	C		0	999	09/01/2012	12/31/9999	1	0.00
32400	O1	*BIOPSY, PLEURA;	T		0	999	07/01/2021	12/31/9999	2	1,099.71
32408	O1	CORE NDL BX LNG/MED PERQ	T		0	999	01/01/2021	12/31/9999	2	1,099.71
32440	O6	REMOVAL OF LUNG, TOTAL PNEUMON	C		0	999	09/01/2012	12/31/9999	1	0.00
32442	O6	REMOVAL OF LUNG, TOTAL PNEUMON	C		0	999	09/01/2012	12/31/9999	1	0.00
32445	O6	REMOVAL OF LUNG, TOTAL PNEUMON	C		0	999	09/01/2012	12/31/9999	1	0.00
32480	O6	REMOVAL OF LUNG, OTHER THAN TO	C		0	999	09/01/2012	12/31/9999	1	0.00
32482	O6	REMOVAL OF LUNG, OTHER THAN TO	C		0	999	09/01/2012	12/31/9999	1	0.00
32484	O6	REMOVAL OF LUNG, OTHER THAN TO	C		0	999	09/01/2012	12/31/9999	1	0.00
32486	O6	REMOVAL OF LUNG, OTHER THAN TO	C		0	999	09/01/2012	12/31/9999	1	0.00
32488	O6	REMOVAL OF LUNG, OTHER THAN TO	C		0	999	09/01/2012	12/31/9999	1	0.00
32491	O6	LUNG VOLUME REDUCTION	C		0	999	09/01/2012	12/31/9999	1	0.00
32501	O6	REPAIR BRONCHUS (ADD-ON)	C		0	999	09/01/2012	12/31/9999	1	0.00
32503	O6	RESECT APICAL LUNG TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
32504	O6	RESECT APICAL LUNG TUM/CHST	C		0	999	09/01/2012	12/31/9999	1	0.00
32505	O6	THORCTMY THERAP WEDGE RESEC INIT	C		0	999	09/01/2012	12/31/9999	1	0.00
32506	O6	THORCTMY THERAP WEDGE RESEC EA ADD	C		0	999	09/01/2012	12/31/9999	1	0.00
32507	O6	THORCTMY DIAG WEDGE RESEC LUNGRESEC	C		0	999	09/01/2012	12/31/9999	1	0.00
3250F	O6	NONPRIM LOC ANAT BX SITE TUM	E		0	999	09/01/2012	12/31/9999	1	0.00
32540	O6	EXTRAPELURAL ENUCLEATION OF	C		0	999	09/01/2012	12/31/9999	1	0.00
32550	O1	INSERT INDWELL TUNNELED PLEURAL CATH W/C	S		0	999	07/01/2021	12/31/9999	2	2,488.15
32551	O1	TUBE THORACOSTOMY INCL WATER SEAL	T		0	999	07/01/2021	12/31/9999	2	1,099.04
32552	O1	REMOVE LUNG CATHETER	T		0	999	07/01/2021	12/31/9999	2	423.33
32553	O1	INS MARK THOR FOR RT PERQ	S		0	999	07/01/2021	12/31/9999	1	986.52
32554	O1	THORACENTESIS W/O IMAGING GUID	T		0	999	07/01/2021	12/31/9999	2	423.33
32555	O1	THORACENTESIS W/IMAGING GUID	T		0	999	07/01/2021	12/31/9999	2	423.33
32556	O1	PLEURAL DRAIN, PERCU W/O IMAGING	T		0	999	07/01/2021	12/31/9999	2	1,270.11
32557	O1	PLEURAL DRAIN, PERCU W/IMAGING	T		0	999	07/01/2021	12/31/9999	2	1,099.04
32560	O1	TREAT PLEURODESIS W/AGENT	T		0	999	07/01/2021	12/31/9999	1	423.33
32561	O1	LYSE CHEST FIBRIN INIT DAY	T		0	999	07/01/2021	12/31/9999	1	423.33
32562	O1	LYSE CHEST FIBRIN SUBQ DAY	T		0	999	07/01/2021	12/31/9999	1	423.33
32601	O1	THORACOSCOPY DIAG WO BIOPSY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32604	O1	THORACOSCOPY, DIAGNOSTIC (SEPA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32606	O1	THORACOSCOPY, DIAGNOSTIC (SEPA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32607	O1	THORCSCPY DIAG BIOPSY LUNG INFILTR UNILA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32608	O1	THORCSCPY DIAG BIOPSY LUNG NOD UNILAT	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32609	O1	THORCSCPY BIOPSY PLEURA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
3260F	O6	PT CAT/ PN CAT/ HIST GRD DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
32650	O6	THORACOSCOPY, SURGICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
32651	O6	THORACOSCOPY, SURGICAL; WITH P	C		0	999	09/01/2012	12/31/9999	1	0.00
32652	O6	THORACOSCOPY, SURGICAL; WITH T	C		0	999	09/01/2012	12/31/9999	1	0.00
32653	O6	THORACOSCOPY, SURGICAL; WITH R	C		0	999	09/01/2012	12/31/9999	1	0.00
32654	O6	THORACOSCOPY, SURGICAL; WITH C	C		0	999	09/01/2012	12/31/9999	1	0.00
32655	O6	THORACOSCOPY, SURGICAL; WITH E	C		0	999	09/01/2012	12/31/9999	1	0.00
32656	O6	THORACOSCOPY, SURGICAL; WITH P	C		0	999	09/01/2012	12/31/9999	1	0.00
32658	O6	THORACOSCOPY, SURGICAL; WITH R	C		0	999	09/01/2012	12/31/9999	1	0.00
32659	O6	THORACOSCOPY, SURGICAL; WITH C	C		0	999	09/01/2012	12/31/9999	1	0.00
3265F	O6	RIB TESTG HEP C VIREMIA ORDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
32661	O6	THORACOSCOPY, SURGICAL; WITH E	C		0	999	09/01/2012	12/31/9999	1	0.00
32662	O6	THORACOSCOPY, SURGICAL; WITH E	C		0	999	09/01/2012	12/31/9999	1	0.00
32663	O6	THORACOSCOPY, SURGICAL; WITH L	C		0	999	09/01/2012	12/31/9999	1	0.00
32664	O6	THORACOSCOPY, SURGICAL; WITH T	C		0	999	09/01/2012	12/31/9999	1	0.00
32665	O6	THORACOSCOPY, SURGICAL; WITH E	C		0	999	09/01/2012	12/31/9999	1	0.00
32666	O6	THORCSCPY SURG THRP WDG RESEC INI UNILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32667	O6	THRCSCPY SURG THERAP WDG RES EA ADD IPSI	C		0	999	09/01/2012	12/31/9999	1	0.00
32668	O6	THRCSCPY SURG DIAG WDG RES + ANATOM RESE	C		0	999	09/01/2012	12/31/9999	1	0.00
32669	O6	THRCSCPY SURG REM SNGL LUNG SGMINT	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
3266F	O6	HEP C GENTP TESTG DOCD PIR INT/ANTVI	E		0	999	09/01/2012	12/31/9999	1	0.00
32670	O6	BILOBECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
32671	O6	PNEUMONECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
32672	O6	RESEC LVRS UNILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
32673	O6	RESEC THYMUS, UNI OR BILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32674	O6	MEDIASTINAL LYMPHADENECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
3267F	O6	PATH RPT INCL PT, PN , GLEASON SCORE	E		0	999	09/01/2012	12/31/9999	1	0.00
3268F	O6	PSA AND TUM , GLEAN CD DOCD PIR INIT	E		0	999	09/01/2012	12/31/9999	1	0.00
3269F	O6	BNE SCAN PIR INIT TRMNT PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
32701	O1	TRANSCATH,THROMBOLYSIS OTH THAN CORONARY	B		0	999	07/01/2020	12/31/9999	1	180.29
3270F	O6	BNE SCN NT/PIR INIT TRMNT PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3271F	O6	LOW RISK RECURR, PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3272F	O6	INTMED RISK RECURR PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3273F	O6	HIGH RSIK RECURR PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3274F	O6	PROST CA RECURR NT DET /LW/INTM/HI	E		0	999	09/01/2012	12/31/9999	1	0.00
3278F	O6	SER LEV CAL, PHOS, PARTYD AND LIP ORD	E		0	999	09/01/2012	12/31/9999	1	0.00
3279F	O6	HEM >/= TO 13 G/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
32800	O6	REPAIR LUNG HERNIA THROUGH C	C		0	999	09/01/2012	12/31/9999	1	0.00
3280F	O6	HEM 11G/DL TO 13.9 G/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
32810	O6	CLOSURE OF CHEST WALL FOLLOW	C		0	999	09/01/2012	12/31/9999	1	0.00
32815	O6	OPEN CLOSURE OF MAJOR BRONCH	C		0	999	09/01/2012	12/31/9999	1	0.00
3281F	O6	HEM < 11 G/DL	E		0	999	09/01/2012	12/31/9999	1	0.00
32820	O6	MAJOR RECONSTRUCTION, CHEST	C		0	999	09/01/2012	12/31/9999	1	0.00
3284F	O6	INTROR REDU BY VAL >/= 15% PRETN LEV	E		0	999	09/01/2012	12/31/9999	1	0.00
32850	O6	DONOR PNEUMONECTOMY	C		0	999	09/01/2012	12/31/9999	9999	0.00
32851	O6	LUNG TRANSPLANT, SINGLE; WITHO	C		0	999	09/01/2012	12/31/9999	1	0.00
32852	O6	LUNG TRANSPLANT, SINGLE; WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
32853	O6	LUNG TRANSPLANT, DOUBLE (BILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32854	O6	LUNG TRANSPLANT, DOUBLE (BILAT	C		0	999	09/01/2012	12/31/9999	1	0.00
32855	O6	PREPARE DONOR LUNG, SINGLE	C		0	999	09/01/2012	12/31/9999	1	0.00
32856	O6	PREPARE DONOR LUNG, DOUBLE	C		0	999	09/01/2012	12/31/9999	1	0.00
3285F	O6	INTROR REDU BY VAL < 15% PRETN LEV	E		0	999	09/01/2012	12/31/9999	1	0.00
3288F	O6	FALLS RISK ASSESS DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
32900	O6	RESECTION OF RIBS, EXTRAPLEU	C		0	999	09/01/2012	12/31/9999	1	0.00
32905	O6	THORACOPLASTY, SCHEDE TYPE O	C		0	999	09/01/2012	12/31/9999	1	0.00
32906	O6	THORACOPLASTY, SCHEDE TYPE O	C		0	999	09/01/2012	12/31/9999	1	0.00
3290F	O6	PT IS D (RH) NEG AND UNSENZD	E		9	60	09/01/2012	12/31/9999	1	0.00
3291F	O6	PT IS D (RH) POS AND SENZD	E		9	60	09/01/2012	12/31/9999	1	0.00
3292F	O6	HIV TESTG ORD/DOC & REVD 1ST/2ND PNL VI	E		9	60	09/01/2012	12/31/9999	1	0.00
3293F	O6	ABO RH BLOOD TYPING DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
32940	O6	PNEUMONOLYSIS, EXTRAPERIOSTE	C		0	999	09/01/2012	12/31/9999	1	0.00
3294F	O6	GRP B STREP SCREENING DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
32960	O1	*PNEUMOTHORAX, THERAPEUTIC, I	T		0	999	07/01/2021	12/31/9999	1	423.33
32994	O6	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM	E		0	999	01/01/2018	12/31/9999	1	0.00
32997	O6	TOTAL LUNG LAVAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
32998	O1	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM	T		0	999	07/01/2021	12/31/9999	1	3,955.23
32999	O1	UNLISTED PROCEDURE, LUNGS AN	T		0	999	07/01/2021	12/31/9999	1	423.33
3300F	O6	AJCC STAGE DOCD AND REVWD	E		0	999	09/01/2012	12/31/9999	1	0.00
33016	O1	PERICARDIOCENTESIS W/IMAGING	T		0	999	07/01/2021	12/31/9999	1	1,099.04
33017	O6	PRCRD DRG 6YR+ W/O CGEN CAR	E		0	999	01/01/2020	12/31/9999	1	0.00
33018	O6	PRCRD DRG 0-5YR OR W/ANOMLY	E		0	999	01/01/2020	12/31/9999	1	0.00
33019	O6	PERQ PRCRD DRG INSJ CATH CT	E		0	999	01/01/2020	12/31/9999	1	0.00
3301F	O6	CA STAG DOCD MED REC METAS/REVD	E		0	999	09/01/2012	12/31/9999	1	0.00
33020	O6	PERICARDIOTOMY FOR REMOVAL O	C		0	999	09/01/2012	12/31/9999	1	0.00
33025	O6	CREATION OF PERICARDIAL WIND	C		0	999	09/01/2012	12/31/9999	1	0.00
33030	O6	PERICARDIECTOMY, SUBTOTAL OR C	C		0	999	09/01/2012	12/31/9999	1	0.00
33031	O6	PERICARDIECTOMY SUBTOTAL OR CO	C		0	999	09/01/2012	12/31/9999	1	0.00
33050	O6	EXCISION OF PERICARDIAL CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
33120	O6	EXCISION OF INTRACARDIAC TUM	C		0	999	09/01/2012	12/31/9999	1	0.00
33130	O6	RESECTION OF EXTERNAL CARDIA	C		0	999	09/01/2012	12/31/9999	1	0.00
33140	O6	HEART REVASCULARIZE (TMR)	C		0	999	09/01/2012	12/31/9999	1	0.00
33141	O6	HEART TMR W/OTHER PROCEDURE	C		0	999	09/01/2012	12/31/9999	1	0.00
3315F	O6	ER AND PR POS BREAST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3316F	O6	ER AND PR NEG BREAST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
3317F	O6	PATH CONFM MAL DOCD MED REC CHEMO	E		0	999	09/01/2012	12/31/9999	1	0.00
3318F	O6	PATH CONFM MAL DOCD MED REC RADTN	E		0	999	09/01/2012	12/31/9999	1	0.00
3319F	O6	X-RAY/CT/ULTRSD ET AL ORD	E		0	999	09/01/2012	12/31/9999	1	0.00
33202	O6	INS EPICARDIAL ELECTR; OPEN INCISION	C		0	999	09/01/2012	12/31/9999	1	0.00
33203	O6	INS EPICARDIAL ELECTR; ENDOSC APPROACH	C		0	999	09/01/2012	12/31/9999	1	0.00
33206	O1	INSERTION OR REPLACEMENT OF PE	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33207	O1	INSERTION OF PERMANENT PACEMAK	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33208	O1	INSERTION OR REPLACEMENT OF PE	T		0	999	07/01/2021	12/31/9999	1	8,128.74
3320F	O6	NONE CH X-RY, CT, ULTSND, MRI, PET, NU M	E		0	999	09/01/2012	12/31/9999	1	0.00
33210	O1	INSERTION OR REPLACEMENT OF TE	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33211	O1	INSERTION OR REPLACEMENT OF TE	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33212	O1	INSERTION OR REPLACEMENT OF PA	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33213	O1	INSERTION OR REPLACEMENT OF PA	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33214	O1	UPGRADE OF IMPLANTED PACEMAKER	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33215	O1	REPOSITION ELECTRODES PACEMKR/DEFIB	T		0	999	07/01/2021	12/31/9999	2	2,236.67
33216	O1	INSERT ELECTRODE PACEMKR/DEFIB	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33217	O1	INSERT 2 ELECTRODES PACEMKR/DEFIB	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33218	O1	REPAIR SINGLE ELECTRODE PACEMKR/DEFIB	T		0	999	07/01/2021	12/31/9999	1	2,688.99
3321F	O6	AJCC CNCR Q/IA MELAN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33220	O1	REPAIR 2 ELECTRODES PACEMKR/DEFIB	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33221	O1	INSERT PACEMKR PULSE GEN ONLY	T		0	999	07/01/2021	12/31/9999	1	14,546.53
33222	O1	REVISION OR RELOCATION OF SKIN	T		0	999	07/01/2021	12/31/9999	1	1,340.73
33223	O1	RELOCATE SKIN POCKET FOR DEFIB	T		0	999	07/01/2021	12/31/9999	1	1,340.73
33224	O1	INSERT PACING ELECTRODE	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33225	O1	INSERT PACING ELECTRODE DEFIB/PCMKR	N		0	999	07/01/2015	12/31/9999	1	0.00
33226	O1	REPOSITION L VENTRIC LEAD	T		0	999	07/01/2021	12/31/9999	1	2,236.67
33227	O1	REMOV PERM PACEMKR PULSE GEN SNGL LEAD	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33228	O1	REMOV PERM PACEMKR PULSE GEN DUAL LEAD	T		0	999	07/01/2021	12/31/9999	1	8,128.74
33229	O1	REMOV PERM PACEMKR PULSE GEN MULTI LEAD	T		0	999	07/01/2021	12/31/9999	1	14,546.53
3322F	O6	MELAN>AJCC STAGE 0 OR IA	E		0	999	09/01/2012	12/31/9999	1	0.00
33230	O1	INSERT DEFIB ONLY EXISTING MULTI LEADS	T		0	999	07/01/2021	12/31/9999	1	18,008.15
33231	O1	INSERT DEFIB ONLY EXISTING DUAL LEADS	T		0	999	07/01/2021	12/31/9999	1	25,666.82
33233	O1	REMOVAL OF PERMANENT PACEMAKER	T		0	999	07/01/2021	12/31/9999	1	6,372.04

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
33234	O1	REMOVAL OF PACEMAKER SYSTEM	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33235	O1	REMOVAL PACEMAKER ELECTRODE	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33236	O6	REMOVAL OF PERMANENT EPICARDIA	C		0	999	09/01/2012	12/31/9999	1	0.00
33237	O6	REMOVAL OF PERMANENT EPICARDIA	C		0	999	09/01/2012	12/31/9999	1	0.00
33238	O6	REMOVAL OF PERMANENT TRANSVENO	C		0	999	09/01/2012	12/31/9999	1	0.00
3323F	O6	CLIN NODE STGNG DOCD8/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
33240	O1	INSERT DEFIB ONLY EXISTING SINGLE LEAD	T		0	999	07/01/2021	12/31/9999	1	18,008.15
33241	O1	REMOVE DEFIB ONLY	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33243	O6	REM IMPLANTABLE DEFIB THOROCOTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
33244	O1	REM IMPLANTABLE DEFIB EXTRACTION	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33249	O1	INSERT/REPL DEFIB SYS SNGL/DUAL	T		0	999	07/01/2021	12/31/9999	1	25,666.82
3324F	O6	MRI CT SCAN ORD RVWD RQSTD	E		0	999	09/01/2012	12/31/9999	1	0.00
33250	O6	ABLATE HEART DYSRHYTHM FOCUS	C		0	999	09/01/2012	12/31/9999	1	0.00
33251	O6	OPERATIVE ABLATION OF SUPRAVEN	C		0	999	09/01/2012	12/31/9999	1	0.00
33254	O6	OPER TIS ABL & RECONSTRUCT ATRIA LIMITED	C		0	999	09/01/2012	12/31/9999	1	0.00
33255	O6	OPER TIS ABL & RECONSTRUCT ATRIA EXT W/O	C		0	999	09/01/2012	12/31/9999	1	0.00
33256	O6	OPER TIS ABL & RECONSTRUCT ATRIA EXT WIT	C		0	999	09/01/2012	12/31/9999	1	0.00
33257	O6	ABLATE ATRIA, LMTD, ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
33258	O6	ABLATE ATRIA, X10SV, ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
33259	O6	ABLATE ATRIA W/BYPASS ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
3325F	O6	PRE-OP FUNCN/MED IND SURG PIR CAT SURG W	E		0	999	09/01/2012	12/31/9999	1	0.00
33261	O6	OPERATIVE ABLATION OF ARRHYTHM	C		0	999	09/01/2012	12/31/9999	1	0.00
33262	O1	REM DEFIB W/REPLAC SNGL LEAD SYS	T		0	999	07/01/2021	12/31/9999	1	18,008.15
33263	O1	REM DEFIB W/REPLAC DUAL LEAD SYS	T		0	999	07/01/2021	12/31/9999	1	18,008.15
33264	O1	REM DEFIB W/REPLAC MULTI LEAD SYS	T		0	999	07/01/2021	12/31/9999	1	25,666.82
33265	O6	ENDO SURG OP TIS ALB/RECONST ATRIA W/O B	C		0	999	09/01/2012	12/31/9999	1	0.00
33266	O6	ENDO SURG OP TIS ALB/RECONST ATRIA W/ BY	C		0	999	09/01/2012	12/31/9999	1	0.00
33267	O6	EXCL LAA OPEN ANY METHOD	C		0	999	01/01/2022	12/31/9999	1	0.00
33268	O6	EXCL LAA OPN OTH PX ANY METH	C		0	999	01/01/2022	12/31/9999	1	0.00
33269	O6	EXCL LAA THRSCP ANY METHOD	C		0	999	01/01/2022	12/31/9999	1	0.00
33270	O1	INS/REPL SUBQ DEFIB SYS	T		0	999	07/01/2021	12/31/9999	1	25,666.82
33271	O1	INSERT SUBQ DEFIB ELECTRODE	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33272	O1	REMOV SUBQ DEFIB ELECTRODE	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33273	O1	REPOSITION SUBQ DEFIB ELECTRODE	T		0	999	07/01/2021	12/31/9999	1	2,688.99
33274	O6	TCAT INSJ/RPL PERM LDLS PM	E		0	999	01/01/2019	12/31/9999	1	0.00
33275	O6	TRANSCATHETER REMOVAL OF PACEMAKER	E		0	999	01/01/2019	12/31/9999	1	0.00
33285	O1	INSJ SUBQ CAR RHYTHM MNTR	T		0	999	07/01/2021	12/31/9999	1	6,372.04
33286	O1	RMVL SUBQ CAR RHYTHM MNTR	T		0	999	07/01/2021	12/31/9999	1	486.13
33289	O6	TCAT IMPL WRLS P-ART PRS SNR	E		0	999	01/01/2019	12/31/9999	1	0.00
3328F	O6	PRFRMNC DOCD 2 WKS B/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
33300	O6	REPAIR OF CARDIAC WOUND;	C		0	999	09/01/2012	12/31/9999	1	0.00
33305	O6	REPAIR OF CARDIAC WOUND;	C		0	999	09/01/2012	12/31/9999	1	0.00
3330F	O6	IMG STUDY ORDED	E		0	999	09/01/2012	12/31/9999	1	0.00
33310	O6	CARDIOTOMY EXPL; WITHOUT BYPASS CARDI	C		0	999	09/01/2012	12/31/9999	1	0.00
33315	O6	CARDIOTOMY EXPLORATORY; W/CP BYPS CARDI	C		0	999	09/01/2012	12/31/9999	1	0.00
3331F	O6	IMG STUDY NOT ORDED	E		0	999	09/01/2012	12/31/9999	1	0.00
33320	O6	SUTURE REPAIR OF AORTA OR GR	C		0	999	09/01/2012	12/31/9999	1	0.00
33321	O6	REPAIR MAJOR VESSEL	C		0	999	09/01/2012	12/31/9999	1	0.00
33322	O6	SUTURE REPAIR OF AORTA OR GR	C		0	999	09/01/2012	12/31/9999	1	0.00
33330	O6	INSERTION OF GRAFT;	C		0	999	09/01/2012	12/31/9999	1	0.00
33335	O6	INSERTION OF GRAFT;	C		0	999	09/01/2012	12/31/9999	1	0.00
33340	O6	PERCUTANEOUS TRANSCATHETER CLOSURE OF TH	E		0	999	01/01/2017	12/31/9999	1	0.00
33361	O6	TAVR/TAVI PERCUT FEMORAL ARTERY	C		0	999	01/01/2013	12/31/9999	2	0.00
33362	O6	TAVR/TAVI OPEN FEMORAL ARTERY	C		0	999	01/01/2013	12/31/9999	2	0.00
33363	O6	TAVR/TAVI OPEN AXILLARY ARTERY	C		0	999	01/01/2013	12/31/9999	2	0.00
33364	O6	TAVR/TAVI OPEN ILIAC ARTERY	C		0	999	01/01/2013	12/31/9999	2	0.00
33365	O6	TAVR/TAVI TRANSAORTIC APPROACH	C		0	999	01/01/2013	12/31/9999	2	0.00
33366	O6	AORTIC TRANSCATH VALVE RPLMNT	C		0	999	01/01/2014	12/31/9999	1	0.00
33367	O6	TAVR/TAVI W/CPBS PERCUT ART/VENOUS CANN	C		0	999	01/01/2013	12/31/9999	2	0.00
33368	O6	TAVR/TAVI W/CPBS OPEN ART/VENOUS CANN	C		0	999	01/01/2013	12/31/9999	2	0.00
33369	O6	TAVR/TAVI W/CPBS CENTRAL ART/VENOUS CANN	C		0	999	01/01/2013	12/31/9999	2	0.00
33370	O1	TCAT PLMT&RMVL CEPD PERQ	N		0	999	01/01/2022	12/31/9999	1	0.00
33390	O6	VLVULPLSTY AORTA VLV OPEN SIMPLE	C		0	999	01/01/2017	12/31/9999	1	0.00
33391	O6	VLVULPLSTY AORTA VLV OPEN COMPLEX	C		0	999	01/01/2017	12/31/9999	1	0.00
33404	O6	CONSTRUCTION OF APICAL-AORTIC	C		0	999	09/01/2012	12/31/9999	1	0.00
33405	O6	REPLC AORTIC VALVE W/PROSTH VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33406	O6	REPLC AORTIC VALVE W/ALLOGRAFT VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
3340F	O6	MAMMO CAT INCOMP ADD IMG EVAL DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33410	O6	REPLC AORTIC VALVE W/STNTLS TISS VLV	C		0	999	09/01/2012	12/31/9999	1	0.00
33411	O6	RPL AORTIC VALV NONCOR SINUS	C		0	999	09/01/2012	12/31/9999	1	0.00
33412	O6	REPLACEMENT, AORTIC VALVE; WIT	C		0	999	09/01/2012	12/31/9999	1	0.00
33413	O6	REPLACEMENT OF AORTIC VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33414	O6	REPAIR OF LEFT VENTRICULAR OUT	C		0	999	09/01/2012	12/31/9999	1	0.00
33415	O6	RESECTION OR INCISION OF SUBVA	C		0	999	09/01/2012	12/31/9999	1	0.00
33416	O6	VENTRICULOMYOTOMY (-MYECTOMY)	C		0	999	09/01/2012	12/31/9999	1	0.00
33417	O6	AORTOPLASTY (GUSSET) FOR SUP	C		0	999	09/01/2012	12/31/9999	1	0.00
33418	O6	MITRAL VALVE REPAIR W/PROSTHESIS	C		0	999	01/01/2015	12/31/9999	1	0.00
33419	O1	MITRAL VALVE REPAIR W/ADDL PROSTH	N		0	999	01/01/2015	12/31/9999	1	0.00
3341F	O6	MAMMO ASSESS CAT NEG DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33420	O6	VALVOTOMY, MITRAL VALVE; CLOSE	C		0	999	09/01/2012	12/31/9999	1	0.00
33422	O6	VALVOTOMY, MITRAL VALVE; OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
33425	O6	VALVULOPLASTY, MITRAL VALVE,	C		0	999	09/01/2012	12/31/9999	1	0.00
33426	O6	VALVULOPLASTY MITRALVALVE WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
33427	O6	VALVULOPLASTY MITRALVALVE RADI	C		0	999	09/01/2012	12/31/9999	1	0.00
3342F	O6	MAMMO ASSESS CAT BENIGN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33430	O6	REPLACEMENT, MITRAL VALVE, W	C		0	999	09/01/2012	12/31/9999	1	0.00
3343F	O6	MAMMO ASSESS CAT PRO BEN DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33440	O6	RPLCMT A-VALVE TLCJ AUTOL PV	E		0	999	01/01/2019	12/31/9999	1	0.00
3344F	O6	MAMMO ASSESS CAT SUSPS DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
3345F	O6	MAMMO ASSESS CAT HI SUGG MAL	E		0	999	09/01/2012	12/31/9999	1	0.00
33460	O6	VALVECTOMY, TRICUSPID VALVE, W	C		0	999	09/01/2012	12/31/9999	1	0.00
33463	O6	VALVULOPLASTY, TRICUSPID VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33464	O6	VALVULOPLASTY, TRICUSPID VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33465	O6	REPLACEMENT, TRICUSPID VALVE,	C		0	999	09/01/2012	12/31/9999	1	0.00
33468	O6	TRICUSPID VALVE REPOSITIONIN	C		0	999	09/01/2012	12/31/9999	1	0.00
33471	O6	VALVOTOMY, PULMONARY VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33474	O6	VALVOTOMY, PULMONARY VALVE (	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
33475	06	REPLACEMENT, PULMONARY VALVE	C		0	999	09/01/2012	12/31/9999	1	0.00
33476	06	RIGHT VENTRICULAR RESECTION	C		0	999	09/01/2012	12/31/9999	1	0.00
33477	06	IMPLANT TCAT PULM VLV PERQ	C		0	999	01/01/2016	12/31/9999	1	0.00
33478	06	OUTFLOW TRACT AUGMENTATION (	C		0	999	09/01/2012	12/31/9999	1	0.00
33496	06	REPAIR, PROSTH VALVE CLOT	C		0	999	09/01/2012	12/31/9999	1	0.00
33500	06	REPAIR OF CORONARY ARTERIOVENO	C		0	999	09/01/2012	12/31/9999	1	0.00
33501	06	REPAIR OF CORONARY ARTERIOVENO	C		0	999	09/01/2012	12/31/9999	1	0.00
33502	06	CORONARY ARTERY CORRECTION	C		0	999	09/01/2012	12/31/9999	1	0.00
33503	06	REPAIR OF ANOMALOUS CORONARY A	C		0	999	09/01/2012	12/31/9999	1	0.00
33504	06	REPAIR OF ANOMALOUS CORONARY	C		0	999	09/01/2012	12/31/9999	1	0.00
33505	06	REPAIR OF ANOMALOUS CORONARY A	C		0	999	09/01/2012	12/31/9999	1	0.00
33506	06	REPAIR OF ANOMALOUS CORONARY A	C		0	999	09/01/2012	12/31/9999	1	0.00
33507	06	REPAIR ART, INTRAMURAL	C		0	999	09/01/2012	12/31/9999	1	0.00
33508	01	ENDOSCOPIC VEIN HARVEST	N		0	999	09/01/2012	12/31/9999	1	0.00
33509	06	NDSC HRV UXTR ART 1 SGM CAB	C		0	999	01/01/2022	12/31/9999	1	0.00
3350F	06	MAMMO ASSESS CAT KNWN BIO MAL	E		0	999	09/01/2012	12/31/9999	1	0.00
33510	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33511	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33512	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33513	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33514	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33516	06	CORONARY ARTERY BYPASS, VEIN O	C		0	999	09/01/2012	12/31/9999	1	0.00
33517	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33518	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33519	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
3351F	06	NEG SCRND DEP SYMP BY DEPTOOL	E		0	999	09/01/2012	12/31/9999	1	0.00
33521	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33522	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33523	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
3352F	06	NO SIG DEP SYMP BY DEPTOOL	E		0	999	09/01/2012	12/31/9999	1	0.00
33530	06	REOPERATION, CORONARY ARTERY B	C		0	999	09/01/2012	12/31/9999	1	0.00
33533	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33534	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33535	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
33536	06	CORONARY ARTERY BYPASS, USING	C		0	999	09/01/2012	12/31/9999	1	0.00
3353F	06	MILD-MOD DEP SYMP BY DEPTOOL	E		0	999	09/01/2012	12/31/9999	1	0.00
33542	06	MYOCARDIAL RESECTION (EG, VE	C		0	999	09/01/2012	12/31/9999	1	0.00
33545	06	REPAIR OF POSTINFARCTION VEN	C		0	999	09/01/2012	12/31/9999	1	0.00
33548	06	RESTORE/REMODEL, VENTRICLE	C		0	999	09/01/2012	12/31/9999	1	0.00
3354F	06	CLIN SIG DEP SYM BY DEPTOOL	E		0	999	09/01/2012	12/31/9999	1	0.00
33572	06	OPEN CORONARY ENDARTERECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
33600	06	CLOSURE OF ATRIOVENTRICULAR VA	C		0	999	09/01/2012	12/31/9999	1	0.00
33602	06	CLOSURE OF SEMILUNAR VALVE (AO	C		0	999	09/01/2012	12/31/9999	1	0.00
33606	06	ANASTOMOSIS OF PULMONARY ARTER	C		0	999	09/01/2012	12/31/9999	1	0.00
33608	06	REPAIR OF COMPLEX CARDIAC ANOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33610	06	REPAIR BY ENLARGEMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
33611	06	REPAIR OF DOUBLE OUTLET RIGHT	C		0	999	09/01/2012	12/31/9999	1	0.00
33612	06	REPAIR OF DOUBLE OUTLET RIGHT	C		0	999	09/01/2012	12/31/9999	1	0.00
33615	06	REPAIR OF COMPLEX CARDIAC ANOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33617	06	REPAIR OF COMPLEX CARDIAC ANOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33619	06	REPAIR OF SINGLE VENTRICLE WIT	C		0	999	09/01/2012	12/31/9999	1	0.00
33620	06	APPLY R&L PULM ART BANDS	C		0	999	09/01/2012	12/31/9999	2	0.00
33621	06	TRANSTHOR CATH FOR STENT	C		0	999	09/01/2012	12/31/9999	2	0.00
33622	06	REDO COMPL CARDIAC ANOMALY	C		0	999	09/01/2012	12/31/9999	2	0.00
33641	06	REPAIR ATRIAL SEPTAL DEFECT, S	C		0	999	09/01/2012	12/31/9999	1	0.00
33645	06	DIRECT OR PATCH CLOSURE, SIN	C		0	999	09/01/2012	12/31/9999	1	0.00
33647	06	REPAIR OF ATRIAL SEPTAL DEFECT	C		0	999	09/01/2012	12/31/9999	1	0.00
33660	06	REPAIR OF INCOMPLETE OR PARTIA	C		0	999	09/01/2012	12/31/9999	1	0.00
33665	06	REPAIR OF INTERMEDIATE OR TRAN	C		0	999	09/01/2012	12/31/9999	1	0.00
33670	06	REPAIR OF COMPLETE ATRIOVENT	C		0	999	09/01/2012	12/31/9999	1	0.00
33675	06	CLOSE MULTI VENTR SEPTAL DEFECTS	C		0	999	09/01/2012	12/31/9999	5	0.00
33676	06	CLOSE MULTI VENTR SEPTAL DEFECTS W/PUL V	C		0	999	09/01/2012	12/31/9999	5	0.00
33677	06	CLOSE MULTI VENTR SEPTAL DEFECTS W/REM P	C		0	999	09/01/2012	12/31/9999	5	0.00
33681	06	CLOS SINGLE VENTR SEPTAL DEFECT W/WO PAT	C		0	999	09/01/2012	12/31/9999	1	0.00
33684	06	CLOSURE VENTRICULAR SEPTAL D	C		0	999	09/01/2012	12/31/9999	1	0.00
33688	06	CLOSURE VENTRICULAR SEPTAL D	C		0	999	09/01/2012	12/31/9999	1	0.00
33690	06	BANDING OF PULMONARY ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
33692	06	COMPLETE REPAIR TETRALOGY OF F	C		0	999	09/01/2012	12/31/9999	1	0.00
33694	06	COMPLETE REPAIR TETRALOGY OF F	C		0	999	09/01/2012	12/31/9999	1	0.00
33697	06	COMPLETE REPAIR TETRALOGY OF F	C		0	999	09/01/2012	12/31/9999	1	0.00
33702	06	REPAIR SINUS OF VALSALVA FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
3370F	06	AJCC BRST CNCR STAGE 0 D0CD	E		0	999	09/01/2012	12/31/9999	1	0.00
33710	06	REPAIR SINUS OF VALSALVA FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
33720	06	REPAIR SINUS OF VALSALVA ANE	C		0	999	09/01/2012	12/31/9999	1	0.00
33724	06	REP ISOL PART ANOM PULMON VEN RETURN	C		0	999	09/01/2012	12/31/9999	1	0.00
33726	06	REP PULMON VENOUS STENOSIS	C		0	999	09/01/2012	12/31/9999	1	0.00
3372F	06	AJCC BRST CNCR STAGE 1+D0CD	E		0	999	09/01/2012	12/31/9999	1	0.00
33730	06	COMPLETE REPAIR OF ANOMALOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
33732	06	REPAIR OF COR TRIATRIATUM OR S	C		0	999	09/01/2012	12/31/9999	1	0.00
33735	06	ATRIAL SEPTECTOMY OR SEPTOSTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33736	06	ATRIAL SEPTECTOMY OR SEPTOSTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33737	06	ATRIAL SEPTECTOMY OR SEPTOSTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
33741	06	TAS CONGENITAL CAR ANOMAL	C		0	1	01/01/2021	12/31/9999	1	0.00
33745	06	TIS CGEN CAR ANOMAL 1ST SHNT	C		0	999	01/01/2021	12/31/9999	1	0.00
33746	06	TIS CGEN CAR ANOMAL EA ADDL	C		0	999	01/01/2021	12/31/9999	1	0.00
3374F	06	AJCC BRST CNCR STAGE 1+D0CD	E		0	999	09/01/2012	12/31/9999	1	0.00
33750	06	SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
33755	06	SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
33762	06	SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
33764	06	SHUNT; CENTRAL, WITH PROSTHETI	C		0	999	09/01/2012	12/31/9999	1	0.00
33766	06	SHUNT; SUPERIOR VENA CAVA TO P	C		0	999	09/01/2012	12/31/9999	1	0.00
33767	06	SHUNT; SUPERIOR VENA CAVA TO P	C		0	999	09/01/2012	12/31/9999	1	0.00
33768	06	CAVOPULMONARY SHUNTING	C		0	999	09/01/2012	12/31/9999	1	0.00
3376F	06	AJCC BRST CNCR STAGE 2 D0CD	E		0	999	09/01/2012	12/31/9999	1	0.00
33770	06	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33771	06	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33774	06	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
33775	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33776	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33777	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33778	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33779	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33780	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33781	O6	REPAIR OF TRANSPOSITION OF THE	C		0	999	09/01/2012	12/31/9999	1	0.00
33782	O6	NIKAIDOH PROC	C		0	999	09/01/2012	12/31/9999	1	0.00
33783	O6	NIKAIDOH PROC W/OSTIA IMPLT	C		0	999	09/01/2012	12/31/9999	1	0.00
33786	O6	TOTAL REPAIR, TRUNCUS ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
33788	O6	REIMPLANTATION OF AN ANOMALOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
3378F	O6	AJCC BRST CNCR STAGE 3 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33800	O6	AORTIC SUSPENSION (AORTOPEXY)	C		0	999	09/01/2012	12/31/9999	1	0.00
33802	O6	DIVISION OF ABERRANT VESSEL	C		0	999	09/01/2012	12/31/9999	1	0.00
33803	O6	DIVISION OF ABERRANT VESSEL	C		0	999	09/01/2012	12/31/9999	1	0.00
3380F	O6	AJCC BRST CNCR STAGE 4 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33813	O6	OBLITERATION OF AORTOPULMONARY	C		0	20	09/01/2012	12/31/9999	1	0.00
33814	O6	OBLITERATION OF AORTOPULMONARY	C		0	20	09/01/2012	12/31/9999	1	0.00
33820	O6	REPAIR OF PATENT DUCTUS ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
33822	O6	REP OF PATENT DUCTUS ARTERIOSU	C		0	17	09/01/2012	12/31/9999	1	0.00
33824	O6	REP OF PATENT DUCTUS ARTERIOSU	C		18	999	09/01/2012	12/31/9999	1	0.00
3382F	O6	AJCC CLN CNCR STAGE 0 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33840	O6	EXCISION OF COARCTATION OF A	C		0	999	09/01/2012	12/31/9999	1	0.00
33845	O6	EXCISION OF COARCTATION OF A	C		0	999	09/01/2012	12/31/9999	1	0.00
3384F	O6	AJCC CLN CNCR STAGE 1 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33851	O6	EXCISION OF COARCTATION OF AOR	C		0	999	09/01/2012	12/31/9999	1	0.00
33852	O6	REPAIR OF HYPOPLASTIC OR INTER	C		0	999	09/01/2012	12/31/9999	1	0.00
33853	O6	REPAIR OF HYPOPLASTIC OR INTER	C		0	999	09/01/2012	12/31/9999	1	0.00
33858	O6	AS-AORT GRF F/AORTIC DSJ	E		0	999	01/01/2020	12/31/9999	1	0.00
33859	O6	AS-AORT GRF F/DS OTH/THN DSJ	E		0	999	01/01/2020	12/31/9999	1	0.00
33863	O6	ASCENDING AORTIC GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
33864	O6	ASCENDING AORTIC GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
33866	O6	AORTIC HEMIARCH GRAFT	E		0	999	01/01/1999	12/31/9999	1	0.00
3386F	O6	AJCC CLN CNCR STAGE 2 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33871	O6	TRANSVRS A-ARCH GRF HYPHRM	E		0	999	01/01/2020	12/31/9999	1	0.00
33875	O6	DESCENDING THORACIC AORTA GR	C		0	999	09/01/2012	12/31/9999	1	0.00
33877	O6	REPAIR OF THORACOABDOMINAL AOR	C		0	999	09/01/2012	12/31/9999	1	0.00
33880	O6	ENDOVASC TAA REPR INCL SUBCL	C		0	999	09/01/2012	12/31/9999	1	0.00
33881	O6	ENDOVASC TAA REPR W/O SUBCL	C		0	999	09/01/2012	12/31/9999	1	0.00
33883	O6	INSERT ENDOVASC PROSTH, TAA	C		0	999	09/01/2012	12/31/9999	1	0.00
33884	O6	ENDOVASC PROSTH, TAA, ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
33886	O6	ENDOVASC PROSTH, DELAYED	C		0	999	09/01/2012	12/31/9999	1	0.00
33889	O6	ARTERY TRANSPOSE/ENDOVAS TAA	C		0	999	09/01/2012	12/31/9999	1	0.00
3388F	O6	AJCC CNCR STAGE 3 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33891	O6	CAR-CAR BP GRFT/ENDOVAS TAA	C		0	999	09/01/2012	12/31/9999	1	0.00
33894	O6	EVASC ST RPR THRC/AA ACRS BR	C		0	999	01/01/2022	12/31/9999	1	0.00
33895	O6	EVASC ST RPR THRC/AA X CRSG	C		0	999	01/01/2022	12/31/9999	1	0.00
33897	O6	PERQ TRLUML ANGP NT/RECR COA	C		0	999	01/01/2022	12/31/9999	1	0.00
3390F	O6	AJCC CLN CNCR STAGE 4 DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
33910	O6	PULMONARY ARTERY EMBOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
33915	O6	PULMONARY ARTERY EMBOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
33916	O6	PULMONARY ENDARTERECTOMY WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
33917	O6	REPAIR OF PULMONARY ARTERY STE	C		0	999	09/01/2012	12/31/9999	1	0.00
33920	O6	REPAIR OF PULMONARY ATRESIA WI	C		0	999	09/01/2012	12/31/9999	1	0.00
33922	O6	TRANSECTION OF PULMONARY ARTER	C		0	999	09/01/2012	12/31/9999	1	0.00
33924	O6	REMOVE PULMONARY SHUNT	C		0	999	09/01/2012	12/31/9999	1	0.00
33925	O6	RPR PUL ART UNIFOCA W/O CPB	C		0	999	09/01/2012	12/31/9999	1	0.00
33926	O6	REPR PUL ART, UNIFOCA W/CPB	C		0	999	09/01/2012	12/31/9999	1	0.00
33927	O6	IMPLANT OF TOTAL REPLACE HEART SYSTEM	E		0	999	01/01/2018	12/31/9999	1	0.00
33928	O6	REMOVAL AND REP OF TOTAL REPLACE HEART S	E		0	999	01/01/2018	12/31/9999	1	0.00
33929	O6	REMOVAL OF TOTAL REPLACE HEART SYSTEM	E		0	999	01/01/2018	12/31/9999	1	0.00
33930	O6	REMOVAL OF DONOR HEART/LUNG	C		0	999	09/01/2012	12/31/9999	1	0.00
33933	O6	PREPARE DONOR HEART/LUNG	C		0	999	09/01/2012	12/31/9999	1	0.00
33935	O6	HEART-LUNG TRANSPLANT WITH REC	C		0	999	09/01/2012	12/31/9999	1	0.00
33940	O6	REMOVAL OF DONOR HEART	C		0	999	09/01/2012	12/31/9999	1	0.00
33944	O6	PREPARE DONOR HEART	C		0	999	09/01/2012	12/31/9999	1	0.00
33945	O6	HEART TRANSPLANT, WITH OR WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
33946	O6	ECMO/ECLS INITIAT VENO-VENOUS	C		0	999	01/01/2015	12/31/9999	1	0.00
33947	O6	ECMO/ECLS INITIAT VENO-ARTERIAL	C		0	999	01/01/2015	12/31/9999	1	0.00
33948	O6	ECMO/ECLS MGMT/DAY VENO-VENOUS	C		0	999	01/01/2015	12/31/9999	1	0.00
33949	O6	ECMO/ECLS MGMT/DAY VENO-ARTERIAL	C		0	999	01/01/2015	12/31/9999	1	0.00
3394F	O6	QUANTITATIVE HER2	E		0	999	09/01/2012	12/31/9999	1	0.00
33951	O6	ECMO/ECLS INSJ PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33952	O6	ECMO/ECLS INSJ PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33953	O6	ECMO/ECLS INSJ PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33954	O6	ECMO/ECLS INSJ PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33955	O6	ECMO/ECLS INSJ CTR CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33956	O6	ECMO/ECLS INSJ CTR CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33957	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33958	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33959	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
3395F	O6	QUANTITATIVE NON-HER2	E		0	999	09/01/2012	12/31/9999	1	0.00
33962	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33963	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33964	O6	ECMO/ECLS REPOS PERPH CNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33965	O6	ECMO/ECLS RMVL PERPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33966	O6	ECMO/ECLS RMVL PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33967	O6	INSERT IA PERCUT DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33968	O6	REMOVE AORTIC ASSIST DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33969	O6	ECMO/ECLS RMVL PERPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33970	O6	INSERTION OF INTRA-AORTIC BALL	C		0	999	09/01/2012	12/31/9999	1	0.00
33971	O6	REMOVAL OF INTRA-AORTIC BALLOO	C		0	999	09/01/2012	12/31/9999	1	0.00
33973	O6	INSERTION OF INTRA-AORTIC BALL	C		0	999	09/01/2012	12/31/9999	1	0.00
33974	O6	REMOVAL OF INTRA-AORTIC BALLOO	C		0	999	09/01/2012	12/31/9999	1	0.00
33975	O6	IMPLANT VENTRICULAR DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33976	O6	IMPLANT VENTRICULAR DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33977	O6	REMOVE VENTRICULAR DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
33978	O6	REMOVE VENTRICULAR DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33979	O6	INSERT INTRACORPOREAL DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33980	O6	REMOVE INTRACORPOREAL DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
33981	O6	REPLACE VAD PUMP EXT	C		0	999	09/01/2012	12/31/9999	1	0.00
33982	O6	REPLACE VAD INTRA W/O BP	C		0	999	09/01/2012	12/31/9999	1	0.00
33983	O6	REPLACE VAD INTRA W/BP	C		0	999	09/01/2012	12/31/9999	1	0.00
33984	O6	ECMO/ECLS RMVL PRPH CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33985	O6	ECMO/ECLS RMVL CTR CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33986	O6	ECMO/ECLS RMVL CTR CANNULA	C		0	999	01/01/2015	12/31/9999	1	0.00
33987	O6	ARTERY EXPOS/GRAFT ARTERY	C		0	999	01/01/2015	12/31/9999	1	0.00
33988	O6	INSERTION OF LEFT HEART VENT	C		0	999	01/01/2015	12/31/9999	1	0.00
33989	O6	REMOVAL OF LEFT HEART VENT	C		0	999	01/01/2015	12/31/9999	1	0.00
33990	O6	VAD PERCU ARTERIAL ACCESS ONLY	C		0	999	01/01/2013	12/31/9999	2	0.00
33991	O6	VAD PERCU W/ART&VEN ACCESS TRANSEPTAL	C		0	999	01/01/2013	12/31/9999	2	0.00
33992	O6	REMOV VAD SEP SESSION	C		0	999	01/01/2013	12/31/9999	2	0.00
33993	O6	REPOSITION VAD SEP SESSION	C		0	999	01/01/2013	12/31/9999	2	0.00
33995	O6	INSJ PERQ VAD R HRT VENOUS	C		0	999	01/01/2021	12/31/9999	1	0.00
33997	O6	RMVL PERQ RIGHT HEART VAD	C		0	999	01/01/2021	12/31/9999	1	0.00
33999	O1	UNLISTED PROCEDURE, CARDIAC	T		0	999	07/01/2021	12/31/9999	1	423.33
34001	O6	EMBOLECTOMY OR THROMBECTOMY,	C		0	999	09/01/2012	12/31/9999	1	0.00
34051	O6	EMBOLECTOMY OR THROMBECTOMY,	C		0	999	09/01/2012	12/31/9999	1	0.00
34101	O1	EMBOLECTOMY OR THROMBECTOMY,	T		0	999	07/01/2021	12/31/9999	1	3,728.52
34111	O1	EMBOLECTOMY OR THROMBECTOMY, W	T		0	999	07/01/2021	12/31/9999	2	3,728.52
34151	O6	EMBOLECTOMY OR THROMBECTOMY,	C		0	999	09/01/2012	12/31/9999	1	0.00
34201	O1	EMBOLECTOMY OR THROMBECTOMY,	T		0	999	07/01/2021	12/31/9999	1	3,728.52
34203	O1	EMBOLECTOMY OR THROMBECTOMY, W	T		0	999	07/01/2021	12/31/9999	1	3,728.52
34401	O6	THROMBECTOMY, DIRECT OR WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
34421	O1	THROMBECTOMY, DIRECT OR WITH	T		0	999	07/01/2021	12/31/9999	1	2,236.67
34451	O6	THROMBECTOMY, DIRECT OR WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
34471	O1	THROMBECTOMY, DIRECT OR WITH	T		0	999	07/01/2021	12/31/9999	1	423.33
34490	O1	THROMBECTOMY, DIRECT OR WITH	T		0	999	07/01/2021	12/31/9999	1	2,236.67
34501	O1	VALVULOPLASTY, FEMORAL VEIN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
34502	O6	RECONSTRUCTION OF VENA CAVA, A	C		0	999	09/01/2012	12/31/9999	1	0.00
3450F	O6	DYSPNEA SCRND, NO-MILD DYP	E		0	999	09/01/2012	12/31/9999	1	0.00
34510	O1	VENOUS VALVE TRANSPOSITION, AN	T		0	999	07/01/2021	12/31/9999	2	3,728.52
3451F	O6	DYSPNEA SCRND MOD-HIGH DYP	E		0	999	09/01/2012	12/31/9999	1	0.00
34520	O1	CROSS-OVER VEIN GRAFT TO VENOU	T		0	999	07/01/2021	12/31/9999	1	3,728.52
3452F	O6	DYSPNEA NOT SCREENED	E		0	999	09/01/2012	12/31/9999	1	0.00
34530	O1	SAPHENOPOPLITEAL VEIN ANASTOMO	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3455F	O6	TB SCRNG DONE-INTERPD 6 MON	E		0	999	09/01/2012	12/31/9999	1	0.00
34701	O6	ENDOVASC REPAIR AORTA W/TUBE	C		0	999	01/01/2018	12/31/9999	1	0.00
34702	O6	ENDOVASC REPAIR AORTA W/TUBE	C		0	999	01/01/2018	12/31/9999	1	0.00
34703	O6	ENDOVASC REPAIR AORTA AND/OR ILIAC - UNI	C		0	999	01/01/2018	12/31/9999	1	0.00
34704	O6	ENDOVASC REPAIR AORTA AND/OR ILIAC - UNI	C		0	999	01/01/2018	12/31/9999	1	0.00
34705	O6	ENDOVASC REPAIR AORTA AND/OR ILIAC - BI	C		0	999	01/01/2018	12/31/9999	1	0.00
34706	O6	ENDOVASC REPAIR AORTA AND/OR ILIAC - BI	C		0	999	01/01/2018	12/31/9999	1	0.00
34707	O6	ENDOVASC REPAIR OF ILIAC W/TUBE	C		0	999	01/01/2018	12/31/9999	1	0.00
34708	O6	ENDOVASC REPAIR OF ILIAC W/TUBE	C		0	999	01/01/2018	12/31/9999	1	0.00
34709	O6	PLACEMENT OF PROSTHESIS FOR ENDOVASC RE	C		0	999	01/01/2018	12/31/9999	1	0.00
3470F	O6	RA DISEASE ACTIVITY, LOW	E		0	999	09/01/2012	12/31/9999	1	0.00
34710	O6	DELAYED PLACEMENT OF PROSTHESIS FOR ENDO	C		0	999	01/01/2018	12/31/9999	1	0.00
34711	O6	DELAYED PLACEMENT OF PROSTHESIS FOR ENDO	C		0	999	01/01/2018	12/31/9999	1	0.00
34712	O6	TRANSCATH DELV OF DEVICE TO ENDOGRAFT	C		0	999	01/01/2018	12/31/9999	1	0.00
34713	O1	PERCUTANEOUS DELV OF ENDOGRAFT	N		0	999	07/01/2020	12/31/9999	1	0.00
34714	O1	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL	N		0	999	07/01/2020	12/31/9999	1	0.00
34715	O1	OPEN EXPOSURE FOR DELV OF ENDOVASC PROS,	N		0	999	07/01/2020	12/31/9999	1	0.00
34716	O1	OPEN EXPOSURE W/CREATION CONDUIT ENDOVAS	N		0	999	07/01/2020	12/31/9999	1	0.00
34717	O6	EVASC RPR A-ILIAC NDGFT	E		0	999	01/01/2020	12/31/9999	1	0.00
34718	O6	EVASC RPR N/A A-ILIAC NDGFT	E		0	999	01/01/2020	12/31/9999	1	0.00
3471F	O6	RA DISEASE ACTIVITY, MOD	E		0	999	09/01/2012	12/31/9999	1	0.00
3472F	O6	RA DISEASE ACTIVITY, HIGH	E		0	999	09/01/2012	12/31/9999	1	0.00
3475F	O6	DISEASE PROGN RA POOR DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
3476F	O6	DISEASE PROGN RA GOOD DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
34808	O6	ENDOVASC ABDQ OCCLUD DEVICE	C		0	999	09/01/2012	12/31/9999	1	0.00
34812	O6	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
34813	O6	XPOSE FOR ENDOPROSTH, FEMORL	C		0	999	09/01/2012	12/31/9999	1	0.00
34820	O6	ILIAC ARTERY EXP UNILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
34830	O6	OPEN AORTIC TUBE PROSTH REPR	C		0	999	09/01/2012	12/31/9999	1	0.00
34831	O6	OPEN AORTOILIAC PROSTH REPR	C		0	999	09/01/2012	12/31/9999	1	0.00
34832	O6	OPEN AORTOFEMOR PROSTH REPR	C		0	999	09/01/2012	12/31/9999	1	0.00
34833	O6	ILIAC ARTERY EXP UNILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
34834	O6	BRACHIAL EXP UNILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
34839	O6	PLNNING PT SPEC FENEST GRAFT	E		0	999	06/01/2017	12/31/9999	1	0.00
34841	O6	ENDOVSC REP VISCERAL AORTA 1 ARTERY	C		0	999	01/01/2014	12/31/9999	1	0.00
34842	O6	ENDOVSC REP VISCERAL AORTA 2 ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
34843	O6	ENDOVSC REP VISCERAL AORTA 3 ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
34844	O6	ENDOVSC REP VISCERAL AORTA 4+ ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
34845	O6	ENDOVSC REP VISCERAL AORTA 1 ARTERY	C		0	999	01/01/2014	12/31/9999	1	0.00
34846	O6	ENDOVSC REP VISCERAL AORTA 2 ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
34847	O6	ENDOVSC REP VISCERAL AORTA 3 ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
34848	O6	ENDOVSC REP VISCERAL AORTA 4+ ARTERIES	C		0	999	01/01/2014	12/31/9999	1	0.00
3490F	O6	HISTORY - AIDS-DEFINING COND	E		0	999	09/01/2012	12/31/9999	1	0.00
3491F	O6	HIV UNSURE BABY OF HIV+MOMS	E		0	999	09/01/2012	12/31/9999	1	0.00
3492F	O6	HISTORY CD4+CELL COUNT <350	E		0	999	09/01/2012	12/31/9999	1	0.00
3493F	O6	NO HIST CD4+CELL CNT <350	E		0	999	09/01/2012	12/31/9999	1	0.00
3494F	O6	CD4+CELL COUNT <200CELLS/MM3	E		0	999	09/01/2012	12/31/9999	1	0.00
3495F	O6	CD4+CELL CNT 200-499 CELLS	E		0	999	09/01/2012	12/31/9999	1	0.00
3496F	O6	CD4+CELLCOUNT 500 CELLS	E		0	999	09/01/2012	12/31/9999	1	0.00
3497F	O6	CD4+CELL PERCENTAGE <15%	E		0	999	09/01/2012	12/31/9999	1	0.00
3498F	O6	CD4+CELL PERCENTAGE 15%	E		0	999	09/01/2012	12/31/9999	1	0.00
35001	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35002	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35005	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
3500F	O6	CD4+CELL CNT/% DOCD AS DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
35011	O1	DIRECT REPAIR OF ANEURYSM OR	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35013	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35021	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
35022	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3502F	O6	HIV RNA VRL LD<LMTS QUANTIF	E		0	999	09/01/2012	12/31/9999	1	0.00
3503F	O6	HIV RNA VRL LDNOT<LMTS QUNTF	E		0	999	09/01/2012	12/31/9999	1	0.00
35045	O1	REPAIR DEFECT OF ARM ARTERY	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35081	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35082	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35091	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35092	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35102	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35103	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3510F	O6	DOC TB SCRNG-RSLTS INTERPD	E		0	999	09/01/2012	12/31/9999	1	0.00
35111	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35112	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3511F	O6	CHLMYD/GONRH TSTS DOCD DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
35121	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35122	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3512F	O6	SYPH SCRNG DOCD AS DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
35131	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35132	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3513F	O6	HEP B SCRNG DOCD AS DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
35141	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35142	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3514F	O6	HEP C SCRNG DOCD AS DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
35151	O6	REPAIR DEFECT OF ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
35152	O6	DIRECT REPAIR OF ANEURYSM OR	C		0	999	09/01/2012	12/31/9999	1	0.00
3515F	O6	PT HAS DOCD IMMUN TO HEP C	E		0	999	09/01/2012	12/31/9999	1	0.00
3517F	O6	HEP B STAT 1 YR PRIOR ANTI-TNF THRPY	E		0	999	01/01/2013	12/31/9999	2	0.00
35180	O1	REPAIR, CONGENITAL ARTERIOVENO	T		0	999	07/01/2021	12/31/9999	2	1,099.04
35182	O6	REPAIR, CONGENITAL ARTERIOVENO	C		0	999	09/01/2012	12/31/9999	1	0.00
35184	O1	REPAIR, CONGENITAL ARTERIOVENO	T		0	999	07/01/2021	12/31/9999	2	2,236.67
35188	O1	REPAIR, ACQUIRED OR TRAUMATIC	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35189	O6	REPAIR, ACQUIRED OR TRAUMATIC	C		0	999	09/01/2012	12/31/9999	1	0.00
35190	O1	REPAIR, ACQUIRED OR TRAUMATIC	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35201	O1	REPAIR BLOOD VESSELS OR A-V	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35206	O1	REPAIR BLOOD VESSEL	T		0	999	07/01/2021	12/31/9999	2	2,236.67
35207	O1	REPAIR BLOOD VESSEL,DIRECT; HA	T		0	999	07/01/2021	12/31/9999	3	2,236.67
3520F	O6	CLOSTRIDIUM DIFFICILE TST IBD10	E		0	999	01/01/2013	12/31/9999	2	0.00
35211	O6	REPAIR BLOOD VESSELS OR A-V	C		0	999	09/01/2012	12/31/9999	1	0.00
35216	O6	REPAIR BLOOD VESSELS OR A-V	C		0	999	09/01/2012	12/31/9999	1	0.00
35221	O6	REPAIR BLOOD VESSELS OR A-V	C		0	999	09/01/2012	12/31/9999	1	0.00
35226	O1	REPAIR BLOOD VESSELS OR A-V	T		0	999	07/01/2021	12/31/9999	3	486.13
35231	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	2	2,236.67
35236	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35241	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35246	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35251	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35256	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35261	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	1	2,236.67
35266	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35271	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35276	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35281	O6	REPAIR BLOOD VESSEL OR A-V F	C		0	999	09/01/2012	12/31/9999	1	0.00
35286	O1	REPAIR BLOOD VESSEL OR A-V F	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35301	O6	THROMBOENDARTERECTOMY INCL PATCH GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35302	O6	THROMBOENDARTERECTOMY SUP FEMORAL ART	C		0	999	09/01/2012	12/31/9999	1	0.00
35303	O6	THROMBOENDARTERECTOMY POPLITEAL ART	C		0	999	09/01/2012	12/31/9999	1	0.00
35304	O6	THROMBOENDARTERECTOMY TIBIOPERONEAL TRUN	C		0	999	09/01/2012	12/31/9999	1	0.00
35305	O6	THROMBOENDARTERECTOMY TIBIAL OR PERONEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35306	O6	THROMBOENDARTERECTOMY TIBIAL OR PERONEAL	C		0	999	09/01/2012	12/31/9999	4	0.00
35311	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35321	O1	THROMBOENDARTERECTOMY, WITH	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35331	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35341	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35351	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35355	O6	THROMBOENDARTERECTOMY, WITH OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35361	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35363	O6	THROMBOENDARTERECTOMY, WITH OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35371	O6	THROMBOENDARTERECTOMY, WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
35372	O6	THROMBOENDARTERECTOMY WITH OR	C		0	999	09/01/2012	12/31/9999	1	0.00
35390	O6	REOPERATION, CAROTID ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
35400	O6	ANGIOSCOPY	C		0	999	09/01/2012	12/31/9999	1	0.00
35500	O1	HARVEST VEIN FOR BYPASS	N		0	999	07/01/2014	12/31/9999	1	0.00
35501	O6	BYPASS GRAFT W/VEIN COM CAROTID-IPSIL IN	C		0	999	09/01/2012	12/31/9999	1	0.00
35506	O6	BYPASS GRAFT W/VEIN CAROTID-SUBCL OR SUB	C		0	999	09/01/2012	12/31/9999	1	0.00
35508	O6	BYPASS GRAFT, WITH VEIN; CAROT	C		0	999	09/01/2012	12/31/9999	1	0.00
35509	O6	BYPASS GRAFT W/VEIN CAROTID-CONTRALAT CA	C		0	999	09/01/2012	12/31/9999	1	0.00
3550F	O6	LOW RISK THROMBOEMBOLISM	E		0	999	09/01/2012	12/31/9999	1	0.00
35510	O6	BYPASS GRAFT W/VEIN; CAROTID-BRACH BYPAS	C		0	999	09/01/2012	12/31/9999	1	0.00
35511	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35512	O6	BYPS GRAFT W/VEIN; SUBCLAVIAN-BRACHBYPAS	C		0	999	09/01/2012	12/31/9999	1	0.00
35515	O6	BYPASS GRAFT, WITH VEIN; SUBCL	C		0	999	09/01/2012	12/31/9999	1	0.00
35516	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35518	O6	BYPASS GRAFT, WITH VEIN, AXILL	C		0	999	09/01/2012	12/31/9999	1	0.00
3551F	O6	INTRMED RSK THROMBOEMBOLISM	E		0	999	09/01/2012	12/31/9999	1	0.00
35521	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35522	O6	BYPASS GRAFT W/VEIN; AX-BRACHIAL BYPAS	C		0	999	09/01/2012	12/31/9999	1	0.00
35523	O6	ARTERY BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35525	O6	BYPASS GRAFT W/VEIN; BRACH-BRACH BYPAS	C		0	999	09/01/2012	12/31/9999	1	0.00
35526	O6	ARTERY BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
3552F	O6	HIGH RISK FOR THROMBOEMBOLISM	E		0	999	09/01/2012	12/31/9999	1	0.00
35531	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35533	O6	BYPASS GRAFT, WITH VEIN; AXILL	C		0	999	09/01/2012	12/31/9999	1	0.00
35535	O6	BYPAS GRFT W/VEIN HEPATORENAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35536	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35537	O6	BYPASS GRAFT W/VEIN AORTOILIAC	C		0	999	09/01/2012	12/31/9999	1	0.00
35538	O6	BYPASS GRAFT W/VEIN AORTOBI-ILIAC	C		0	999	09/01/2012	12/31/9999	1	0.00
35539	O6	BYPASS GRAFT W/VEIN AORTOFEMORAL	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
35540	O6	BYPASS GRAFT W/VEIN AORTOBIFEMORAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35556	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35558	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
3555F	O6	PT INR MEASUREMENT PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
35560	O6	BYPASS GRAFT, WITH VEIN; AORTO	C		0	999	09/01/2012	12/31/9999	1	0.00
35563	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35565	O6	BYPASS GRAFT, VEIN;	C		0	999	09/01/2012	12/31/9999	1	0.00
35566	O6	BYPASS GRAFT, WITH VEIN; FEMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
35570	O6	BYPAS GRFT W/VEIN TIBIAL COMBOS	C		0	999	09/01/2012	12/31/9999	1	0.00
35571	O6	BYPASS GRAFT, WITH VEIN; POPLI	C		0	999	09/01/2012	12/31/9999	1	0.00
35572	O1	HARVEST FEMOROPOPLITEAL VEIN	N		0	999	09/01/2012	12/31/9999	1	0.00
35583	O6	IN-SITU VEIN BYPASS; FEMORAL-P	C		0	999	09/01/2012	12/31/9999	1	0.00
35585	O6	IN-SITU VEIN BYPASS; FEMORAL-A	C		0	999	09/01/2012	12/31/9999	1	0.00
35587	O6	IN-SITU VEIN BYPASS; POPLITEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35600	O6	HARVEST ARTERY FOR CABG	C		0	999	09/01/2012	12/31/9999	1	0.00
35601	O6	BYPASS GRAFT W/VEIN COM CAROTID-IPSIL IN	C		0	999	09/01/2012	12/31/9999	1	0.00
35606	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35612	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35616	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35621	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35623	O6	BYPASS GRAFT, WITH OTHER THAN	C		0	999	09/01/2012	12/31/9999	1	0.00
35626	O6	ARTERY BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35631	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35632	O6	BYPAS GRAFT W OTH THN VEIN ILIO-CEL	C		0	999	09/01/2012	12/31/9999	1	0.00
35633	O6	BYPAS GRFT W OTH THN VEIN ILIO-MES	C		0	999	09/01/2012	12/31/9999	1	0.00
35634	O6	BYPAS GRFT W OTH THN VEIN ILIORENAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35636	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35637	O6	BYPASS GRAFT W/OTH THAN VEIN AORTOILIAC	C		0	999	09/01/2012	12/31/9999	1	0.00
35638	O6	BYPASS GRAFT W/OTH THAN VEIN AORTOBI-ILI	C		0	999	09/01/2012	12/31/9999	1	0.00
35642	O6	BYPASS GRAFT, WITH OTHER THAN	C		0	999	09/01/2012	12/31/9999	1	0.00
35645	O6	BYPASS GRAFT, WITH OTHER THAN	C		0	999	09/01/2012	12/31/9999	1	0.00
35646	O6	ARTERY BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35647	O6	ARTERY BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35650	O6	BYPASS GRAFT, WITH OTHER THAN	C		0	999	09/01/2012	12/31/9999	1	0.00
35654	O6	BYPASS GRAFT, WITH OTHER THAN	C		0	999	09/01/2012	12/31/9999	1	0.00
35656	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35661	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35663	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35665	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35666	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35671	O6	BYPASS GRAFT, WITH OTHER THA	C		0	999	09/01/2012	12/31/9999	1	0.00
35681	O6	COMPOSITE BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35682	O6	COMPOSITE BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35683	O6	COMPOSITE BYPASS GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
35685	O1	BYPASS GRAFT PATENCY/PATCH	N		0	999	07/01/2014	12/31/9999	1	0.00
35686	O1	BYPASS GRAFT/AV FIST PATENCY	N		0	999	07/01/2014	12/31/9999	1	0.00
35691	O6	TRANSPOSITION AND/OR REIMPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
35693	O6	TRANSPOSITION AND/OR REIMPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
35694	O6	TRANSPOSITION AND/OR REIMPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
35695	O6	TRANSPOSITION AND/OR REIMPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
35697	O6	REIMPL ART INFRARENIL AORTC PROS EA REIMP	C		0	999	09/01/2012	12/31/9999	2	0.00
35700	O6	REOPERATION, FEMORAL-POPLITEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
35701	O6	ARTERY EXPLORATION WITHOUT SURGICAL REPA	C		0	999	09/01/2012	12/31/9999	1	0.00
35702	O6	EXPL N/FLWD SURG UXTR ART	E		0	999	01/01/2020	12/31/9999	1	0.00
35703	O6	EXPL N/FLWD SURG LXTR ART	E		0	999	01/01/2020	12/31/9999	1	0.00
3570F	O6	RPRT BONE SCINT XREF W XRAY	E		0	999	09/01/2012	12/31/9999	1	0.00
3572F	O6	PT CONSID POSS RISK FX	E		0	999	09/01/2012	12/31/9999	1	0.00
3573F	O6	PT NOT CONSID POSS RISK FX	E		0	999	09/01/2012	12/31/9999	1	0.00
35800	O6	EXPLORATION FOR POSTOPERATIVE	C		0	999	09/01/2012	12/31/9999	1	0.00
35820	O6	EXPLORATION FOR POSTOPERATIV	C		0	999	09/01/2012	12/31/9999	1	0.00
35840	O6	EXPLORATION FOR POSTOPERATIV	C		0	999	09/01/2012	12/31/9999	1	0.00
35860	O1	EXPLORATION FOR POSTOPERATIV	T		0	999	07/01/2021	12/31/9999	2	2,236.67
35870	O6	REPAIR OF GRAFT-ENTERIC FISTUL	C		0	999	09/01/2012	12/31/9999	1	0.00
35875	O1	REMOVAL OF CLOT IN GRAFT	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35876	O1	THROMBECTOMY OF ARTERIAL OR VE	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35879	O1	REVISE GRAFT W/VEIN	T		0	999	07/01/2021	12/31/9999	2	3,728.52
35881	O1	REVISE GRAFT W/VEIN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35883	O1	REV FEM ANASTSYN ART BYPASS GRAFT W/PATC	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35884	O1	REV FEM ANASTSYN ART BYPASS GRAFT W/O PA	T		0	999	07/01/2021	12/31/9999	1	3,728.52
35901	O6	EXCISION OF INFECTED GRAFT; NE	C		0	999	09/01/2012	12/31/9999	1	0.00
35903	O1	EXCISION OF INFECTED GRAFT; EX	T		0	999	07/01/2021	12/31/9999	2	2,236.67
35905	O6	EXCISION OF INFECTED GRAFT; TH	C		0	999	09/01/2012	12/31/9999	1	0.00
35907	O6	EXCISION OF INFECTED GRAFT; AB	C		0	999	09/01/2012	12/31/9999	1	0.00
36000	O1	INTRODUCTION OF NEEDLE OR INTR	N		0	999	09/01/2012	12/31/9999	2	0.00
36002	O1	PSEUDOANEURYSM INJECTION TRT	T		0	999	07/01/2021	12/31/9999	2	423.33
36005	O1	INJECTION EXT VENOGRAPHY	N		0	999	09/01/2012	12/31/9999	1	0.00
36010	O1	INTRODUCTION OF CATHETER, SUPE	N		0	999	09/01/2012	12/31/9999	1	0.00
36011	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36012	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36013	O1	INTRODUCTION OF CATHETER, RIGH	N		0	999	09/01/2012	12/31/9999	1	0.00
36014	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36015	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36100	O1	INTRODUCTION OF NEEDLE OR INTR	N		0	999	09/01/2012	12/31/9999	1	0.00
36140	O1	INTRODUCT NEEDLE OR INTRACATHETER	N		0	999	09/01/2012	12/31/9999	1	0.00
36160	O1	INTRODUCTION OF NEEDLE OR IN	N		0	999	09/01/2012	12/31/9999	2	0.00
36200	O1	INTRODUCTION OF CATHETER, AORT	N		0	999	09/01/2012	12/31/9999	1	0.00
36215	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	2	0.00
36216	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	2	0.00
36217	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	2	0.00
36218	O1	PLACE CATHETER IN ARTERY	N		0	999	07/01/2020	12/31/9999	2	0.00
36221	O1	NON-SEL CATH, THORACIC AORTA	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36222	O1	SELECT CATH, COMMON CAROTID	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36223	O1	SELECT CATH, COMMON CAROTID	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36224	O1	SELECT CATH, INTERNAL CAROTID	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36225	O1	SELECT CATH, SUBCLAVIAN OR INNOMATE	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36226	O1	SELECT CATH, VETEBRAL ARTERY	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36227	O1	SELECT CATH, EXTERNAL CAROTID	N		0	999	01/01/2013	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
36228	O1	SELECT CATH, INTERN CAROTID/VERTEBRAL AR	N		0	999	01/01/2013	12/31/9999	1	0.00
36245	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36246	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36247	O1	SELECTIVE CATHETER PLACEMENT,	N		0	999	09/01/2012	12/31/9999	1	0.00
36248	O1	PLACE CATHETER IN ARTERY	N		0	999	07/01/2020	12/31/9999	2	0.00
36251	O1	1ST RENAL ANGIOGRAPHY UNILAT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36252	O1	1ST RENAL ANGIOGRAPHY BILAT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36253	O1	2ND RENAL ANGIOGRAPHY UNILAT	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36254	O1	2ND RENAL ANGIOGRAPHY BILAT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36260	O1	INSERTION OF IMPLANTABLE INTRA	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36261	O1	REVISION OF IMPLANTED INTRAVEN	T		0	999	07/01/2021	12/31/9999	1	2,688.99
36262	O1	REMOVAL OF IMPLANTED INTRAVENO	T		0	999	07/01/2021	12/31/9999	1	2,688.99
36299	O1	UNLISTED PROCEDURE, VASCULAR	N		0	999	09/01/2012	12/31/9999	1	0.00
36400	O1	VENIPUNCT UND AGE 3 YR; FEM/JUGULARVENIP	N		0	2	09/01/2012	12/31/9999	1	0.00
36405	O1	VENIPUNCT UNDER AGE 3 YR; SCLP VEINVENIP	N		0	2	09/01/2012	12/31/9999	1	0.00
36406	O1	VENIPUNCT UNDER AGE 3 YR; OTH VEIN VENIP	N		0	2	09/01/2012	12/31/9999	1	0.00
36410	O1	VENIPUNCT AGE 3 MD SKILL SEP PROC VENIP	N		3	999	09/01/2012	12/31/9999	1	0.00
36415	O1	ROUTINE VENIPUNCTURE	A		0	999	07/01/2020	12/31/9999	2	2.70
36416	O1	CAPILLARY BLOOD DRAW	N		0	999	10/01/2018	12/31/9999	3	0.00
36420	O1	VENIPUNCTURE, CUTDOWN;	T		0	1	07/01/2021	12/31/9999	2	87.50
36425	O1	VENIPUNCTURE, CUTDOWN;	T		1	999	07/01/2021	12/31/9999	3	211.21
36430	O1	TRANSFUSION, BLOOD OR BLOOD	S		0	999	07/01/2021	12/31/9999	1	310.34
36440	O1	*PUSH TRANSFUSION, BLOOD, 2 Y	S		0	999	07/01/2021	12/31/9999	1	310.34
36450	O1	EXCHANGE TRANSFUSION, BLOOD;	S		0	1	07/01/2021	12/31/9999	1	310.34
36455	O1	EXCHANGE TRANSFUSION, BLOOD;	S		1	999	07/01/2021	12/31/9999	1	310.34
36456	O1	PARTIAL EXCHANGE TRANSFUSION	S		0	1	07/01/2021	12/31/9999	1	310.34
36460	O1	TRANSFUSION, INTRAUTERINE, F	S		0	999	07/01/2021	12/31/9999	2	310.34
36465	O6	INJECT FOAM FOR IMAGING GUIDANCE, SINGLE	E		0	999	01/01/2018	12/31/9999	1	0.00
36466	O6	INJECT FOAM FOR IMAGING GUIDANCE, MULTIP	E		0	999	01/01/2018	12/31/9999	1	0.00
36468	O6	INJECTION(S) SCLEROSANT FOR SPIDER VEINS	E		0	999	09/01/2012	12/31/9999	1	0.00
36470	O6	INJECTION OF SCLEROSANT; SINGLE INCOMP	E		0	999	09/01/2012	12/31/9999	1	0.00
36471	O6	INJECTION OF SCLEROSING SOLU	E		0	999	09/01/2012	12/31/9999	1	0.00
36473	O1	ENDO ABLATION THERAPY INCOMP VEIN, FIRST	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36474	O1	ENDO ABLATION THERAPY INCOMP VEIN, SUBSE	N		0	999	01/01/2017	12/31/9999	1	0.00
36475	O1	ENDOVENOUS RF, 1ST VEIN	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36476	O1	ENDOVENOUS RF VEIN ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
36478	O1	ENDOVENOUS LASER, 1ST VEIN	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36479	O1	ENDOVENOUS LASER VEIN ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
36481	O1	INSERTION OF CATHETER, VEIN	N		0	999	09/01/2012	12/31/9999	1	0.00
36482	O1	ENDOVENOUS ABLATION THERAPY, 1ST VEIN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36483	O1	ENDOVENOUS ABLATION THERAPY, SUBSE VEIN	N		0	999	01/01/2018	12/31/9999	2	0.00
36500	O1	VENOUS CATHETERIZATION FOR S	N		0	999	09/01/2012	12/31/9999	2	0.00
3650F	O6	EEG ORDERED RWVD REQSTD	E		0	999	09/01/2012	12/31/9999	1	0.00
36510	O1	*CATHETERIZATION OF UMBILICAL	N		0	1	09/01/2012	12/31/9999	1	0.00
36511	O1	APHERESIS WBC	S		0	999	07/01/2021	12/31/9999	1	1,065.44
36512	O1	APHERESIS RBC	S		0	999	07/01/2021	12/31/9999	1	1,065.44
36513	O1	APHERESIS PLATELETS	S		0	999	07/01/2021	12/31/9999	1	310.34
36514	O1	APHERESIS PLASMA	S		0	999	07/01/2021	12/31/9999	1	1,065.44
36516	O1	APHERESIS, SELECTIVE	S		0	999	07/01/2021	12/31/9999	1	3,155.87
36522	O1	PHOTOPHERESIS, EXTRACORPOREAL	S		0	999	07/01/2021	12/31/9999	1	3,155.87
36555	O1	INSRT NON-TUNNL CNTRL CVC; <5 YR INSRT	S		0	4	07/01/2021	12/31/9999	2	2,236.67
36556	O1	INSRT NON-TUNNL CNTRL CVC; 5/> INSRT	S		5	999	07/01/2021	12/31/9999	2	2,236.67
36557	O1	INSRT TUNNL CVC NO PORT/PUMP;<5 YR INSRT	T		0	4	07/01/2021	12/31/9999	2	3,728.52
36558	O1	INSRT TUNNL CVC NO PORT/PUMP;5 YR/>INSRT	T		5	999	07/01/2021	12/31/9999	2	2,236.67
36560	O1	INSRT TUNNL CNTRL CVAD PORT; <5 YR INSRT	T		0	4	07/01/2021	12/31/9999	2	2,236.67
36561	O1	INSRT TUNNL CNTRL CVAD PORT; 5 YR/>INSRT	T		5	999	07/01/2021	12/31/9999	2	2,236.67
36563	O1	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP INSRT	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36565	O1	INSRT TUNL CVAD 2 CATH-SITE;NO PORTINSRT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36566	O1	INSRT TUNNL CVAD 2 CATH-2 SITE;PORTINSRT	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36568	O1	INSERT PICC W/O PORT/PUMP; < 5 YR INSER	S		0	999	07/01/2021	12/31/9999	2	1,099.04
36569	O1	INSERT PICC W/O PORT/PUMP; 5 YR/> INSER	S		5	999	07/01/2021	12/31/9999	2	1,099.04
36570	O1	INSRT PERIPH INSRT CVAD W/PORT;<5YRINSER	T		0	4	07/01/2021	12/31/9999	2	2,236.67
36571	O1	INSRT PERIPH INSRT CVAD PORT; 5YR/>INSER	T		5	999	07/01/2021	12/31/9999	2	2,236.67
36572	O1	INSJ PICC RS&I <5 YR	T		0	4	07/01/2021	12/31/9999	1	423.33
36573	O1	INSJ PICC RS&I 5 YR+	S		5	999	07/01/2021	12/31/9999	1	1,099.04
36575	O1	REP CV ACSS CATH W/O PORT/PUMP REP C	T		0	999	07/01/2021	12/31/9999	2	423.33
36576	O1	REP CVAD W/PORT/PUMP CNTRL/PERIPH REP C	T		0	999	07/01/2021	12/31/9999	2	1,099.04
36578	O1	REPL CATH ONLY CVAD SUBQ PORT/PUMP REPL	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36580	O1	REPL NON-TUNNLD CVC W/O PORT/PUMP REPL	S		0	999	07/01/2021	12/31/9999	2	1,099.04
36581	O1	REPL TUNNLD CNTRL CVC W/O PORT/PUMPREPL	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36582	O1	REPL TUNNLD CNTRL CVAD W/SUBQ PORT REPL	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36583	O1	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP REPL	T		0	999	07/01/2021	12/31/9999	2	3,728.52
36584	O1	REPL PICC W/O PORT/PUMP SAME ACSS REPL	S		0	999	07/01/2021	12/31/9999	2	1,099.04
36585	O1	REPL PERIPH INSRT CVAD W/SUBQ PORT REPL	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36589	O1	REMOV TUNNLD CVC W/O SUBQ PORT/PUMP REMOV	T		0	999	07/01/2021	12/31/9999	2	423.33
36590	O1	REMOV TUNNLD CVAD W/SUBQ PORT/PUMP REMV	T		0	999	07/01/2021	12/31/9999	2	1,099.04
36591	O6	COLL BLOOD SPEC / IMPLANT VEN ACC DEV	E		0	999	09/01/2012	12/31/9999	1	0.00
36592	O6	COLL BLOOD SPEC/ EST CENT/PERIP CATH	E		0	999	09/01/2012	12/31/9999	1	0.00
36593	O1	DECLOT THROMB AGENT IMPLN VAD OR CATH	T		0	999	07/01/2021	12/31/9999	2	242.88
36595	O1	MECH REMV PERICATH MATL SEP ACSS MECH	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36596	O1	MECH REMV INTRALUMNLL OBST MATL-LUMNMECH	T		0	999	07/01/2021	12/31/9999	2	1,099.04
36597	O1	REPSTN PREV PLCD CVC FLUORO GUID REPST	T		0	999	07/01/2021	12/31/9999	2	1,099.04
36598	O1	INJ W/FLUOR, EVAL CV DEVICE	T		0	999	07/01/2021	12/31/9999	2	159.05
36600	O1	*ARTERIAL PUNCTURE, WITHDRAWA	T		0	999	07/01/2021	12/31/9999	4	87.50
36620	O1	ARTERIAL CATHETERIZATION OR	N		0	999	09/01/2012	12/31/9999	1	0.00
36625	O1	ARTERIAL CATHETERIZATION OR	N		0	999	09/01/2012	12/31/9999	1	0.00
36640	O1	ARTERIAL CATHETERIZATION FOR	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36660	O6	*CATHETERIZATION, UMBILICAL A	C		0	1	09/01/2012	12/31/9999	1	0.00
36680	O1	PLACEMENT OF NEEDLE FOR INTRAO	T		0	999	07/01/2021	12/31/9999	1	211.21
36800	O1	INSERTION OF CANNULA FOR HEM	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36810	O1	INSERTION OF CANNULA FOR HEM	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36815	O1	INSERTION OF CANNULA FOR HEM	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36818	O1	AV FUSE, UPPR ARM, CEPHALIC	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36819	O1	AV FUSION/UPPR ARM VEIN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36820	O1	AV FUSION/FOREARM VEIN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36821	O1	AV FUSION DIRECT ANY SITE	T		0	999	07/01/2021	12/31/9999	2	2,236.67
36823	O6	INSERTION OF CANNULA(S)	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
36825	O1	ARTERIOVENOUS FISTULA;	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36830	O1	ARTERY-VEIN NONAUTOGRAFT	T		0	999	07/01/2021	12/31/9999	2	3,728.52
36831	O1	AV FISTULA EXCISION, OPEN	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36832	O1	AV FISTULA REVISION, OPEN	T		0	999	07/01/2021	12/31/9999	2	3,728.52
36833	O1	AV FISTULA REVISION	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36835	O1	THOMAS SHUNT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
36838	O1	DRIL UPPER EXT HEMODIALYSIS ACESS DIST	T		0	999	07/01/2021	12/31/9999	1	3,728.52
36860	O1	EXTERNAL CANNULA DECLOTTING	T		0	999	07/01/2021	12/31/9999	2	1,099.04
36861	O1	CANNULA DECLOTTING;	T		0	999	07/01/2021	12/31/9999	2	3,728.52
36901	O1	INTRO CATH W/DIAG ANGIO	T		0	999	07/01/2021	12/31/9999	1	1,099.04
36902	O1	INTRO CATH W/TRAN BALLON ANGIO	T		0	999	07/01/2021	12/31/9999	1	3,874.26
36903	O1	INTRO CATH W/DIAG ANGIO W/TRNSCATH PLACE	T		0	999	07/01/2021	12/31/9999	1	7,849.55
36904	O1	PERCUTANEOUS TRANSLUMINAL INFUSIONS	T		0	999	07/01/2021	12/31/9999	1	3,874.26
36905	O1	PERCUT TRANS INFUS W/TRANS BALLON ANGIO	T		0	999	07/01/2021	12/31/9999	1	7,849.55
36906	O1	PERCUTAN TRANS INFUS W/TRANSCATHETER PLA	T		0	999	07/01/2021	12/31/9999	1	12,555.60
36907	O1	TRANS BALLON ANGIO DIALYSIS	N		0	999	01/01/2017	12/31/9999	1	0.00
36908	O1	TRANSCATHETER PLACE STENT	N		0	999	01/01/2017	12/31/9999	1	0.00
36909	O1	DIALYSIS CIRCUIT PER VAS EMBO	N		0	999	01/01/2017	12/31/9999	1	0.00
3700F	O6	PSYCH DISORDERS ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
37140	O6	REVISION OF CIRCULATION	C		0	999	09/01/2012	12/31/9999	1	0.00
37145	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
37160	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
37180	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
37181	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
37182	O6	INSERT HEPATIC SHUNT (TIPS)	C		0	999	09/01/2012	12/31/9999	1	0.00
37183	O1	REMOVE HEPATIC SHUNT (TIPS)	T		0	999	07/01/2021	12/31/9999	1	3,874.26
37184	O1	PRIM ART M-THRMBC 1ST VSL	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37185	O1	PRIM ART M-THRMBC SBSQ VSL	N		0	999	07/01/2014	12/31/9999	1	0.00
37186	O1	SEC ART THROMBECTOMY ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
37187	O1	VENOUS MECH THROMBECTOMY	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37188	O1	VENOUS M-THROMBECTOMY ADD-ON	S		0	999	07/01/2021	12/31/9999	1	2,236.67
37191	O1	INSERT INTRAVASCULAR VENA CAVA FLTR	T		0	999	07/01/2021	12/31/9999	1	3,728.52
37192	O1	REPOS INTRAVASCULAR VENA CAVA FLTR	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37193	O1	REMOV INTRAVASCULAR VENA CAVA FLTR	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37195	O1	THROMBOLYTIC THERAPY, STROKE	T		0	999	07/01/2021	12/31/9999	1	242.88
37197	O1	REMOV INTRANS FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	2	2,236.67
37200	O1	TRANSCATHETER BIOPSY	T		0	999	07/01/2021	12/31/9999	2	3,728.52
3720F	O6	COGNIT IMPAIRMENT ASSESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
37211	O1	THROMBOLYTIC ART THERAPY	T		0	999	07/01/2021	12/31/9999	1	3,728.52
37212	O1	THROMBOLYTIC VENOUS THERAPY	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37213	O1	THROMBOLYTIC ARTERY/VENOUS THERAPY	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37214	O1	CESSJ THERAPY CATH REMOVAL	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37215	O6	TRANSCATH STENT CCA W/EPS	C		0	999	09/01/2012	12/31/9999	1	0.00
37216	O6	TRANSCATH STENT CCA W/O EPS	E		0	999	09/01/2012	12/31/9999	1	0.00
37217	O6	TRANSCATH STENT ICCA	C		0	999	01/01/2014	12/31/9999	1	0.00
37218	O6	STENT PLACEMT ANTE CAROTID	C		0	999	01/01/2015	12/31/9999	1	0.00
37220	O1	ILIAC REVASC	T		0	999	07/01/2021	12/31/9999	1	3,874.26
37221	O1	ILIAC REVASC W/STENT	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37222	O1	ILIAC REVASC ADD-ON	N		0	999	07/01/2015	12/31/9999	1	0.00
37223	O1	ILIAC REVASC W/STENT ADD-ON	N		0	999	07/01/2015	12/31/9999	1	0.00
37224	O1	FEM/POPL REVAS W/TLA	T		0	999	07/01/2021	12/31/9999	1	3,874.26
37225	O1	FEM/POPL REVAS W/ATHER	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37226	O1	FEM/POPL REVASC W/STENT	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37227	O1	FEM/POPL REVASC STNT & ATHER	T		0	999	07/01/2021	12/31/9999	1	12,555.60
37228	O1	TIB/PER REVASC W/TLA	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37229	O1	TIB/PER REVASC W/ATHER	T		0	999	07/01/2021	12/31/9999	1	12,555.60
37230	O1	TIB/PER REVASC W/STENT	T		0	999	07/01/2021	12/31/9999	1	12,555.60
37231	O1	TIB/PER REVASC STENT & ATHER	T		0	999	07/01/2021	12/31/9999	1	12,555.60
37232	O1	TIB/PER REVASC ADD-ON	N		0	999	07/01/2015	12/31/9999	1	0.00
37233	O1	TIBPER REVASC W/ATHER ADD-ON	N		0	999	07/01/2015	12/31/9999	1	0.00
37234	O1	REVSC OPN/PRQ TIB/PERO STENT	N		0	999	07/01/2015	12/31/9999	1	0.00
37235	O1	TIB/PER REVASC STNT & ATHER	N		0	999	07/01/2015	12/31/9999	1	0.00
37236	O1	STENT PLACEMT CERVICAL CAROTID INITIAL	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37237	O1	STENT PLACEMT CERVICAL CAROTID EA ADDL	N		0	999	07/01/2015	12/31/9999	1	0.00
37238	O1	TRANSVSC STENT OPEN/PERQ INITIAL VEIN	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37239	O1	TRANSVSC STENT OPEN/PERQ EA ADDL VEIN	N		0	999	07/01/2015	12/31/9999	2	0.00
37241	O1	VASC EMBOLIZ OR OCCLUSN VENOUS	T		0	999	07/01/2021	12/31/9999	2	7,849.55
37242	O1	VASC EMBOLIZ OR OCCLUSN ARTERY	T		0	999	07/01/2021	12/31/9999	2	7,849.55
37243	O1	VASC EMBOLIZ OR OCCLUSN TUMORS	T		0	999	07/01/2021	12/31/9999	1	7,849.55
37244	O1	VASC EMBOLIZ OR OCCLUSN ART/VEN HEMORRH	T		0	999	07/01/2021	12/31/9999	2	7,849.55
37246	O1	TRANS BALLON ANGIOPLASTY; INITIAL ARTERY	T		0	999	07/01/2021	12/31/9999	1	3,874.26
37247	O1	TRANS BALLON ANGIOPLASTY; EACH ADD ARTER	N		0	999	01/01/2017	12/31/9999	1	0.00
37248	O1	TRANS BALLON ANGIO WITNIN SAME VEIN, INI	T		0	999	07/01/2021	12/31/9999	1	3,874.26
37249	O1	TRANS BALLON ANGIO WITNIN SAME VEIN, EAC	N		0	999	01/01/2017	12/31/9999	1	0.00
37252	O1	INTRVASC US NONCORONARY 1ST	N		0	999	01/01/2016	12/31/9999	1	0.00
37253	O1	INTRVASC US NONCORONARY ADDL	N		0	999	01/01/2016	12/31/9999	4	0.00
3725F	O6	SCREENING FOR DEPRESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
37500	O1	ENDOSCOPY LIGATE PERF VEINS	T		0	999	07/01/2021	12/31/9999	1	3,728.52
37501	O1	VASCULAR ENDOSCOPY PROCEDURE	T		0	999	07/01/2021	12/31/9999	1	423.33
3750F	O6	PT NO REC CORTICO>=10MG/DAY	E		0	999	01/01/2013	12/31/9999	2	0.00
3751F	O6	ELECTRODIAG POLYNEURO 6MON	E		0	999	01/01/2013	12/31/9999	1	0.00
3752F	O6	NO ELECTRODIAG POLYNEURO6MON	E		0	999	01/01/2013	12/31/9999	1	0.00
3753F	O6	PT HAS SYMP+SIGNS NEUROPATHY	E		0	999	01/01/2013	12/31/9999	1	0.00
3754F	O6	SCREENING TESTS DM DONE	E		0	999	01/01/2013	12/31/9999	1	0.00
3755F	O6	COG+BEHAV IMPRMTN SCRNG DONE	E		0	999	01/01/2013	12/31/9999	1	0.00
37565	O1	LIGATION OF INTERNAL JUGULAR	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3756F	O6	PT W/PSEUDOBULB AFFECT/ALS	E		0	999	01/01/2013	12/31/9999	1	0.00
3757F	O6	PT W/NO PSEUDOBULBAFFECT/ALS	E		0	999	01/01/2013	12/31/9999	2	0.00
3758F	O6	PT REF PULMON FX TEST/PEAK FLOW	E		0	999	01/01/2013	12/31/9999	2	0.00
3759F	O6	PT SCRN DYSPHAG/WT LOSS/NUTR	E		0	999	01/01/2013	12/31/9999	2	0.00
37600	O1	LIGATION;	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37605	O1	LIGATION;	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37606	O1	LIGATION;	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37607	O1	LIGATION OR BANDING OF ANGIOAC	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37609	O1	LIGATION OR BIOPSY, TEMPORAL	T		0	999	07/01/2021	12/31/9999	1	1,099.71
3760F	O6	PT W/ DYSPHAG/WT LOSS/NUTR	E		0	999	01/01/2013	12/31/9999	2	0.00
37615	O1	LIGATION, MAJOR ARTERY (EG,	T		0	999	07/01/2021	12/31/9999	2	2,236.67

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
37616	O6	LIGATION, MAJOR ARTERY (EG,	C		0	999	09/01/2012	12/31/9999	1	0.00
37617	O6	LIGATION, MAJOR ARTERY (EG,	C		0	999	09/01/2012	12/31/9999	1	0.00
37618	O6	LIGATION, MAJOR ARTERY (EG,	C		0	999	09/01/2012	12/31/9999	1	0.00
37619	O1	LIGATION INFERIOR VENA CAVA	T		0	999	07/01/2021	12/31/9999	1	3,728.52
3761F	O6	PT W/O DYSPHAG/WT LOSS/NUTR	E		0	999	01/01/2013	12/31/9999	2	0.00
3762F	O6	PATIENT IS DYSARTHRIC	E		0	999	01/01/2013	12/31/9999	2	0.00
3763F	O6	PATIENT IS NOT DYSARTHRIC	E		0	999	01/01/2013	12/31/9999	2	0.00
37650	O1	INTERRUPTION, PARTIAL OR COMPL	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37660	O6	INTERRUPTION, PARTIAL OR COM	C		0	999	09/01/2012	12/31/9999	1	0.00
37700	O1	LIGATION AND DIVISION OF LONG	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37718	O1	LIGATE/STRIP SHORT LEG VEIN	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37722	O1	LIGATE/STRIP LONG LEG VEIN	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37735	O1	LIGATION AND DIVISION AND COMP	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3775F	O6	ADENOMA DETECTED	E		0	999	04/01/2014	12/31/9999	1	0.00
37760	O1	LIGATE LEG VEINS RADICAL	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37761	O1	LIGATE LEG VEINS OPEN	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37765	O1	STAB PHLEBECT VV 1 EXT; 10-20 INCI STAB	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37766	O1	STAB PHLEBECT VV 1 EXT; >20 INCI STAB	T		0	999	07/01/2021	12/31/9999	1	2,236.67
3776F	O6	ADENOMA NOT DETECTED	E		0	999	04/01/2014	12/31/9999	1	0.00
37780	O1	LIGATION AND DIVISION OF SHORT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37785	O1	LIG &/ EXC VARICOSE VN CLUSTR 1 LEGLIGAT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
37788	O6	PENILE REVASCLARIZATION, ARTE	C		0	999	09/01/2012	12/31/9999	1	0.00
37790	O1	PENILE VENOUS OCCLUSIVE PROCED	T		0	999	07/01/2021	12/31/9999	1	2,404.46
37799	O1	UNLISTED PROCEDURE, VASCULAR	T		0	999	07/01/2021	12/31/9999	1	423.33
38100	O6	SPLENECTOMY; TOTAL (SEP PROC)	C		0	999	09/01/2012	12/31/9999	1	0.00
38101	O6	SPLENECTOMY; PARTIAL (SEP PROC	C		0	999	09/01/2012	12/31/9999	1	0.00
38102	O6	REMOVAL OF SPLEEN, TOTAL	C		0	999	09/01/2012	12/31/9999	1	0.00
38115	O6	REPAIR OF RUPTURED SPLEEN (S	C		0	999	09/01/2012	12/31/9999	1	0.00
38120	O1	LAPAROSCOPY, SPLENECTOMY	T		0	999	07/01/2021	12/31/9999	1	6,962.21
38129	O1	LAPAROSCOPE PROC, SPLEEN	T		0	999	07/01/2021	12/31/9999	1	3,955.23
38200	O1	INJECTION PROCEDURE FOR SPLE	N		0	999	09/01/2012	12/31/9999	1	0.00
38204	O6	BL DONOR SEARCH MANAGEMENT	E		0	999	02/10/2014	12/31/9999	1	0.00
38205	O6	HARVEST ALLOGENIC STEM CELLS	E		0	999	09/01/2012	12/31/9999	1	0.00
38206	O6	HARVEST AUTO STEM CELLS	E		0	999	09/01/2012	12/31/9999	1	0.00
38207	O6	CRYOPRESERVE STEM CELLS	E		0	999	09/01/2012	12/31/9999	1	0.00
38208	O6	TPLNT PREP HEM PRG CELL; THW NO WASHTPLNT	E		0	999	09/01/2012	12/31/9999	1	0.00
38209	O6	TPLNT PREP HEM PRG CELL; THAW WASH TPLNT	E		0	999	09/01/2012	12/31/9999	1	0.00
38210	O6	T-CELL DEPLETION OF HARVEST	E		0	999	09/01/2012	12/31/9999	1	0.00
38211	O6	TUMOR CELL DEPLETE OF HARVST	E		0	999	09/01/2012	12/31/9999	1	0.00
38212	O6	RBC DEPLETION OF HARVEST	E		0	999	09/01/2012	12/31/9999	1	0.00
38213	O6	PLATELET DEPLETE OF HARVEST	E		0	999	09/01/2012	12/31/9999	1	0.00
38214	O6	VOLUME DEPLETE OF HARVEST	E		0	999	09/01/2012	12/31/9999	1	0.00
38215	O6	HARVEST STEM CELL CONCENTRTE	E		0	999	09/01/2012	12/31/9999	1	0.00
38220	O1	DX BONE MARROW ASPIRATION(S)	T		0	999	07/01/2021	12/31/9999	1	1,099.71
38221	O1	BONE MARROW BIOPSY(IES)	T		0	999	07/01/2021	12/31/9999	1	1,099.71
38222	O1	DIAG BONE MARROW	T		0	999	07/01/2021	12/31/9999	1	1,852.39
38230	O6	BONE MARROW HARVESTING FOR TRA	E		0	999	09/01/2012	12/31/9999	1	0.00
38232	O6	BONE MARROW HARVEST AUTOLOGOUS	E		0	999	09/01/2012	12/31/9999	1	0.00
38240	O1	BONE MARROW TRANSPLANTATION; A	T		0	999	07/01/2021	12/31/9999	1	24,884.63
38241	O1	BONE MARROW TRANSPLANTATION; A	S		0	999	07/01/2021	12/31/9999	1	1,065.44
38242	O1	LYMPHOCYTE INFUSE TRANSPLANT	S		0	999	07/01/2021	12/31/9999	1	1,065.44
38243	O1	TRANSPLT HEMATOPOIETIC BOOST	S		0	999	07/01/2021	12/31/9999	1	1,065.44
38300	O1	*DRAINAGE OF LYMPH NODE ABSCE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
38305	O1	DRAINAGE OF LYMPH NODE ABSCE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
38308	O1	LYMPHANGIOTOMY OR OTHER OPER	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38380	O6	SUTURE AND/OR LIGATION OF TH	C		0	999	09/01/2012	12/31/9999	1	0.00
38381	O6	SUTURE AND/OR LIGATION OF TH	C		0	999	09/01/2012	12/31/9999	1	0.00
38382	O6	SUTURE AND/OR LIGATION OF THOR	C		0	999	09/01/2012	12/31/9999	1	0.00
38500	O1	BIOPSY/REMOVAL, LYMPH NODES	T		0	999	07/01/2021	12/31/9999	2	2,468.08
38505	O1	BIOPSY OR EXCISION OF LYMPH NO	T		0	999	07/01/2021	12/31/9999	2	1,099.71
38510	O1	BIOPSY/REMOVAL, LYMPH NODES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38520	O1	BIOPSY/REMOVAL, LYMPH NODES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38525	O1	BIOPSY/REMOVAL, LYMPH NODES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38530	O1	BIOPSY/REMOVAL, LYMPH NODES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38531	O1	OPEN BX/EXC INGUINOFEM NODES	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38542	O1	DISSECTION;	T		0	999	07/01/2021	12/31/9999	1	3,955.23
38550	O1	EXCISION OF CYSTIC HYGROMA,	T		0	999	07/01/2021	12/31/9999	1	2,468.08
38555	O1	EXCISION OF CYSTIC HYGROMA,	T		0	999	07/01/2021	12/31/9999	1	4,325.32
38562	O6	LIMITED LYMPHADENECTOMY FOR ST	C		0	999	09/01/2012	12/31/9999	1	0.00
38564	O6	LIMITED LYMPHADENECTOMY FOR ST	C		0	999	09/01/2012	12/31/9999	1	0.00
38570	O1	LAPAROSCOPY, LYMPH NODE BIOP	S		0	999	07/01/2021	12/31/9999	1	3,955.23
38571	O1	LAPAROSCOPY, LYMPHADENECTOMY	S		0	999	07/01/2021	12/31/9999	1	6,962.21
38572	O1	LAPAROSCOPY, LYMPHADENECTOMY	S		0	999	07/01/2021	12/31/9999	1	6,962.21
38573	O1	LAPAROSCOPY, SURGICAL; BILATERAL	T		0	999	07/01/2021	12/31/9999	1	6,962.21
38589	O1	LAPAROSCOPE PROC, LYMPHATIC	T		0	999	07/01/2021	12/31/9999	1	3,955.23
38700	O1	SUPRAHYOID LYMPHADENECTOMY	T		0	999	07/01/2021	12/31/9999	1	4,325.32
38720	O1	CERVICAL LYMPHADENECTOMY (COMP	T		0	999	07/01/2021	12/31/9999	1	6,971.89
38724	O6	CERVICAL LYMPHADENECTOMY (MODI	C		0	999	09/01/2012	12/31/9999	1	0.00
38740	O1	AXILLARY LYMPHADENECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,955.23
38745	O1	AXILLARY LYMPHADENECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,955.23
38746	O6	REMOVE THORACIC LYMPH NODES	C		0	999	09/01/2012	12/31/9999	1	0.00
38747	O6	REMOVE ABDOMINAL LYMPH NODES	C		0	999	09/01/2012	12/31/9999	1	0.00
38760	O1	INGUINOFEMORAL LYMPHADENECTOMY	T		0	999	07/01/2021	12/31/9999	1	4,325.32
38765	O6	INGUINOFEMORAL LYMPHADENECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
38770	O6	PELVIC LYMPHADENECTOMY, INCLUD	C		0	999	09/01/2012	12/31/9999	1	0.00
38780	O6	RETROPERITONEAL LYMPHADENECT	C		0	999	09/01/2012	12/31/9999	1	0.00
38790	O1	INJECTION FOR LYMPHATIC XRAY	N		0	999	09/01/2012	12/31/9999	1	0.00
38792	O1	IDENTIFY SENTINEL NODE	T		0	999	07/01/2021	12/31/9999	1	294.75
38794	O1	CANNULATION, THORACIC DUCT	N		0	999	09/01/2012	12/31/9999	1	0.00
38900	O1	IO MAP OF SENT LYMPH NODE	N		0	999	09/01/2012	12/31/9999	1	0.00
38999	O1	UNLISTED PROCEDURE, HEMIC OR	S		0	999	07/01/2021	12/31/9999	1	310.34
39000	O6	MEDIASTINOTOMY WITH EXPLORAT	C		0	999	09/01/2012	12/31/9999	1	0.00
39010	O6	MEDIASTINOTOMY WITH EXPLORAT	C		0	999	09/01/2012	12/31/9999	1	0.00
39200	O6	EXCISION OF MEDIASTINAL CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
39220	O6	EXCISION OF MEDIASTINAL TUMO	C		0	999	09/01/2012	12/31/9999	1	0.00
39401	O1	MEDIASTINOSCPY W/MEDSTNL BX	T		0	999	07/01/2021	12/31/9999	1	3,955.23
39402	O1	MEDIASTINOSCPY W/LMPH NOD BX	T		0	999	07/01/2021	12/31/9999	1	3,955.23

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
39499	O6	UNLISTED PROCEDURE, MEDIASTI	C		0	999	09/01/2012	12/31/9999	1	0.00
39501	O6	REPAIR, LACERATION OF DIAPHRAG	C		0	999	09/01/2012	12/31/9999	1	0.00
39503	O6	REPAIR, NEONATAL DIAPHRAGMATIC	C		0	1	09/01/2012	12/31/9999	1	0.00
39540	O6	REPAIR, DIAPHRAGMATIC HERNIA	C		0	999	09/01/2012	12/31/9999	1	0.00
39541	O6	REPAIR, DIAPHRAGMATIC HERNIA	C		0	999	09/01/2012	12/31/9999	1	0.00
39545	O6	IMBRICATION OF DIAPHRAGM FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
39560	O6	RESECT DIAPHRAGM, SIMPLE	C		0	999	09/01/2012	12/31/9999	1	0.00
39561	O6	RESECT DIAPHRAGM, COMPLEX	C		0	999	09/01/2012	12/31/9999	1	0.00
39599	O6	UNLISTED PROCEDURE, DIAPHRAG	C		0	999	09/01/2012	12/31/9999	1	0.00
4000F	O6	TOBACCO USE TXMNT COUNSELING	E		0	999	09/01/2012	12/31/9999	1	0.00
4001F	O6	TOBACCO USE TXMNT, PHARMACOL	E		0	999	09/01/2012	12/31/9999	1	0.00
4003F	O6	PATIENT EDUC /HEART FAILURE	E		0	999	09/01/2012	12/31/9999	1	0.00
4004F	O6	PT TOBACCO SCREEN RCVD TLK	E		0	999	09/01/2012	12/31/9999	1	0.00
4005F	O6	PHARM THERAPY FOR OSTEOPOROSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
4008F	O6	BETA BLOCKER THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4010F	O6	ANGIOTENSIN CONVERT	E		0	999	09/01/2012	12/31/9999	1	0.00
4011F	O6	ORAL ANTIPLATELET THERAPY RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4012F	O6	WARFARIN THERAPY PRESCRIBED	E		0	999	09/01/2012	12/31/9999	1	0.00
4013F	O6	STATIN THERAPY PRESC	E		0	999	09/01/2012	12/31/9999	1	0.00
4014F	O6	WRIT DISCHRG INSTR TO HEART FAILURE PATI	E		0	999	09/01/2012	12/31/9999	1	0.00
4015F	O6	PERSISTENT ASTHMA, LONG TERM CONTROL MED	E		0	999	09/01/2012	12/31/9999	1	0.00
4016F	O6	ANTI-INFL/ANLGSC PRESCR	E		0	999	09/01/2012	12/31/9999	1	0.00
4017F	O6	GASTRO PROPHYLX FOR NSAID USE	E		0	999	09/01/2012	12/31/9999	1	0.00
4018F	O6	THERAP EXERC FOR JOINT(S)	E		0	999	09/01/2012	12/31/9999	1	0.00
4019F	O6	DOC OF REC COUNDS EXERCISE	E		0	999	09/01/2012	12/31/9999	1	0.00
4025F	O6	INHALED BRONCHODILATOR RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4030F	O6	OXYGEN THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4033F	O6	PULMONARY REHAB REC	E		0	999	09/01/2012	12/31/9999	1	0.00
4035F	O6	INFLUENZA IMM REC	E		0	999	09/01/2012	12/31/9999	1	0.00
4037F	O6	INFLUENZA IMM ORDER/ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
4040F	O6	PNU VACC ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
4041F	O6	DOC ORDER CEFAZOLIN / CEFUROX	E		0	999	09/01/2012	12/31/9999	1	0.00
4042F	O6	DOC ANTIBIO NOT GIVEN	E		0	999	09/01/2012	12/31/9999	1	0.00
4043F	O6	DOC ORDER GIVEN STOP ANTIBIO	E		0	999	09/01/2012	12/31/9999	1	0.00
4044F	O6	DOC ORDER GIVEN VTE PROPHYLX	E		0	999	09/01/2012	12/31/9999	1	0.00
4045F	O6	EMPIRIC ANTIBIOTIC RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4046F	O6	DOC ANTIBIO GIVEN B/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
4047F	O6	DOC ANTIBIO GIVEN B/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
4048F	O6	DOC ANTIBIO GIVEN B/4 SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
40490	O1	BIOPSY LIP	T		0	999	07/01/2021	12/31/9999	2	165.39
4049F	O6	DOC ORDER GIVEN STOP ANTIBIO	E		0	999	09/01/2012	12/31/9999	1	0.00
40500	O1	VERMILIONECTOMY (LIP SHAVE),	T		0	999	07/01/2021	12/31/9999	2	2,138.76
4050F	O6	HT CARE PLAN DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
40510	O1	EXCISION LIP;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
4051F	O6	REFERRED FOR AN AV FISTULA	E		0	999	09/01/2012	12/31/9999	1	0.00
40520	O1	EXCISION LIP;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
40525	O1	EXCISION OF LIP; TRANSVERSE WE	T		0	999	07/01/2021	12/31/9999	2	2,138.76
40527	O1	EXCISION OF LIP; TRANSVERSE WE	T		0	999	07/01/2021	12/31/9999	2	3,975.25
4052F	O6	HEMODIALYSIS VIA AV FISTULA	E		0	999	09/01/2012	12/31/9999	1	0.00
40530	O1	RESECTION LIP, MORE THAN ONE	T		0	999	07/01/2021	12/31/9999	2	2,138.76
4053F	O6	HEMODIALYSIS VIA AV GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
4054F	O6	HEMODIALYSIS VIA CATHETER	E		0	999	09/01/2012	12/31/9999	1	0.00
4055F	O6	PT RCVNG PERITON DIALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
4056F	O6	APPROP ORAL REHYD RECOMM'D	E		0	999	09/01/2012	12/31/9999	1	0.00
4058F	O6	PED GASTRO ED GIVE, CAREGVR	E		0	999	09/01/2012	12/31/9999	1	0.00
4060F	O6	PSYCH SVCS PROVIDED	E		0	999	09/01/2012	12/31/9999	1	0.00
4062F	O6	PT REFERRAL PSYCH DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
4063F	O6	ANTIDEPRES RXTHXPY NOT RXD	E		0	999	09/01/2012	12/31/9999	1	0.00
4064F	O6	ANTIDEPRESSANT RX	E		0	999	09/01/2012	12/31/9999	1	0.00
40650	O1	REPAIR LIP, FULL THICKNESS;	T		0	999	07/01/2021	12/31/9999	2	353.56
40652	O1	REPAIR LIP, FULL THICKNESS;	T		0	999	07/01/2021	12/31/9999	2	353.56
40654	O1	REPAIR LIP, FULL THICKNESS;	T		0	999	07/01/2021	12/31/9999	2	1,057.34
4065F	O6	ANTIPSYCHOTIC RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4066F	O6	ECT PROVIDED	E		0	999	09/01/2012	12/31/9999	1	0.00
4067F	O6	PT REFERRAL FOR ECT DOC'D	E		0	999	09/01/2012	12/31/9999	1	0.00
4069F	O6	VTE RECEIVED IBD10	E		0	999	01/01/2013	12/31/9999	2	0.00
40700	O1	PLASTIC REPAIR OF CLEFT LIP/NA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40701	O1	PLASTIC REPAIR OF CLEFT LIP;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40702	O1	PLASTIC REPAIR OF CLEFT LIP;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4070F	O6	DVT PROPHYLX RCVD DAY 2	E		0	999	09/01/2012	12/31/9999	1	0.00
40720	O1	PLASTIC REPAIR OF CLEFT LIP/NA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
4073F	O6	ORAL ANTIPLAT THX RX DISCHRG	E		0	999	09/01/2012	12/31/9999	1	0.00
4075F	O6	ANTICOAG THX RX AT DISCHRG	E		0	999	09/01/2012	12/31/9999	1	0.00
40761	O1	PLASTIC REPAIR OF CLEFT LIP;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4077F	O6	DOC T-PA ADMIN CONSIDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
40799	O1	UNLISTED PROCEDURE, LIPS	T		0	999	07/01/2021	12/31/9999	1	165.39
4079F	O6	DOC REHAB SVCS CONSIDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
40800	O1	DRAINAGE OF ABSCESS, CYST, H	T		0	999	07/01/2021	12/31/9999	2	486.13
40801	O1	DRAINAGE OF ABSCESS, CYST, H	T		0	999	07/01/2021	12/31/9999	2	353.56
40804	O1	*REMOVAL OF EMBEDDED FOREIGN	T		0	999	07/01/2021	12/31/9999	1	632.78
40805	O1	REMOVAL OF EMBEDDED FOREIGN	T		0	999	07/01/2021	12/31/9999	2	353.56
40806	O1	INCISION OF LABIAL FRENUM (F	T		0	999	07/01/2021	12/31/9999	2	353.56
40808	O1	BIOPSY, VESTIBULE OF MOUTH	T		0	999	07/01/2021	12/31/9999	2	353.56
40810	O1	EXCISION OF LESION OF MUCOSA	T		0	999	07/01/2021	12/31/9999	2	2,138.76
40812	O1	EXCISION OF LESION OF MUCOSA	T		0	999	07/01/2021	12/31/9999	2	1,057.34
40814	O1	EXCISION OF LESION OF MUCOSA	T		0	999	07/01/2021	12/31/9999	4	2,138.76
40816	O1	EXCISION OF LESION OF MUCOSA	T		0	999	07/01/2021	12/31/9999	2	2,138.76
40818	O1	EXCISION OF MUCOSA AS DONOR	T		0	999	07/01/2021	12/31/9999	2	353.56
40819	O1	EXCISION OF FRENUM, LABIAL O	T		0	999	07/01/2021	12/31/9999	2	1,057.34
40820	O1	DESTRUCTION OF LESION OR SCA	T		0	999	07/01/2021	12/31/9999	2	2,138.76
40830	O1	CLOSURE OF LACERATION;	T		0	999	07/01/2021	12/31/9999	2	165.39
40831	O1	CLOSURE OF LACERATION;	T		0	999	07/01/2021	12/31/9999	2	353.56
40840	O1	VESTIBULOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40842	O1	VESTIBULOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40843	O1	VESTIBULOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40844	O1	VESTIBULOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
40845	O1	VESTIBULOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
4084F	O6	ASPIRIN RECVD W/ IN 24 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
4086F	O6	ASPIRIN OR CLOPIDOGREL PRESC	E		0	999	09/01/2012	12/31/9999	1	0.00
40899	O1	UNLISTED PROCEDURE, VESTIBUL	T		0	999	07/01/2021	12/31/9999	1	165.39
4090F	O6	PT RCVING EPO THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4095F	O6	PT NOT RECVNG EPO THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
41000	O1	*INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	1	353.56
41005	O1	*INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	1	165.39
41006	O1	INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	2	1,057.34
41007	O1	INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	2	1,057.34
41008	O1	INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41009	O1	INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	2	353.56
4100F	O6	BISHOS THXPY VEIN ORD/ RECVD	E		0	999	09/01/2012	12/31/9999	1	0.00
41010	O1	INCISION OF LINGUAL FRENUM (	T		0	999	07/01/2021	12/31/9999	1	1,057.34
41015	O1	INCISION AND DRAINAGE OF EXT	T		0	999	07/01/2021	12/31/9999	2	353.56
41016	O1	INCISION AND DRAINAGE OF EXT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
41017	O1	INCISION AND DRAINAGE OF EXT	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41018	O1	INCISION AND DRAINAGE OF EXT	T		0	999	07/01/2021	12/31/9999	2	1,057.34
41019	O1	PLACE NEEDLES H&N FOR RT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
41100	O1	BIOPSY TONGUE;	T		0	999	07/01/2021	12/31/9999	2	353.56
41105	O1	BIOPSY TONGUE;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41108	O1	BIOPSY, FLOOR OF MOUTH	T		0	999	07/01/2021	12/31/9999	2	1,099.71
4110F	O6	INT MAN ART USED FOR CABG	E		0	999	09/01/2012	12/31/9999	1	0.00
41110	O1	EXCISION LESION OF TONGUE;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41112	O1	EXCISION LESION OF TONGUE;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41113	O1	EXCISION LESION OF TONGUE;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41114	O1	EXCISION OF LESION OF TONGUE W	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41115	O1	EXCISION OF LINGUAL FRENUM (	T		0	999	07/01/2021	12/31/9999	1	1,057.34
41116	O1	EXCISION LESION OF FLOOR OF	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41120	O1	GLOSSECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
41130	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41135	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41140	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41145	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41150	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41153	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
41155	O6	GLOSSECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
4115F	O6	BETA BLCKR ADMIN W/ IN 24 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
4120F	O6	ANTIBIOT RX'D/ GIVEN	E		0	999	09/01/2012	12/31/9999	1	0.00
4124F	O6	ANTIBIOT NOT RX'D/GIVEN	E		0	999	09/01/2012	12/31/9999	1	0.00
41250	O1	*REPAIR LACERATION UP TO 2 CM	T		0	999	07/01/2021	12/31/9999	2	211.21
41251	O1	*REPAIR LACERATION UP TO 2 CM	T		0	999	07/01/2021	12/31/9999	2	165.39
41252	O1	*REPAIR LACERATION OF TONGUE,	T		0	999	07/01/2021	12/31/9999	2	165.39
4130F	O6	TOPICAL PREP RX, AOE	E		0	999	09/01/2012	12/31/9999	1	0.00
4131F	O6	SYST ANTIMICROBIAL THX RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4132F	O6	NO SYST ANTIMICROBIAL THX RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4133F	O6	ANTIHIST/ DECONG RX/ RECOM	E		0	999	09/01/2012	12/31/9999	1	0.00
4134F	O6	NO ANTIHIST/ DECONG RX/ RECOM	E		0	999	09/01/2012	12/31/9999	1	0.00
4135F	O6	SYSTEMIC CORICOSTEROIDS RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4136F	O6	SYST CORTICOSTEROIDS NOT RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4140F	O6	INHALED CORTICOSTEROIDS PRESC	E		0	999	09/01/2012	12/31/9999	1	0.00
4142F	O6	CORTICO SPAR THEPY PRESC IBD10	E		0	999	01/01/2013	12/31/9999	2	0.00
4144F	O6	ALTER LONG-TERM CONTROL MED	E		0	999	09/01/2012	12/31/9999	1	0.00
4145F	O6	TWO + ANTI-HYPERTENSIVE AGENTS	E		0	999	09/01/2012	12/31/9999	1	0.00
4148F	O6	HEP A VAC INJXN ADMIN/RECVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4149F	O6	HEP B VAC INJXN ADMIN/RECVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4150F	O6	PT RECVNG ANTIVIR TXMNT HEP C	E		0	999	09/01/2012	12/31/9999	1	0.00
41510	O1	SUTURE TONGUE TO LIP FOR MIC	T		0	999	07/01/2021	12/31/9999	1	2,138.76
41512	O6	TONGUE BASE SUSP	E		0	999	02/10/2014	12/31/9999	1	0.00
4151F	O6	PT NOT RECVNG ANTIV HEP C	E		0	999	09/01/2012	12/31/9999	1	0.00
41520	O1	FRENOPLASTY (SURGICAL REVISI	T		0	999	07/01/2021	12/31/9999	1	2,138.76
41530	O6	SUBMUC ALB TONGUE BASE	E		0	999	02/10/2014	12/31/9999	1	0.00
4153F	O6	COMBO PEGINTF/ RIB RX	E		0	999	09/01/2012	12/31/9999	1	0.00
4155F	O6	HEP A VAC SERIES PREV RECVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4157F	O6	HEP B VAC SERIES PREV RECVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4158F	O6	PT EDU RE ALCOH DRNKNG DONE	E		0	999	09/01/2012	12/31/9999	1	0.00
41599	O1	UNLISTED PROCEDURE, TONGUE,	T		0	999	07/01/2021	12/31/9999	1	165.39
4159F	O6	CONTRCP TALK B/4 ANTIV TXMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
4163F	O6	PT COUNL MIN CLINC LOCZD PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
4164F	O6	ADJUVANT HORML THPY PRESCRD	E		0	999	09/01/2012	12/31/9999	1	0.00
4165F	O6	3D RADTHRY / INT RAD THPR RECD	E		0	999	09/01/2012	12/31/9999	1	0.00
4167F	O6	HD BED ELVA (30-45 DG) 1ST VENT ORD	E		0	999	09/01/2012	12/31/9999	1	0.00
4168F	O6	PT RECD ICU RECD VENTN, 24 HRS / LESS	E		0	999	09/01/2012	12/31/9999	1	0.00
4169F	O6	PT NT RECD ICU, VENTN / REC VENT > 24HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
4171F	O6	PT RECD ERYTHR STIM AGENTS THPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4172F	O6	PT NT RECD ERY STIM AGENTS THPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4174F	O6	COUNL IMPC GLAUC VIS FUNC / TRTMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
4175F	O6	CORR VIS ACTY 20/40 W/I/N 90 DAYS SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
4176F	O6	COUSL UV NUTR SUPP CATA DEV TO PT	E		0	999	09/01/2012	12/31/9999	1	0.00
4177F	O6	COUNL BENE/RSK AGE EYE DIS/MAC DEG	E		0	999	09/01/2012	12/31/9999	1	0.00
4178F	O6	ANTI-D IMM GLBN REC 26 & 30 WKS GES	E		0	999	09/01/2012	12/31/9999	1	0.00
4179F	O6	TAMFN ARMO INHIB PRESCD	E		0	999	09/01/2012	12/31/9999	1	0.00
41800	O1	*DRAINAGE ABSCESS, CYST, HEMA	T		0	999	07/01/2021	12/31/9999	2	87.50
41805	O1	REMOVAL EMBEDDED FOREIGN BOD	T		0	999	07/01/2021	12/31/9999	1	1,057.34
41806	O1	REMOVAL EMBEDDED FOREIGN BOD	T		0	999	07/01/2021	12/31/9999	1	1,057.34
4180F	O6	ADJV THXPYRXD/RCVD STG3A-C	E		0	999	09/01/2012	12/31/9999	1	0.00
4181F	O6	CONFML RAD THPY RECD	E		0	999	09/01/2012	12/31/9999	1	0.00
41820	O1	GINGIVECTOMY, EXCISION GINGIVA	T		0	999	07/01/2021	12/31/9999	4	2,138.76
41821	O1	OPERCULECTOMY, EXCISION PERICO	T		0	999	07/01/2021	12/31/9999	2	1,057.34
41822	O1	EXCISION OF FIBROUS TUBEROSITI	T		0	999	07/01/2021	12/31/9999	1	1,057.34
41823	O1	EXCISION OF OSSEOUS TUBEROSITI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
41825	O1	EXCISION OF LESION OR TUMOR (E	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41826	O1	EXCISION OF LESION OR TUMOR (E	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41827	O1	EXCISION OF LESION OR TUMOR (E	T		0	999	07/01/2021	12/31/9999	2	3,975.25
41828	O1	EXCISION OF HYPERPLASTIC ALVEO	T		0	999	07/01/2021	12/31/9999	4	1,057.34
4182F	O6	CONFML RAD THPY NT RECD	E		0	999	09/01/2012	12/31/9999	1	0.00
41830	O1	ALVEOLECTOMY, INCLUDING CURETT	T		0	999	07/01/2021	12/31/9999	2	2,138.76
41850	O1	DESTRUCTION OF LESION (EXCEPT	T		0	999	07/01/2021	12/31/9999	2	1,057.34

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
4185F	O6	CNT (12 MNTS) THPY W/PRTN PMP REC	E		0	999	09/01/2012	12/31/9999	1	0.00
4186F	O6	NO CNT (12 MNTS) THPY W/ EITR PRTN PMP	E		0	999	09/01/2012	12/31/9999	1	0.00
41870	O1	PERIODONTAL MUCOSAL GRAFTING	T		0	999	07/01/2021	12/31/9999	2	1,057.34
41872	O1	GINGIVOPLASTY	T		0	999	07/01/2021	12/31/9999	4	2,138.76
41874	O1	ALVEOPLASTY	T		0	999	07/01/2021	12/31/9999	4	2,138.76
4187F	O6	DIS MOD ANTI-RH DRG THPY PRE/DISPD	E		0	999	09/01/2012	12/31/9999	1	0.00
4188F	O6	ACE ANG RCPT BLKR THPY TST ORD	E		0	999	09/01/2012	12/31/9999	1	0.00
41899	O1	UNLISTED PROCEDURE, DENTOALV	T		0	999	07/01/2021	12/31/9999	1	165.39
4189F	O6	DIG THPC MODG TEST ORD OR PRMD	E		0	999	09/01/2012	12/31/9999	1	0.00
4190F	O6	DIU THPC MODG TST ORD OR PRMD	E		0	999	09/01/2012	12/31/9999	1	0.00
4191F	O6	ANTICVULT THPC MOD TST ORD/PRMD	E		0	999	09/01/2012	12/31/9999	1	0.00
4192F	O6	PT NOT RCVNG GLUCOCO THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4193F	O6	PT RCVNG<10MG DAILY PREDNISO	E		0	999	09/01/2012	12/31/9999	1	0.00
4194F	O6	PT RCVNG<10MG DAILY PREDNISO	E		0	999	09/01/2012	12/31/9999	1	0.00
4195F	O6	PT RCVNG ANTI-RHEUM THXPY RA	E		0	999	09/01/2012	12/31/9999	1	0.00
4196F	O6	PT NOT RCVNG ANTI-RHEUM THXPY RA	E		0	999	09/01/2012	12/31/9999	1	0.00
42000	O1	*DRAINAGE OF ABSCESS OF PALAT	T		0	999	07/01/2021	12/31/9999	1	165.39
4200F	O6	EXTERNAL BEAM TO PROST ONLY	E		0	999	09/01/2012	12/31/9999	1	0.00
4201F	O6	EXTRNL BEAM OTHER THAN PROST	E		0	999	09/01/2012	12/31/9999	1	0.00
42100	O1	BIOPSY OF PALATE, UVULA	T		0	999	07/01/2021	12/31/9999	2	1,057.34
42104	O1	EXCISION LESION OF PALATE, U	T		0	999	07/01/2021	12/31/9999	2	2,138.76
42106	O1	EXCISION LESION OF PALATE, U	T		0	999	07/01/2021	12/31/9999	2	2,138.76
42107	O1	EXCISION, LESION OF PALATE, UV	T		0	999	07/01/2021	12/31/9999	2	3,975.25
4210F	O6	ACE/ ANG RCPT BLKR MED THPY 6MM/ MRE	E		0	999	09/01/2012	12/31/9999	1	0.00
42120	O1	RESECTION PALATE OR EXTENSIV	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42140	O1	UVULECTOMY, EXCISION OF UVUL	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42145	O1	REPAIR, PALATE,PHARYNX/UVULA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42160	O1	DESTRUCTION OF LESION, PALAT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42180	O1	REPAIR LACERATION OF PALATE;	T		0	999	07/01/2021	12/31/9999	1	353.56
42182	O1	REPAIR LACERATION OF PALATE;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42200	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42205	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	2,138.76
4220F	O6	DIG MED THPY 6 MM OR MORE	E		0	999	09/01/2012	12/31/9999	1	0.00
42210	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42215	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4221F	O6	DUIR MED THPY FOR 6MM/ MORE	E		0	999	09/01/2012	12/31/9999	1	0.00
42220	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42225	O1	PALATOPLASTY FOR CLEFT PALAT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42226	O1	LENGTHENING OF PALATE, AND PHA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42227	O1	LENGTHENING OF PALATE, WITH IS	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42235	O1	REPAIR ANTERIOR PALATE, INCL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42260	O1	REPAIR NASOLABIAL FISTULA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42280	O1	MAXILLARY IMPRESSION FOR PALAT	T		0	999	07/01/2021	12/31/9999	1	353.56
42281	O1	INSERTION OF PIN-RETAINED PALA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42299	O1	UNLISTED PROCEDURE, PALATE,	T		0	999	07/01/2021	12/31/9999	1	165.39
42300	O1	*DRAINAGE ABSCESS;	T		0	999	07/01/2021	12/31/9999	2	1,057.34
42305	O1	DRAINAGE ABSCESS;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
4230F	O6	ANTICVULT MED THPY 6 MM/ MORE	E		0	999	09/01/2012	12/31/9999	1	0.00
42310	O1	*DRAINAGE ABSCESS;	T		0	999	07/01/2021	12/31/9999	2	353.56
42320	O1	*DRAINAGE ABSCESS;	T		0	999	07/01/2021	12/31/9999	2	353.56
42330	O1	SIALOLITHOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42335	O1	SIALOLITHOTOMY;	T		0	999	07/01/2021	12/31/9999	2	2,138.76
42340	O1	SIALOLITHOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42400	O1	*BIOPSY SALIVARY GLAND;	T		0	999	07/01/2021	12/31/9999	2	486.13
42405	O1	BIOPSY SALIVARY GLAND;	T		0	999	07/01/2021	12/31/9999	2	1,057.34
42408	O1	EXCISION SUBLINGUAL SALIVARY	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42409	O1	MARSUPIALIZATION SUBLINGUAL	T		0	999	07/01/2021	12/31/9999	1	2,138.76
4240F	O6	INST THRPC FU PHY BKP LNGR 12 WKS	E		0	999	09/01/2012	12/31/9999	1	0.00
42410	O1	EXCISION PAROTID TUMOR OR PA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42415	O1	EXCISION PAROTID TUMOR OR PA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42420	O1	EXCISION PAROTID TUMOR OR PA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42425	O1	EXCISION PAROTID TUMOR OR PA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42426	O6	EXCISION PAROTID TUMOR OR PA	C		0	999	09/01/2012	12/31/9999	1	0.00
4242F	O6	COUNL SUPY PROG PT BKP LNGR 12 WKS	E		0	999	09/01/2012	12/31/9999	1	0.00
42440	O1	EXCISION SUBMANDIBULAR (SUBM	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42450	O1	EXCISION SUBLINGUAL GLAND	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4245F	O6	PT COUL INT VI MNT/RESM NORM ACTY	E		0	999	09/01/2012	12/31/9999	1	0.00
4248F	O6	PT COUNL MIN CLINC LOCZD PROST CA	E		0	999	09/01/2012	12/31/9999	1	0.00
42500	O1	PLASTIC REPAIR SALIVARY DUCT	T		0	999	07/01/2021	12/31/9999	2	3,975.25
42505	O1	PLASTIC REPAIR SALIVARY DUCT	T		0	999	07/01/2021	12/31/9999	2	3,975.25
42507	O1	PAROTID DUCT DIVERSION, BILA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42509	O1	PAROTID DUCT DIVERSION, BILA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4250F	O6	WRMNG 4 SURG - NORMOTHERMIA	E		0	999	09/01/2012	12/31/9999	1	0.00
42510	O1	PAROTID DUCT DIVERSION, BILATE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42550	O1	INJECTION PROCEDURE FOR SIAL	N		0	999	09/01/2012	12/31/9999	1	0.00
4255F	O6	ANESTH 60+ MIN AS DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
4256F	O6	ANESTHE <60 MIN AS DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
42600	O1	CLOSURE SALIVARY FISTULA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
4260F	O6	WOUND SRFC CULTURETECH USED	E		0	999	09/01/2012	12/31/9999	1	0.00
4261F	O6	TECH OTHER THAN SURFC CULTR	E		0	999	09/01/2012	12/31/9999	1	0.00
42650	O1	*DILATION SALIVARY DUCT	T		0	999	07/01/2021	12/31/9999	2	1,057.34
4265F	O6	WET-DRY DRESSINGS RX-RECMD	E		0	999	09/01/2012	12/31/9999	1	0.00
42660	O1	*DILATION AND CATHETERIZATION	T		0	999	07/01/2021	12/31/9999	2	353.56
42665	O1	LIGATION SALIVARY DUCT, INTR	T		0	999	07/01/2021	12/31/9999	2	2,138.76
4266F	O6	NO WET-DRY DRSSINGS RX-RECMD	E		0	999	09/01/2012	12/31/9999	1	0.00
4267F	O6	COMPRESSION THXPY PRESCRIBED	E		0	999	09/01/2012	12/31/9999	1	0.00
4268F	O6	PT ED RE COMP THXPY RCVD	E		0	999	09/01/2012	12/31/9999	1	0.00
42699	O1	UNLISTED PROCEDURE, SALIVARY	T		0	999	07/01/2021	12/31/9999	1	165.39
4269F	O6	APPROPOS MTHS OFFLOADING RXD	E		0	999	09/01/2012	12/31/9999	1	0.00
42700	O1	*INCISION AND DRAINAGE ABSCES	T		0	999	07/01/2021	12/31/9999	2	165.39
4270F	O6	PT RCVNG ANT-R VIRAL THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4271F	O6	PT RCVNG ANTI-R-VIRAL THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
42720	O1	INCISION AND DRAINAGE ABSCES	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42725	O1	INCISION AND DRAINAGE ABSCES	T		0	999	07/01/2021	12/31/9999	1	3,975.25
4274F	O6	FLU IMMUNO ADMIN'D RCVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4276F	O6	POTENT ANTIVIR THXPY RXD	E		0	999	09/01/2012	12/31/9999	1	0.00
4279F	O6	PCP PROPHYLAXIS RXD	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
42800	O1	BIOPSY;	T		0	999	07/01/2021	12/31/9999	3	1,057.34
42804	O1	BIOPSY;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42806	O1	BIOPSY;	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42808	O1	EXCISION OR DESTRUCTION OF LES	T		0	999	07/01/2021	12/31/9999	2	2,138.76
42809	O1	REMOVAL OF FOREIGN BODY FROM	T		0	999	07/01/2021	12/31/9999	1	211.21
4280F	O6	PCP PROPHYLAXIS 3 MON LOW %	E		0	999	09/01/2012	12/31/9999	1	0.00
42810	O1	EXCISION BRANCHIAL CLEFT CYS	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42815	O1	EXCISION BRANCHIAL CLEFT CYS	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42820	O1	TONSILLECTOMY AND ADENOIDECT	T		0	11	07/01/2021	12/31/9999	1	3,975.25
42821	O1	TONSILLECTOMY AND ADENOIDECT	T		12	999	07/01/2021	12/31/9999	1	2,138.76
42825	O1	TONSILLECTOMY, PRIMARY OR SE	T		0	11	07/01/2021	12/31/9999	1	3,975.25
42826	O1	TONSILLECTOMY, PRIMARY OR SE	T		12	999	07/01/2021	12/31/9999	1	2,138.76
42830	O1	ADENOIDECTOMY, PRIMARY;	T		0	11	07/01/2021	12/31/9999	1	2,138.76
42831	O1	ADENOIDECTOMY, PRIMARY;	T		12	999	07/01/2021	12/31/9999	1	2,138.76
42835	O1	ADENOIDECTOMY, SECONDARY;	T		0	11	07/01/2021	12/31/9999	1	2,138.76
42836	O1	ADENOIDECTOMY, SECONDARY;	T		12	999	07/01/2021	12/31/9999	1	2,138.76
42842	O1	RADICAL RESECTION OF TONSIL, T	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42844	O1	RADICAL RESECTION OF TONSIL, T	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42845	O6	RADICAL RESECTION OF TONSIL, T	C		0	999	09/01/2012	12/31/9999	1	0.00
42860	O1	EXCISION OF TONSIL TAGS	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42870	O1	EXCISION OR DESTRUCTION LINGUA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42890	O1	LIMITED PHARYNGECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42892	O1	RESECTION OF LATERAL PHARYNGEA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42894	O6	REVISION OF PHARYNGEAL WALLS	C		0	999	09/01/2012	12/31/9999	1	0.00
42900	O1	SUTURE PHARYNX FOR WOUND OR	T		0	999	07/01/2021	12/31/9999	1	1,057.34
4290F	O6	PT SCRND FOR INJ DRUG USE	E		0	999	09/01/2012	12/31/9999	1	0.00
4293F	O6	PT SCRND- HIGH-RSK SEX BEHAV	E		0	999	09/01/2012	12/31/9999	1	0.00
42950	O1	PHARYNGOPLASTY (PLASTIC OR R	T		0	999	07/01/2021	12/31/9999	1	3,975.25
42953	O6	PHARYNGOESOPHAGEAL REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
42955	O1	PHARYNGOSTOMY (FISTULIZATION	T		0	999	07/01/2021	12/31/9999	1	1,057.34
42960	O1	CONTROL OROPHARYNGEAL HEMORR	T		0	999	07/01/2021	12/31/9999	1	353.56
42961	O6	CONTROL OROPHARYNGEAL HEMORR	C		0	999	09/01/2012	12/31/9999	1	0.00
42962	O1	CONTROL OROPHARYNGEAL HEMORR	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42970	O1	CONTROL NOSE/THROAT BLEEDING	T		0	999	07/01/2021	12/31/9999	1	165.39
42971	O6	CONTROL OF NASOPHARYNGEAL HE	C		0	999	09/01/2012	12/31/9999	1	0.00
42972	O1	CONTROL OF NASOPHARYNGEAL HE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
42975	O1	DISE EVAL SLP DO BRTH FLX DX	T		0	999	01/01/2022	12/31/9999	1	129.25
42999	O1	UNLISTED PROCEDURE, PHARYNX,	T		0	999	07/01/2021	12/31/9999	1	165.39
4300F	O6	PT RCVNG WARF THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4301F	O6	PT NOT RCVNG WARF THXPY	E		0	999	09/01/2012	12/31/9999	1	0.00
43020	O1	ESOPHAGOTOMY, CERVICAL APPRO	T		0	999	07/01/2021	12/31/9999	1	1,057.34
43030	O1	CRICOPHARYNGEAL MYOTOMY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
43045	O6	ESOPHAGOTOMY, THORACIC APPRO	C		0	999	09/01/2012	12/31/9999	1	0.00
4305F	O6	PT ED RE FT CARE INSPCT RCVD	E		0	999	09/01/2012	12/31/9999	1	0.00
4306F	O6	PT TLK PSYCH & RX OPD ADDIC	E		0	999	09/01/2012	12/31/9999	1	0.00
43100	O6	EXCISION OF LOCAL LESION, ES	C		0	999	09/01/2012	12/31/9999	1	0.00
43101	O6	EXCISION OF LOCAL LESION, ES	C		0	999	09/01/2012	12/31/9999	1	0.00
43107	O6	REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43108	O6	REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43112	O6	REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43113	O6	REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43116	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43117	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43118	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43121	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43122	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43123	O6	PARTIAL REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43124	O6	REMOVAL OF ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
43130	O1	DIVERTICULECTOMY HYPOPHARYNX	T		0	999	07/01/2021	12/31/9999	1	3,975.25
43135	O6	DIVERTICULECTOMY HYPOPHARYNX	C		0	999	09/01/2012	12/31/9999	1	0.00
43180	O1	ESOPHAGOSCOPY RIGID TRNSO	T		0	999	07/01/2021	12/31/9999	1	3,975.25
43191	O1	ESOPHSCOP RIGID TRANSORAL DIAG	T		0	999	07/01/2021	12/31/9999	1	1,270.11
43192	O1	ESOPHSCOP RIGID TRANSORAL SUBMUCOCAL INJ	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43193	O1	ESOPHSCOP RIGID TRANSORAL W/BIOPSY 1+	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43194	O1	ESOPHAGOSCOP RIG TRNSO REM FB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43195	O1	ESOPHSCOP RIGID TRANSORAL BALLOON DIL	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43196	O1	ESOPHSCOP RIGID TRANSORAL INSERT WIRE	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43197	O1	ESOPHAGOSCOPY FLEX DIAG	T		0	999	07/01/2021	12/31/9999	1	632.78
43198	O1	ESOPHSCOP FLEX TRANSNASAL W/BIOPSY 1+	T		0	999	07/01/2021	12/31/9999	1	632.78
43200	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	T		0	999	07/01/2021	12/31/9999	1	632.78
43201	O1	ESOPH SCOPE W/SUBMUCOUS INJ	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43202	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43204	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43205	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43206	O1	ESOPHAGUS ENDOSCOPY/LESION	S		0	999	07/01/2021	12/31/9999	1	1,270.11
4320F	O6	PT TALK PSYCHSOC+RX OH DPND	E		0	999	09/01/2012	12/31/9999	1	0.00
43210	O6	EGD ESOPHAGOGASTRC FNDOPLSY	E		0	999	01/01/2016	12/31/9999	1	0.00
43211	O1	ESOPHSCOP FLEX TRANSORAL W/MUCOSAL RES	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43212	O1	ESOPHSCOP FLEX TRANSORAL PLACE STENT	S		0	999	07/01/2021	12/31/9999	1	3,930.28
43213	O1	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43214	O1	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43215	O1	ESOPHAGOSCOPY FLEX REMOVE FB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43216	O1	ESOPHAGOSCOPY FLEX REM TUMOR	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43217	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43220	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43226	O1	ESOPHAGOSCOPY, RIGID OR FLEXIB	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43227	O1	ESOPH ENDOSCOPY, REPAIR	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43229	O1	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	S		0	999	07/01/2021	12/31/9999	1	2,407.94
4322F	O6	CAREGIVER PROV W EDUC	E		0	999	09/01/2012	12/31/9999	1	0.00
43231	O1	ESOPH ENDOSCOPY W/US EXAM	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43232	O1	ESOPH ENDOSCOPY W/US FN BX	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43233	O1	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43235	O1	UPPER GASTROINTESTINAL ENDOSCO	T		0	999	07/01/2021	12/31/9999	1	632.78
43236	O1	UPPR GI SCOPE W/SUBMUC INJ	T		0	999	07/01/2021	12/31/9999	1	632.78
43237	O1	UP GI ENDO; ENDO US EXAM LTD ESOPH UPER	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43238	O1	UP GI ENDO;TRNSNDO US FNA/BX ESOPHUP GI	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43239	O1	UPPER GASTROINTESTINAL ENDOSCO	T		0	999	07/01/2021	12/31/9999	1	632.78

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
43240	01	ESOPH ENDOSCOPE W/DRAIN CYST	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43241	01	UPPER GI ENDOSCOPY WITH TUBE	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43242	01	UGI ENDO; W/US GUID ASPIR/BX UGI E	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43243	01	UPPER GASTROINTESTINAL ENDOSCO	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43244	01	UPPER GASTROINTESTINAL ENDOSCO	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43245	01	OPERATIVE UPPER GI ENDOSCOPY	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43246	01	UPPER GASTROINTESTINAL ENDOSCO	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43247	01	EGD REMOVE FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	1	632.78
43248	01	UPPER GASTROINTESTINAL ENDOSCO	T		0	999	07/01/2021	12/31/9999	1	632.78
43249	01	ESOPHAGUS ENDOSCOPY,DILATION	S		0	999	07/01/2021	12/31/9999	1	1,270.11
4324F	06	PT QUERIED PRKNS COMPLIC	E		0	999	09/01/2012	12/31/9999	1	0.00
43250	01	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43251	01	UPPER GASTROINTESTINAL ENDOSCO	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43252	01	UPPER GI OPTICL ENDOMICRSOCOPY	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43253	01	ESOPHSCOP FLEX TRANSORAL ULTRASND DIAG	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43254	01	ESOPHSCOP FLEX TRANSORAL MUCOSAL RESEC	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43255	01	UPPER GASTROINTESTINAL ENDOSCO	S		0	999	07/01/2021	12/31/9999	2	1,270.11
43257	06	UPPR GI SCOPE W/THRML TXMNT	E		0	999	02/10/2014	12/31/9999	1	0.00
43259	01	UGI ENDO; W/ENDO UNTRASOUND EXAM UGI E	S		0	999	07/01/2021	12/31/9999	1	1,270.11
4325F	06	MED TXMNT OPTIONS RVWD W/PT	E		0	999	09/01/2012	12/31/9999	1	0.00
43260	01	ENDOSCOPIC RETROGRADE CHOLANGI	T		0	999	07/01/2021	12/31/9999	1	2,407.94
43261	01	ENDOSCOPIC RETROGRADE CHOLANGI	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43262	01	ENDOSCOPIC RETROGRADE CHOLANGI	S		0	999	07/01/2021	12/31/9999	2	2,407.94
43263	01	ENDOSCOPIC RETROGRADE CHOLANGI	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43264	01	ENDO CHOLANGIOPANCREATOGRAPH	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43265	01	ENDO CHOLANGIOPANCREATOGRAPH	S		0	999	07/01/2021	12/31/9999	1	3,930.28
43266	01	ESOPHSCOP FLEX TRANSORAL STENT	S		0	999	07/01/2021	12/31/9999	1	3,930.28
4326F	06	PT ASKED RE SYMP AUTO DYSFXN	E		0	999	09/01/2012	12/31/9999	1	0.00
43270	01	ESOPHSCOP FLEX TRANSORAL ABL TUMOR	S		0	999	07/01/2021	12/31/9999	1	1,270.11
43273	01	ENDO CANN PAPILLA VIS BILE DUCTS	N		0	999	07/01/2014	12/31/9999	1	0.00
43274	01	ECRP STENT	S		0	999	07/01/2021	12/31/9999	2	3,930.28
43275	01	ECRP RMV FOREIGN BODY OR STENT	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43276	01	ECRP RMV OR EXCHG STENT	S		0	999	07/01/2021	12/31/9999	2	3,930.28
43277	01	ECRP DIL AMPULLA EA DUCT	S		0	999	07/01/2021	12/31/9999	3	2,407.94
43278	01	ECRP ABL TUMOR W/GUIDE WIRE	S		0	999	07/01/2021	12/31/9999	1	2,407.94
43279	06	LAP ESOPHAGOMYOTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
43280	01	LAPAROSCOPY, FUNDOPLASTY	T		0	999	07/01/2021	12/31/9999	1	6,962.21
43281	01	LAP PARAESOPHAG HERN REPAIR	T		0	999	07/01/2021	12/31/9999	1	6,962.21
43282	01	LAP PARAESOPH HER RPR W/MESH	T		0	999	07/01/2021	12/31/9999	1	6,962.21
43283	06	LAP ESOPH LENGTHENING	C		0	999	09/01/2012	12/31/9999	1	0.00
43284	01	LAPARO, SUGICAL, ESOP SPHIN	T		0	999	07/01/2021	12/31/9999	1	6,962.21
43285	01	REM ESPH SPHIN AGUM DEVICE	T		0	999	07/01/2021	12/31/9999	1	3,955.23
43286	06	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, PARA	C		0	999	07/01/2020	12/31/9999	1	0.00
43287	06	ESOPHAGECTOMY, DISTAL TWO-THIRDS	C		0	999	01/01/2018	12/31/9999	1	0.00
43288	06	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, THOR	C		0	999	01/01/2018	12/31/9999	1	0.00
43289	01	LAPAROSCOPE PROC, ESOPH	T		0	999	07/01/2021	12/31/9999	1	3,955.23
4328F	06	PT ASKED RE SLEEP DISTURB	E		0	999	09/01/2012	12/31/9999	1	0.00
43300	06	ESOPHAGOPLASTY, (PLASTIC REP	C		0	999	09/01/2012	12/31/9999	1	0.00
43305	06	ESOPHAGOPLASTY, (PLASTIC REP	C		0	999	09/01/2012	12/31/9999	1	0.00
4330F	06	CNSLNG EPI SPEC SFTY ISSUES	E		0	999	09/01/2012	12/31/9999	1	0.00
43310	06	ESOPHAGOPLASTY, (PLASTIC REP	C		0	999	09/01/2012	12/31/9999	1	0.00
43312	06	ESOPHAGOPLASTY, (PLASTIC REP	C		0	999	09/01/2012	12/31/9999	1	0.00
43313	06	ESOPHAGOPLASTY CONGENITAL	C		0	999	09/01/2012	12/31/9999	1	0.00
43314	06	TRACHEO-ESOPHAGOPLASTY CONG	C		0	999	09/01/2012	12/31/9999	1	0.00
43320	06	ESOPHAGOGASTROSTOMY (CARDIOP	C		0	999	09/01/2012	12/31/9999	1	0.00
43325	06	ESOPHAGOGASTRIC FUNDOPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
43327	06	ESOPH FUNDOPLASTY LAP	C		0	999	09/01/2012	12/31/9999	1	0.00
43328	06	ESOPH FUNDOPLASTY THOR	C		0	999	09/01/2012	12/31/9999	1	0.00
43330	06	ESOPHAGOMYOTOMY (HELLER TYPE	C		0	999	09/01/2012	12/31/9999	1	0.00
43331	06	ESOPHAGOMYOTOMY (HELLER TYPE	C		0	999	09/01/2012	12/31/9999	1	0.00
43332	06	TRANSAB ESOPH HIAT HERN RPR	C		0	999	09/01/2012	12/31/9999	1	0.00
43333	06	TRANSAB ESOPH HIAT HERN RPR	C		0	999	09/01/2012	12/31/9999	1	0.00
43334	06	TRANSTHOR DIAPHRAG HERN RPR	C		0	999	09/01/2012	12/31/9999	1	0.00
43335	06	TRANSTHOR DIAPHRAG HERN RPR	C		0	999	09/01/2012	12/31/9999	1	0.00
43336	06	THORABD DIAPHR HERN REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
43337	06	THORABD DIAPHR HERN REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
43338	06	ESOPH LENGTHENING	C		0	999	09/01/2012	12/31/9999	1	0.00
43340	06	ESOPHAGOJEJUNOSTOMY (WITHOUT	C		0	999	09/01/2012	12/31/9999	1	0.00
43341	06	ESOPHAGOJEJUNOSTOMY (WITHOUT	C		0	999	09/01/2012	12/31/9999	1	0.00
43351	06	ESOPHAGOSTOMY, FISTULIZATION	C		0	999	09/01/2012	12/31/9999	1	0.00
43352	06	ESOPHAGOSTOMY, FISTULIZATION	C		0	999	09/01/2012	12/31/9999	1	0.00
43360	06	GASTROINTESTINAL REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
43361	06	GASTROINTESTINAL REPAIR	C		0	999	09/01/2012	12/31/9999	1	0.00
43400	06	LIGATION, DIRECT, ESOPHAGEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
43405	06	LIGATE/STAPLE ESOPHAGUS	C		0	999	09/01/2012	12/31/9999	1	0.00
4340F	06	CNSLNG CHLD BRNG WOMEN EPI	E		0	999	09/01/2012	12/31/9999	1	0.00
43410	06	SUTURE ESOPHAGEAL WOUND OR I	C		0	999	09/01/2012	12/31/9999	1	0.00
43415	06	SUTURE ESOPHAGEAL WOUND OR I	C		0	999	09/01/2012	12/31/9999	1	0.00
43420	01	CLOSURE ESOPHAGOSTOMY OR FIS	T		0	999	07/01/2021	12/31/9999	1	2,138.76
43425	06	CLOSURE ESOPHAGOSTOMY OR FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
43450	01	DILATION OF ESOPHAGUS, BY UNGU	T		0	999	07/01/2021	12/31/9999	1	632.78
43453	01	DILATION OF ESOPHAGUS, OVER GU	T		0	999	07/01/2021	12/31/9999	1	1,270.11
43460	06	ESOPHAGOGASTRIC TAMPONADE, W	C		0	999	09/01/2012	12/31/9999	1	0.00
43496	06	FREE JEJUNUM FLAP, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
43497	01	TRANSORL LWR ESOPHGL MYOTOMY	S		0	999	01/01/2022	12/31/9999	1	2,410.84
43499	01	UNLISTED PROCEDURE, ESOPHAGU	T		0	999	07/01/2021	12/31/9999	1	632.78
43500	06	GASTROTOMY WITH EXPLORATION	C		0	999	09/01/2012	12/31/9999	1	0.00
43501	06	GASTROTOMY; WITH SUTURE OF BLE	C		0	999	09/01/2012	12/31/9999	1	0.00
43502	06	SURGICAL REPAIR OF STOMACH	C		0	999	09/01/2012	12/31/9999	1	0.00
4350F	06	COUNSELING PROVIDED ON SYMPTOM MGMT	E		0	999	09/01/2012	12/31/9999	1	0.00
43510	01	GASTROTOMY WITH EXPLORATION	T		0	999	07/01/2021	12/31/9999	1	632.78
43520	06	PYLOROMYOTOMY, CUTTING OF PY	C		0	999	09/01/2012	12/31/9999	1	0.00
43605	06	BIOPSY STOMACH BY LAP	C		0	999	09/01/2012	12/31/9999	1	0.00
43610	06	EXCISION, LOCAL; ULCER OR BENI	C		0	999	09/01/2012	12/31/9999	1	0.00
43611	06	EXCISION, LOCAL; MALIGNANT TUM	C		0	999	09/01/2012	12/31/9999	1	0.00
43620	06	GASTRECTOMY, TOTAL; WITH ESOPH	C		0	999	09/01/2012	12/31/9999	1	0.00
43621	06	GASTRECTOMY, TOTAL; WITH ROUX-	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
43622	O6	GASTRECTOMY, TOTAL; WITH FORMA	C		0	999	09/01/2012	12/31/9999	1	0.00
43631	O6	GASTRECTOMY, PARTIAL, DISTAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
43632	O6	GASTRECTOMY, PARTIAL, DISTAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
43633	O6	GASTRECTOMY, PARTIAL, DISTAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
43634	O6	GASTRECTOMY, PARTIAL, DISTAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
43635	O6	PARTIAL REMOVAL OF STOMACH	C		0	999	09/01/2012	12/31/9999	1	0.00
43640	O6	VAGOTOMY AND PYLOROPLASTY, W	C		0	999	09/01/2012	12/31/9999	1	0.00
43641	O6	VAGOTOMY INCLUDING PYLOROPLAST	C		0	999	09/01/2012	12/31/9999	1	0.00
43644	O6	LAP GASTRIC BYPASS/ROUX-EN-Y	C		0	999	09/01/2012	12/31/9999	1	0.00
43645	O6	LAP GASTR BYPASS INCL SMALL I	C		0	999	09/01/2012	12/31/9999	1	0.00
43647	O6	LAP IMPL/REPL GASTRIC NEUROSTIM ANTRUM	E		18	70	09/01/2012	12/31/9999	1	0.00
43648	O6	LAP REV/REM GASTRIC NEUROSTIM ANTRUM	E		18	70	09/01/2012	12/31/9999	1	0.00
43651	O1	LAPAROSCOPY, VAGUS NERVE	T		0	999	07/01/2021	12/31/9999	1	3,955.23
43652	O1	LAPAROSCOPY, VAGUS NERVE	T		0	999	07/01/2021	12/31/9999	1	3,955.23
43653	O1	LAPAROSCOPY, GASTROSTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
43659	O1	LAPAROSCOPE PROC, STOM	T		0	999	07/01/2021	12/31/9999	1	3,955.23
43752	O1	NASO/ORO-GAS TUBE PLC MD SKLL&FLORONASO/	S		0	999	07/01/2021	12/31/9999	2	211.21
43753	O1	TX GASTRO INTUB W/ASP	S		0	999	07/01/2021	12/31/9999	1	206.69
43754	O1	DX GASTR INTUB W/ASP SPEC	S		0	999	07/01/2021	12/31/9999	1	206.69
43755	O1	DX GASTR INTUB W/ASP SPECS	S		0	999	07/01/2021	12/31/9999	1	109.07
43756	O1	DX DUOD INTUB W/ASP SPEC	S		0	999	07/01/2021	12/31/9999	1	632.78
43757	O1	DX DUOD INTUB W/ASP SPECS	T		0	999	07/01/2021	12/31/9999	1	632.78
43761	O1	REPOSITION GASTROSTOMY TUBE	T		0	999	07/01/2021	12/31/9999	2	208.02
43762	O1	RPLC GTUBE NO REVJ TRC	T		0	999	07/01/2021	12/31/9999	2	208.02
43763	O1	RPLC GTUBE REVJ GSTRST TRC	T		0	999	07/01/2021	12/31/9999	2	208.02
43770	O6	LAP GASTRIC RESTRICT DEV PLCMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
43771	O6	LAP GASTRIC RESTRICT DEV REVISION	C		0	999	09/01/2012	12/31/9999	1	0.00
43772	O6	LAP GASTRIC RESTRICT DEV REMOVAL	E		0	999	07/01/2019	12/31/9999	1	0.00
43773	O6	LAP GASTRIC RESTRICT DEV REMOV & RPLC	E		0	999	07/01/2019	12/31/9999	1	0.00
43774	O6	LAP GASTRIC RESTRICT DEV REMOV DEV & COM	E		0	999	07/01/2020	12/31/9999	1	0.00
43775	O6	LAP SLEEVE GASTRECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
43800	O6	PYLOROPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
43810	O6	GASTRODUODENOSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
43820	O6	GASTROJEJUNOSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
43825	O6	GASTROJEJUNOSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
43830	O1	PLACE GASTROSTOMY TUBE	T		0	999	07/01/2021	12/31/9999	1	1,270.11
43831	O1	GASTROSTOMY, TEMPORARY (TUBE	T		0	1	07/01/2021	12/31/9999	1	632.78
43832	O6	PLACE GASTROSTOMY TUBE	C		0	999	09/01/2012	12/31/9999	1	0.00
43840	O6	GASTRORRHAPHY, SUTURE OF PER	C		0	999	09/01/2012	12/31/9999	1	0.00
43842	O6	GASTROPLASTY, VERTICAL-BANDED,	E		0	999	09/01/2012	12/31/9999	1	0.00
43843	O6	GASTROPLASTY, OTHER THAN VERTI	C		0	999	09/01/2012	12/31/9999	1	0.00
43845	O6	GASTROPLASTY DUODENAL SWITCH	C		0	999	09/01/2012	12/31/9999	1	0.00
43846	O6	GASTRIC BYPASS FOR OBESITY	C		0	999	09/01/2012	12/31/9999	1	0.00
43847	O6	GASTRIC BYPASS FOR OBESITY	C		0	999	09/01/2012	12/31/9999	1	0.00
43848	O6	REV OPEN OTH THEN ADJ GASTR REST DEV	C		0	999	09/01/2012	12/31/9999	1	0.00
43860	O6	REVISE STOMACH-BOWEL FUSION	C		0	999	09/01/2012	12/31/9999	1	0.00
43865	O6	REVISION OF GASTROJEJUNAL AN	C		0	999	09/01/2012	12/31/9999	1	0.00
43870	O1	CLOSURE OF GASTROSTOMY, SURG	T		0	999	07/01/2021	12/31/9999	1	2,407.94
43880	O6	CLOSURE OF GASTROCOLIC FISTU	C		0	999	09/01/2012	12/31/9999	1	0.00
43881	O6	LAP IMPL/REPL GSTRC NEUROSTIM ANTRUM OPE	C		0	999	09/01/2012	12/31/9999	1	0.00
43882	O6	LAP REV/REM GSTRC NEUROSTIM ANTRUM OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
43886	O6	REVISE GASTRIC PORT, OPEN	E		0	999	09/01/2012	12/31/9999	1	0.00
43887	O6	REMOVE GASTRIC PORT, OPEN	E		0	999	09/01/2012	12/31/9999	1	0.00
43888	O6	CHANGE GASTRIC PORT, OPEN	E		0	999	09/01/2012	12/31/9999	1	0.00
43999	O1	UNLISTED PROCEDURE, STOMACH	T		0	999	07/01/2021	12/31/9999	1	632.78
44005	O6	ENTEROLYSIS (FREEING OF INTEST	C		0	999	09/01/2012	12/31/9999	1	0.00
4400F	O6	REHAB THXPY OPTIONS W/PT	E		0	999	09/01/2012	12/31/9999	1	0.00
44010	O6	DUODENOTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44015	O6	TUBE JEJUNOSTOMY FOR ENTERAL A	C		0	999	09/01/2012	12/31/9999	1	0.00
44020	O6	EXPLORE SMALL INTESTINE	C		0	999	09/01/2012	12/31/9999	1	0.00
44021	O6	ENTEROTOMY, SMALL BOWEL, OTHER	C		0	999	09/01/2012	12/31/9999	1	0.00
44025	O6	ENTEROTOMY WITH EXPLORATION	C		0	999	09/01/2012	12/31/9999	1	0.00
44050	O6	REDUCTION OF VOLVULUS, INTUS	C		0	999	09/01/2012	12/31/9999	1	0.00
44055	O6	CORRECTION OF MALROTATION BY L	C		0	999	09/01/2012	12/31/9999	1	0.00
44100	O1	BIOPSY OF INTESTINE BY CAPSU	T		0	999	07/01/2021	12/31/9999	1	632.78
44110	O6	EXCISE INTESTINE LESION(S)	C		0	999	09/01/2012	12/31/9999	1	0.00
44111	O6	EXCISION OF ONE OR MORE LESI	C		0	999	09/01/2012	12/31/9999	1	0.00
44120	O6	ENTERECTOMY, RESECTION OF SM	C		0	999	09/01/2012	12/31/9999	1	0.00
44121	O6	REMOVAL OF SMALL INTESTINE	C		0	999	09/01/2012	12/31/9999	1	0.00
44125	O6	ENTERECTOMY, RESECTION OF SM	C		0	999	09/01/2012	12/31/9999	1	0.00
44126	O6	ENTERECTOMY W/TAPER, CONG	C		0	999	09/01/2012	12/31/9999	1	0.00
44127	O6	ENTERECTOMY W/O TAPER, CONG	C		0	999	09/01/2012	12/31/9999	1	0.00
44128	O6	ENTERECTOMY CONG, ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
44130	O6	ENTEROENTEROSTOMY, ANASTOMOS	C		0	999	09/01/2012	12/31/9999	1	0.00
44132	O6	ENTEROENTERO, CADAVER DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00
44133	O6	ENTERECTOMY, LIVE DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00
44135	O6	INTESTINE TRANSPLNT, CADAVER	C		0	999	09/01/2012	12/31/9999	1	0.00
44136	O6	INTESTINE TRANSPLANT, LIVE	C		0	999	09/01/2012	12/31/9999	1	0.00
44137	O6	REMOVE INTESTINAL ALLOGRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
44139	O6	MOBILIZATION OF COLON	C		0	999	09/01/2012	12/31/9999	1	0.00
44140	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44141	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44143	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44144	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44145	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44146	O6	COLECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
44147	O6	COLECTOMY, PARTIAL; ABDOMINAL	C		0	999	09/01/2012	12/31/9999	1	0.00
44150	O6	COLECTOMY, TOTAL, ABDOMINAL,	C		0	999	09/01/2012	12/31/9999	1	0.00
44151	O6	COLECTOMY, TOTAL, ABDOMINAL, W	C		0	999	09/01/2012	12/31/9999	1	0.00
44155	O6	COLECTOMY, TOTAL, ABDOMINAL,	C		0	999	09/01/2012	12/31/9999	1	0.00
44156	O6	COLECTOMY, TOTAL, ABDOMINAL, W PR	C		0	999	09/01/2012	12/31/9999	1	0.00
44157	O6	COLECTOMY TOT ABD W PROCT W LOOP ILEOST	C		0	999	09/01/2012	12/31/9999	1	0.00
44158	O6	COLECTOMY TOT ABD W PROCT W CREAT ILEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
44160	O6	REMOVAL OF COLON	C		0	999	09/01/2012	12/31/9999	1	0.00
44180	O1	LAP, ENTEROLYSIS	T		0	999	07/01/2021	12/31/9999	1	3,955.23
44186	O1	LAP, JEJUNOSTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
44187	O6	LAP, ILEO/JEJUNO-STOMY	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
44188	O6	LAP, COLOSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44202	O6	LAP, ENTERECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44203	O6	LAP RESECT S/INTESTINE, ADDL	C		0	999	09/01/2012	12/31/9999	1	0.00
44204	O6	LAPARO PARTIAL COLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44205	O6	LAP COLECTOMY PART W/ILEUM	C		0	999	09/01/2012	12/31/9999	1	0.00
44206	O6	LAP PART COLECTOMY W/STOMA	C		0	999	07/01/2014	12/31/9999	1	0.00
44207	O6	L COLECTOMY/COLOPROCTOSTOMY	C		0	999	07/01/2014	12/31/9999	1	0.00
44208	O6	L COLECTOMY/COLOPROCTOSTOMY	C		0	999	07/01/2014	12/31/9999	1	0.00
44210	O6	LAPARO TOTAL PROCTOCOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44211	O6	COLECTOMY TOT ABD W PROCT W ILEOANAL ANA	C		0	999	09/01/2012	12/31/9999	1	0.00
44212	O6	LAPARO TOTAL PROCTOCOLECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44213	O6	LAP, MOBIL SPLENIC FL ADD-ON	C		0	999	07/01/2014	12/31/9999	1	0.00
44227	O6	LAP, CLOSE ENTEROSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44238	O1	LAPAROSCOPE PROC, INTESTINE	T		0	999	07/01/2021	12/31/9999	1	3,955.23
44300	O6	PLC ENTEROST/ CECOST TUBE OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
44310	O6	ILEOSTOMY/JEJUNOSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44312	O1	REVISION OF ILEOSTOMY; SIMPLE	T		0	999	07/01/2021	12/31/9999	1	2,752.91
44314	O6	REVISION OF ILEOSTOMY; COMPLIC	C		0	999	09/01/2012	12/31/9999	1	0.00
44316	O6	CONTINENT ILEOSTOMY (KOCK PROC	C		0	999	09/01/2012	12/31/9999	1	0.00
44320	O6	COLOSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
44322	O6	COLOSTOMY WITH BIOPSIES	C		0	999	09/01/2012	12/31/9999	1	0.00
44340	O1	REVISION OF COLOSTOMY; SIMPLE	T		0	999	07/01/2021	12/31/9999	1	2,752.91
44345	O6	REVISION OF COLOSTOMY; COMPLIC	C		0	999	09/01/2012	12/31/9999	1	0.00
44346	O6	REVISION OF COLOSTOMY; WITH RE	C		0	999	09/01/2012	12/31/9999	1	0.00
44360	O1	SMALL INTESTINE ENDOSCOPY INTEROSCOPY	T		0	999	07/01/2021	12/31/9999	1	1,270.11
44361	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44363	O1	SMALL BOWEL ENDOSCOPY	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44364	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44365	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44366	O1	SMALL BOWEL ENDOSCOPY	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44369	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44370	O1	SMALL BOWEL ENDOSCOPY/STENT	S		0	999	07/01/2021	12/31/9999	1	3,930.28
44372	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44373	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44376	O1	SMALL INTESTINAL ENDOSCOPY, EN	T		0	999	07/01/2021	12/31/9999	1	1,270.11
44377	O1	SMALL INTESTINAL ENDOSCOPY, EN	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44378	O1	SMALL BOWEL ENDOSCOPY	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44379	O1	S BOWEL ENDOSCOPE W/STENT	S		0	999	07/01/2021	12/31/9999	1	3,930.28
44380	O1	SMALL BOWEL ENDOSCOPY BR/WA	T		0	999	07/01/2021	12/31/9999	1	632.78
44381	O1	SMALL BOWEL ENDOSCOPY BR/WA	S		0	999	07/01/2021	12/31/9999	1	1,270.11
44382	O1	ILEOSCOPY, THROUGH STOMA; WITH	T		0	999	07/01/2021	12/31/9999	1	632.78
44384	O1	SMALL BOWEL ENDOSCOPY	S		0	999	07/01/2021	12/31/9999	1	2,407.94
44385	O1	ENDOSCOPIC EVAL SMALL INTEST POUCH	T		0	999	07/01/2021	12/31/9999	1	620.32
44386	O1	ENDOSCOPY BOWEL POUCH/BIOP	T		0	999	07/01/2021	12/31/9999	1	620.32
44388	O1	COLONOSCOPY THRU STOMA SPX	T		0	999	07/01/2021	12/31/9999	1	620.32
44389	O1	COLONOSCOPY THROUGH STOMA; WIT	T		0	999	07/01/2021	12/31/9999	1	810.48
44390	O1	COLONOSCOPY FOR FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	1	620.32
44391	O1	COLONOSCOPY FOR BLEEDING	T		0	999	07/01/2021	12/31/9999	1	810.48
44392	O1	COLONOSCOPY & POLYPECTOMY	T		0	999	07/01/2021	12/31/9999	1	810.48
44394	O1	COLONOSCOPY THROUGH STOMA; WIT	T		0	999	07/01/2021	12/31/9999	1	810.48
44401	O1	COLONOSCOPY WITH ABLATION	T		0	999	07/01/2021	12/31/9999	1	810.48
44402	O1	COLONOSCOPY W/STENT PLCMT	S		0	999	07/01/2021	12/31/9999	1	3,930.28
44403	O1	COLONOSCOPY W/RESECTION	T		0	999	07/01/2021	12/31/9999	1	810.48
44404	O1	COLONOSCOPY W/INJECTION	T		0	999	07/01/2021	12/31/9999	1	810.48
44405	O1	COLONOSCOPY W/DILATION	T		0	999	07/01/2021	12/31/9999	1	810.48
44406	O1	COLONOSCOPY W/ULTRASOUND	T		0	999	07/01/2021	12/31/9999	1	810.48
44407	O1	COLONOSCOPY W/NDL ASPIR/BX	T		0	999	07/01/2021	12/31/9999	1	810.48
44408	O1	COLONOSCOPY W/DECOMPRESSION	T		0	999	07/01/2021	12/31/9999	1	620.32
44500	O1	INTRODUCTION OF LONG GASTROINT	T		0	999	07/01/2021	12/31/9999	1	632.78
4450F	O6	SELF-CARE EDUC PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
44602	O6	SUTURE OF SMALL INTESTINE (ENT	C		0	999	09/01/2012	12/31/9999	1	0.00
44603	O6	SUTURE OF SMALL INTESTINE (ENT	C		0	999	09/01/2012	12/31/9999	1	0.00
44604	O6	SUTURE OF LARGE INTESTINE (COL	C		0	999	09/01/2012	12/31/9999	1	0.00
44605	O6	SUTURE OF INTESTINE (ENTEROR	C		0	999	09/01/2012	12/31/9999	1	0.00
44615	O6	INTESTINAL STRICTUROPLASTY (EN	C		0	999	09/01/2012	12/31/9999	1	0.00
44620	O6	CLOSURE OF ENTEROSTOMY, LARG	C		0	999	09/01/2012	12/31/9999	1	0.00
44625	O6	REPAIR BOWEL OPENING	C		0	999	09/01/2012	12/31/9999	1	0.00
44626	O6	REPAIR BOWEL OPENING	C		0	999	09/01/2012	12/31/9999	1	0.00
44640	O6	CLOSURE OF INTESTINAL CUTANE	C		0	999	09/01/2012	12/31/9999	1	0.00
44650	O6	CLOSURE OF ENTEROENTERIC OR	C		0	999	09/01/2012	12/31/9999	1	0.00
44660	O6	CLOSURE OF ENTEROVESICAL FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
44661	O6	REPAIR BOWEL-BLADDER FISTULA	C		0	999	09/01/2012	12/31/9999	1	0.00
44680	O6	INTESTINAL PLICATION, COMPLE	C		0	999	09/01/2012	12/31/9999	1	0.00
44700	O6	SUSPEND BOWEL W/PROSTHESIS	C		0	999	09/01/2012	12/31/9999	1	0.00
44701	O6	INTRAOP COLON LAVAGE ADD-ON	E		0	999	02/10/2014	12/31/9999	1	0.00
44705	O6	PREPARE FECAL MICROBIOTA	E		0	999	01/01/2013	12/31/9999	2	0.00
4470F	O6	ICD COUNSELING PROV	E		0	999	09/01/2012	12/31/9999	1	0.00
44715	O6	PREPARE DONOR INTESTINE	C		0	999	09/01/2012	12/31/9999	1	0.00
44720	O6	PREP DONOR INTESTINE/VENOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
44721	O6	PREP DONOR INTESTINE/ARTERY	C		0	999	09/01/2012	12/31/9999	1	0.00
44799	O1	UNLISTED PX SMALL INTESTINE	T		0	999	07/01/2021	12/31/9999	1	632.78
44800	O6	EXCISION OF MECKEL'S DIVERTI	C		0	999	09/01/2012	12/31/9999	1	0.00
4480F	O6	PT REC ACE INHIBITOR/ARB THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
4481F	O6	P REC ACE INHIBITOR/ARB THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
44820	O6	EXCISION OF LESION OF MESENT	C		0	999	09/01/2012	12/31/9999	1	0.00
44850	O6	SUTURE OF MESENTERY (SEPARAT	C		0	999	09/01/2012	12/31/9999	1	0.00
44899	O6	UNLISTED PROCEDURE, MECKEL'S	C		0	999	09/01/2012	12/31/9999	1	0.00
44900	O6	DRAIN, APP ABSCESS, OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
44950	O1	APPENDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,488.15
44955	O1	APPENDECTOMY ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
44960	O6	APPENDECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
44970	O1	LAPAROSCOPY, APPENDECTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
44979	O1	LAPAROSCOPE PROC, APP	T		0	999	07/01/2021	12/31/9999	1	3,955.23
45000	O1	TRANSRECTAL DRAINAGE OF PELV	T		0	999	07/01/2021	12/31/9999	1	810.48
45005	O1	INCISION AND DRAINAGE OF SUB	T		0	999	07/01/2021	12/31/9999	1	810.48
4500F	O6	REFERRED TO AN O/P CARDIAC REHAB	E		0	999	09/01/2012	12/31/9999	1	0.00
45020	O1	INCISION AND DRAINAGE OF DEE	T		0	999	07/01/2021	12/31/9999	1	1,909.75

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
45100	O1	BIOPSY OF ANORECTAL WALL, AN	T		0	999	07/01/2021	12/31/9999	2	1,909.75
45108	O1	ANORECTAL MYOMECTOMY	T		0	999	07/01/2021	12/31/9999	1	1,909.75
4510F	O6	PREV CARDIAC REHAB	E		0	999	09/01/2012	12/31/9999	1	0.00
45110	O6	PROCTECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
45111	O6	PROCTECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
45112	O6	PROCTECTOMY, COMBINED ABDOMI	C		0	999	09/01/2012	12/31/9999	1	0.00
45113	O6	PARTIAL PROCTECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
45114	O6	PROCTECTOMY, PARTIAL, WITH A	C		0	999	09/01/2012	12/31/9999	1	0.00
45116	O6	PROCTECTOMY, PARTIAL, WITH A	C		0	999	09/01/2012	12/31/9999	1	0.00
45119	O6	REMOVE RECTUM W/RESERVOIR	C		0	999	09/01/2012	12/31/9999	1	0.00
45120	O6	PROCTECTOMY, COMPLETE, FOR C	C		0	999	09/01/2012	12/31/9999	1	0.00
45121	O6	PROCTECTOMY, COMPLETE; WITH SU	C		0	999	09/01/2012	12/31/9999	1	0.00
45123	O6	PARTIAL PROCTECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
45126	O6	PELVIC EXENTERATION	C		0	999	09/01/2012	12/31/9999	1	0.00
45130	O6	EXCISION OF RECTAL PROCIDENT	C		0	999	09/01/2012	12/31/9999	1	0.00
45135	O6	EXCISION OF RECTAL PROCIDENT	C		0	999	09/01/2012	12/31/9999	1	0.00
45136	O6	EXCISE ILEOANAL RESERVOIR	C		0	999	09/01/2012	12/31/9999	1	0.00
45150	O1	DIVISION OF STRICTURE OF REC	T		0	999	07/01/2021	12/31/9999	1	810.48
45160	O1	EXCISION OF RECTAL TUMOR BY	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45171	O1	EXC RECT TUM TRANSANAL PART	T		0	999	07/01/2021	12/31/9999	2	1,909.75
45172	O1	EXC RECT TUM TRANSANAL FULL	T		0	999	07/01/2021	12/31/9999	2	1,909.75
45190	O1	DESTRUCTION, RECTAL TUMOR	T		0	999	07/01/2021	12/31/9999	1	1,909.75
4525F	O6	NEUROPSYCHIATRIC INTERVENTION	E		0	999	09/01/2012	12/31/9999	1	0.00
4526F	O6	NEUROPSYCHIATRIC INTERVENTION REC	E		0	999	09/01/2012	12/31/9999	1	0.00
45300	O1	PROCTOSIGMOIDOSCOPY, RIGID; DI	T		0	999	07/01/2021	12/31/9999	1	620.32
45303	O1	PROCTOSIGMOIDOSCOPY DILATE	T		0	999	07/01/2021	12/31/9999	1	810.48
45305	O1	PROCTOSIGMOIDOSCOPY, RIGID; WI	T		0	999	07/01/2021	12/31/9999	1	810.48
45307	O1	PROCTOSIGMOIDOSCOPY; WITH REMO	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45308	O1	PROCTOSIGMOIDOSCOPY, RIGID; WI	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45309	O1	PROCTOSIGMOIDOSCOPY, RIGID; WI	T		0	999	07/01/2021	12/31/9999	1	810.48
45315	O1	PROCTOSIGMOIDOSCOPY, RIGID; WI	T		0	999	07/01/2021	12/31/9999	1	810.48
45317	O1	PROTOSIGMOIDOSCOPY BLEED	T		0	999	07/01/2021	12/31/9999	1	810.48
45320	O1	PROCTOSIGMOIDOSCOPY, RIGID; WI	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45321	O1	PROCTOSIGMOIDOSCOPY; WITH DECO	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45327	O1	PROCTOSIGMOIDOSCOPY W/STENT	T		0	999	07/01/2021	12/31/9999	1	3,930.28
45330	O1	SIGMOIDOSCOPY, FLEXIBLE INCL SPECIMEN	T		0	999	07/01/2021	12/31/9999	1	620.32
45331	O1	SIGMOIDOSCOPY, FLEXIBLE; WITH	T		0	999	07/01/2021	12/31/9999	1	620.32
45332	O1	SIGMOIDOSCOPY W/FB REMOVAL	T		0	999	07/01/2021	12/31/9999	1	810.48
45333	O1	SIGMOIDOSCOPY FLEX REMOV TUMOR, POLYP, L	T		0	999	07/01/2021	12/31/9999	1	620.32
45334	O1	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING	T		0	999	07/01/2021	12/31/9999	1	810.48
45335	O1	SIGMOIDOSCOPE W/SUBMUC INJ	T		0	999	07/01/2021	12/31/9999	1	620.32
45337	O1	SIGMOIDOSCOPY FLEXIBLE COMPRESS	T		0	999	07/01/2021	12/31/9999	1	620.32
45338	O1	SIGMOIDOSCOPY, FLEXIBLE; WITH	T		0	999	07/01/2021	12/31/9999	1	810.48
45340	O1	SIGMOIDOSCOPY FLEXIBLE BALLOON DIL	T		0	999	07/01/2021	12/31/9999	1	810.48
45341	O1	SIGMOIDOSCOPY W/ULTRASOUND	T		0	999	07/01/2021	12/31/9999	1	620.32
45342	O1	SIGMOIDOSCOPY W/US GUIDE BX	T		0	999	07/01/2021	12/31/9999	1	810.48
45346	O1	SIGMOIDOSCOPY W/ABLATION	T		0	999	07/01/2021	12/31/9999	1	810.48
45347	O1	SIGMOIDOSCOPY W/PLCMT STENT	T		0	999	07/01/2021	12/31/9999	1	3,930.28
45349	O1	SIGMOIDSCOPY W/RESECTION	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45350	O1	SGMDSC W/BAND LIGATION	T		0	999	07/01/2021	12/31/9999	1	810.48
45378	O1	IEEBSPD DIAG BRUSH/WASH	T		0	999	07/01/2021	12/31/9999	1	620.32
45379	O1	SIEEBSPD DIAG W/ILEUM	T		0	999	07/01/2021	12/31/9999	1	810.48
45380	O1	COLONOSC DIAG COLL SPEC	T		0	999	07/01/2021	12/31/9999	1	810.48
45381	O1	COLONOSC DIAG COLL SPEC	T		0	999	07/01/2021	12/31/9999	1	810.48
45382	O1	COLONOSC CONTROL BLEEDING	T		0	999	07/01/2021	12/31/9999	1	810.48
45384	O1	COLONCS REM TUMOR POLYP LESION	T		0	999	07/01/2021	12/31/9999	1	810.48
45385	O1	COLONSC REM TUMOR SNARE TECH	T		0	999	07/01/2021	12/31/9999	1	810.48
45386	O1	COLONSC W/TRAINENDOSCOPIC BALN DIL	T		0	999	07/01/2021	12/31/9999	1	810.48
45388	O1	COLONOSCOPY W/ABLATION	T		0	999	07/01/2021	12/31/9999	1	810.48
45389	O1	COLONOSCOPY W/STENT PLCMT	T		0	999	07/01/2021	12/31/9999	1	3,930.28
45390	O1	COLONOSCOPY W/RESECTION	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45391	O1	COLONOSCOPY W/ENDOSCOPE US	T		0	999	07/01/2021	12/31/9999	1	810.48
45392	O1	COLONOSCOPY W/ENDOSCOPIC FNB	T		0	999	07/01/2021	12/31/9999	1	810.48
45393	O1	COLONOSCOPY W/DECOMPRESSION	T		0	999	07/01/2021	12/31/9999	1	810.48
45395	O6	LAP, REMOVAL OF RECTUM	C		0	999	09/01/2012	12/31/9999	1	0.00
45397	O6	LAP, REMOVE RECTUM W/POUCH	C		0	999	09/01/2012	12/31/9999	1	0.00
45398	O1	COLONOSCOPY W/BAND LIGATION	T		0	999	07/01/2021	12/31/9999	1	810.48
45399	O6	UNLISTED PROCEDURE COLON	E		0	999	01/01/2015	12/31/9999	1	0.00
45400	O6	LAPAROSCOPIC PROCTOPEXY	C		0	999	09/01/2012	12/31/9999	1	0.00
45402	O6	LAP PROCTOPEXY W/SIG RESECT	C		0	999	09/01/2012	12/31/9999	1	0.00
4540F	O6	DISEASE MODIF PHARMACOTHXPY	E		0	999	01/01/2013	12/31/9999	2	0.00
4541F	O6	PT OFFERED TX FOR PSEUDOBULB	E		0	999	01/01/2013	12/31/9999	2	0.00
45499	O1	LAPAROSCOPE PROC, RECTUM	T		0	999	07/01/2021	12/31/9999	1	3,955.23
45500	O1	PROCTOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45505	O1	PROCTOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	1,909.75
4550F	O6	NONINVAS RESP SUPPORT TALK	E		0	999	01/01/2013	12/31/9999	2	0.00
4551F	O6	NUTRITIONAL SUPPORT OFFERED	E		0	999	01/01/2013	12/31/9999	2	0.00
45520	O1	PERIRECTAL INJECTION OF SCLERO	T		0	999	07/01/2021	12/31/9999	1	620.32
4552F	O6	PT REF FOR SPEECH LANG PATH	E		0	999	01/01/2013	12/31/9999	2	0.00
4553F	O6	PT ASST RE END LIFE ISSUES	E		0	999	01/01/2013	12/31/9999	2	0.00
45540	O6	CORRECT RECTAL PROLAPSE	C		0	999	09/01/2012	12/31/9999	1	0.00
45541	O1	PROCTOPEXY FOR PROLAPSE;	T		0	999	07/01/2021	12/31/9999	1	1,909.75
4554F	O6	PT RECVD INHAL ANESTHETIC	E		0	999	01/01/2013	12/31/9999	2	0.00
45550	O6	REPAIR RECTUM/REMOVE SIGMOID	C		0	999	09/01/2012	12/31/9999	1	0.00
4555F	O6	PT RECVD NO INHAL ANESTHIC	E		0	999	01/01/2013	12/31/9999	2	0.00
45560	O1	REPAIR OF RECTOCELE (SEPARAT	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45562	O6	EXPLORATION/REPAIR OF RECTUM	C		0	999	09/01/2012	12/31/9999	1	0.00
45563	O6	EXPLORATION/REPAIR OF RECTUM	C		0	999	09/01/2012	12/31/9999	1	0.00
4556F	O6	PTW/ 3+ POST-OP NAUSEA+VOMM	E		0	999	01/01/2013	12/31/9999	2	0.00
4557F	O6	PT W/O 3+ POST-OPNAUSEA+VOMM	E		0	999	01/01/2013	12/31/9999	2	0.00
4558F	O6	PT RECVD 2 RX ANTI-EMETAGNTS	E		0	999	01/01/2013	12/31/9999	2	0.00
4559F	O6	1 BODYTEMP >=35.5CW/IN 30MIN	E		0	999	01/01/2013	12/31/9999	2	0.00
4560F	O6	ANESTH W/O GEN/NEURAX ANESTH	E		0	999	01/01/2013	12/31/9999	2	0.00
4561F	O6	PT W/ CORONARY ARTERY STENT	E		0	999	01/01/2013	12/31/9999	2	0.00
4562F	O6	PT W/O CORONARY ARTERY STENT	E		0	999	01/01/2013	12/31/9999	2	0.00
4563F	O6	PT RECVD ASPIRIN W/IN 24 HRS	E		0	999	01/01/2013	12/31/9999	2	0.00
45800	O6	CLOSURE OF RECTOVESICAL FIST	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
45805	O6	CLOSURE OF RECTOVESICAL FIST	C		0	999	09/01/2012	12/31/9999	1	0.00
45820	O6	CLOSURE OF RECTOURETHRAL FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
45825	O6	CLOSURE OF RECTOURETHRAL FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
45900	O1	*REDUCTION OF PROCIDENTIA (SE	T		0	999	07/01/2021	12/31/9999	1	620.32
45905	O1	*DILATION OF ANAL SPHINCTER (	T		0	999	07/01/2021	12/31/9999	1	810.48
45910	O1	DILATION OF RECTAL STRICTURE	T		0	999	07/01/2021	12/31/9999	1	810.48
45915	O1	*REMOVAL OF FECAL IMPACTION O	T		0	999	07/01/2021	12/31/9999	1	810.48
45990	O1	SURG DX EXAM, ANORECTAL	T		0	999	07/01/2021	12/31/9999	1	1,909.75
45999	O1	UNLISTED PROCEDURE, RECTUM	T		0	999	07/01/2021	12/31/9999	1	620.32
46020	O1	PLACEMENT OF SETON	T		0	999	07/01/2021	12/31/9999	2	1,909.75
46030	O1	*REMOVAL OF SETON, OTHER MARK	T		0	999	07/01/2021	12/31/9999	1	810.48
46040	O1	INCISION AND DRAINAGE OF ISC	T		0	999	07/01/2021	12/31/9999	2	810.48
46045	O1	INCISION AND DRAINAGE OF INT	T		0	999	07/01/2021	12/31/9999	2	1,909.75
46050	O1	*INCISION AND DRAINAGE, PERIA	T		0	999	07/01/2021	12/31/9999	2	620.32
46060	O1	INCISION AND DRAINAGE OF ISCHI	T		0	999	07/01/2021	12/31/9999	2	1,909.75
46070	O1	INCISION, ANAL SEPTUM (INFAN	T		0	1	07/01/2021	12/31/9999	1	1,909.75
46080	O1	*SPHINCTEROTOMY, ANAL, DIVISI	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46083	O1	INCISION OF THROMBOSED HEMORRH	T		0	999	07/01/2021	12/31/9999	2	208.02
46200	O1	REMOVAL OF ANAL FISSURE	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46220	O1	EXCISE ANAL EXT TAG/PAPILLA	T		0	999	07/01/2021	12/31/9999	1	810.48
46221	O1	LIGATION OF HEMORRHOID(S)	T		0	999	07/01/2021	12/31/9999	1	620.32
46230	O1	REMOVAL OF ANAL TAGS	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46250	O1	REMOVE EXT HEM GROUPS = 2	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46255	O1	REMOVE INT/EXT HEM 1 GROUP	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46257	O1	HEMORRHOIDECTOMY INTERNAL AN	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46258	O1	REMOVE IN/EX HEM GRP W/FISTU	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46260	O1	REMOVE IN/EX HEM GROUPS = 2	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46261	O1	HEMORRHOIDECTOMY, INTERNAL A	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46262	O1	REMOVE IN/EX HEM GRPS W/FIST	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46270	O1	SURGICAL TREATMENT OF ANAL FIS	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46275	O1	REMOVE ANAL FIST INTER	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46280	O1	REMOVE ANAL FIST COMPLEX	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46285	O1	FISTULECTOMY;	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46288	O1	REPAIR ANAL FISTULA	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46320	O1	REMOVAL OF HEMORRHOID CLOT	T		0	999	07/01/2021	12/31/9999	2	810.48
46500	O1	*INJECTION OF SCLEROSING SOLU	T		0	999	07/01/2021	12/31/9999	1	620.32
46505	O1	CHEMODENERVATION ANAL MUSC	T		0	999	07/01/2021	12/31/9999	1	810.48
46600	O1	ANOSCOPY; DIAGNOSTIC, WITH OR	T		0	999	07/01/2021	12/31/9999	1	87.50
46601	O1	DIAGNOSTIC ANOSCOPY	S		0	999	07/01/2021	12/31/9999	1	87.50
46604	O1	ANOSCOPY AND DILATION	T		0	999	07/01/2021	12/31/9999	1	810.48
46606	O1	ANOSCOPY; WITH BIOPSY, SINGLE	T		0	999	07/01/2021	12/31/9999	1	810.48
46607	O1	DIAGNOSTIC ANOSCOPY & BIOPSY	T		0	999	07/01/2021	12/31/9999	1	810.48
46608	O1	ANOSCOPY; WITH REMOVAL OF FORE	T		0	999	07/01/2021	12/31/9999	1	620.32
46610	O1	ANOSCOPY; WITH REMOVAL OF SING	S		0	999	07/01/2021	12/31/9999	1	1,909.75
46611	O1	ANOSCOPY; WITH REMOVAL OF SING	T		0	999	07/01/2021	12/31/9999	1	620.32
46612	O1	ANOSCOPY; WITH REMOVAL OF MULT	S		0	999	07/01/2021	12/31/9999	1	1,909.75
46614	O1	ANOSCOPY/CONTROL BLEEDING	T		0	999	07/01/2021	12/31/9999	1	810.48
46615	O1	ANOSCOPY; WITH ABLATION OF TUM	S		0	999	07/01/2021	12/31/9999	1	1,909.75
46700	O1	ANOPLASTY, PLASTIC OPERATION	T		14	999	07/01/2021	12/31/9999	1	1,909.75
46705	O6	ANOPLASTY, PLASTIC OPERATION	C		0	1	09/01/2012	12/31/9999	1	0.00
46706	O1	REPR OF ANAL FISTULA W/GLUE	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46707	O1	REPAIR ANORECTAL FIST W/PLUG	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46710	O6	REPR PER/VAG POUCH SNGL PROC	C		0	999	09/01/2012	12/31/9999	1	0.00
46712	O6	REPR PER/VAG POUCH DBL PROC	C		0	999	09/01/2012	12/31/9999	1	0.00
46715	O6	REPAIR OF LOW IMPERFORATE ANUS	C		0	999	09/01/2012	12/31/9999	1	0.00
46716	O6	REPAIR OF LOW IMPERFORATE ANUS	C		0	999	09/01/2012	12/31/9999	1	0.00
46730	O6	REPAIR OF HIGH IMPERFORATE ANU	C		0	999	09/01/2012	12/31/9999	1	0.00
46735	O6	REPAIR OF HIGH IMPERFORATE ANU	C		0	999	09/01/2012	12/31/9999	1	0.00
46740	O6	REP OF HIGH IMPERFORATE ANUS W	C		0	999	09/01/2012	12/31/9999	1	0.00
46742	O6	REPAIR OF HIGH IMPERFORATE ANU	C		0	999	09/01/2012	12/31/9999	1	0.00
46744	O6	REPAIR OF CLOACAL ANOMALY BY A	C		0	999	09/01/2012	12/31/9999	1	0.00
46746	O6	REPAIR OF CLOACAL ANOMALY BY A	C		0	999	09/01/2012	12/31/9999	1	0.00
46748	O6	REPAIR OF CLOACAL ANOMALY BY A	C		0	999	09/01/2012	12/31/9999	1	0.00
46750	O1	SPHINCTEROPLASTY, ANAL, FOR	T		14	999	07/01/2021	12/31/9999	1	1,909.75
46751	O6	SPHINCTEROPLASTY, ANAL, FOR	C		0	20	09/01/2012	12/31/9999	1	0.00
46753	O1	GRAFT (THIERSCH OPERATION) F	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46754	O1	REMOVAL OF THIERSCH WIRE OR	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46760	O1	SPHINCTEROPLASTY, ANAL, FOR	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46761	O1	SPHINCTEROPLASTY, ANAL, FOR IN	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46900	O1	*CHEMOSURGERY OF CONDYLOMATA,	T		0	999	07/01/2021	12/31/9999	1	270.31
46910	O1	*ELECTRODESICCATION OF CONDYL	T		0	999	07/01/2021	12/31/9999	1	1,340.73
46916	O1	DESTRUCTION OF LESION(S), ANUS	T		0	999	07/01/2021	12/31/9999	1	140.33
46917	O1	DESTRUCTION OF LESION(S), ANUS	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46922	O1	DESTRUCTION OF LESION(S), ANUS	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46924	O1	DESTRUCTION, ANAL LESION(S)	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46930	O1	DESTR INTERN HEMROIDS THERM ENERGY	T		0	999	07/01/2021	12/31/9999	1	810.48
46940	O1	TREATMENT OF ANAL FISSURE	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46942	O1	CURETTAGE OR CAUTERIZATION O	T		0	999	07/01/2021	12/31/9999	1	620.32
46945	O1	HEMORRHOIDECTOMY, SINGLE COLUMN/GROUP	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46946	O1	HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROU	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46947	O1	HEMORRHOIDOPEXY BY STAPLING	T		0	999	07/01/2021	12/31/9999	1	1,909.75
46948	O6	INT HRHC TRANAL DARTLZJ 2+	E		0	999	01/01/2020	12/31/9999	1	0.00
46999	O1	UNLISTED PROCEDURE, ANUS	T		0	999	07/01/2021	12/31/9999	1	620.32
47000	O1	*BIOPSY OF LIVER, PERCUTANEOU	T		0	999	07/01/2021	12/31/9999	3	1,099.71
47001	O1	NEEDLE BIOPSY, LIVER ADD-ON	N		0	999	09/01/2012	12/31/9999	3	0.00
47010	O6	OPEN DRAINAGE, LIVER LESION	C		0	999	09/01/2012	12/31/9999	1	0.00
47015	O6	INJECT/ASPIRATE LIVER CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
47100	O6	BIOPSY OF LIVER, WEDGE (SEPA	C		0	999	09/01/2012	12/31/9999	1	0.00
47120	O6	HEPATECTOMY, RESECTION OF LI	C		0	999	09/01/2012	12/31/9999	1	0.00
47122	O6	HEPATECTOMY, RESECTION OF LIVE	C		0	999	09/01/2012	12/31/9999	1	0.00
47125	O6	HEPATECTOMY, RESECTION OF LI	C		0	999	09/01/2012	12/31/9999	1	0.00
47130	O6	HEPATECTOMY, RESECTION OF LI	C		0	999	09/01/2012	12/31/9999	1	0.00
47133	O6	REMOVAL OF DONOR LIVER	C		0	999	09/01/2012	12/31/9999	1	0.00
47135	O6	LIVER TRANSPLANT, WITH OR WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
47140	O6	PARTIAL REMOVAL, DONOR LIVER	C		0	999	09/01/2012	12/31/9999	1	0.00
47141	O6	DONR HEPATECT LIVE DONR; LT LOBECT DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00
47142	O6	DONR HEPATECT LIVE DONR; RT LOBECT DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
47143	O6	PREP DONOR LIVER, WHOLE	C		0	999	09/01/2012	12/31/9999	1	0.00
47144	O6	PREP DONOR LIVER, 3-SEGMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
47145	O6	PREP DONOR LIVER, LOBE SPLIT	C		0	999	09/01/2012	12/31/9999	1	0.00
47146	O6	PREP DONOR LIVER/VENOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
47147	O6	PREP DONOR LIVER/ARTERIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
47300	O6	MARSUPIALIZATION OF CYST OR	C		0	999	09/01/2012	12/31/9999	1	0.00
47350	O6	HEPATORRHAPHY, SUTURE OF LIV	C		0	999	09/01/2012	12/31/9999	1	0.00
47360	O6	HEPATORRHAPHY, SUTURE OF LIV	C		0	999	09/01/2012	12/31/9999	1	0.00
47361	O6	REPAIR LIVER WOUND	C		0	999	09/01/2012	12/31/9999	1	0.00
47362	O6	REPAIR LIVER WOUND	C		0	999	09/01/2012	12/31/9999	1	0.00
47370	O1	LAPARO ABLATE LIVER TUMOR RF	T		0	999	07/01/2021	12/31/9999	1	6,962.21
47371	O1	LAPARO ABLATE LIVER CRYOSUG	T		0	999	07/01/2021	12/31/9999	1	6,962.21
47379	O1	LAPAROSCOPE PROCEDURE, LIVER	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47380	O6	OPEN ABLATE LIVER TUMOR RF	C		0	999	09/01/2012	12/31/9999	1	0.00
47381	O6	OPEN ABLATE LIVER TUMOR CRYO	C		0	999	09/01/2012	12/31/9999	1	0.00
47382	O1	PERCUT ABLATE LIVER RF	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47383	O1	PERQ ABLTJ LVR CRYOABLATION	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47399	O1	UNLISTED PROCEDURE, LIVER	T		0	999	07/01/2021	12/31/9999	1	486.13
47400	O6	HEPATICOTOMY OR HEPATICOSTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
47420	O6	CHOLEDOCHOTOMY OR CHOLEDOCHO	C		0	999	09/01/2012	12/31/9999	1	0.00
47425	O6	CHOLEDOCHOTOMY OR CHOLEDOCHO	C		0	999	09/01/2012	12/31/9999	1	0.00
47460	O6	TRANSDUODENAL SPHINCTEROTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
47480	O6	INCISION OF GALLBLADDER	C		0	999	09/01/2012	12/31/9999	1	0.00
47490	O1	INCISION OF GALLBLADDER	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47531	O1	INJECTION FOR CHOLANGIOGRAM	T		0	999	07/01/2021	12/31/9999	2	2,488.15
47532	O1	INJECTION FOR CHOLANGIOGRAM	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47533	O1	PLMT BILIARY DRAINAGE CATH	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47534	O1	PLMT BILIARY DRAINAGE CATH	T		0	999	07/01/2021	12/31/9999	2	2,488.15
47535	O1	CONVERSION EXT BIL DRG CATH	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47536	O1	EXCHANGE BILIARY DRG CATH	T		0	999	07/01/2021	12/31/9999	2	2,488.15
47537	O1	REMOVAL BILIARY DRG CATH	T		0	999	07/01/2021	12/31/9999	1	632.78
47538	O1	PERQ OLMT BILE DUCT STENT	T		0	999	07/01/2021	12/31/9999	2	3,955.23
47539	O1	PERQ PLMT BILE DUCT STENT	T		0	999	07/01/2021	12/31/9999	2	3,955.23
47540	O1	PERQ PLMT BILE DUCT STENT	T		0	999	07/01/2021	12/31/9999	2	3,955.23
47541	O1	PLMT ACCESS BIL TREE SM BWL	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47542	O1	DILATE BILIARY DUCT/AMPULLA	N		0	999	01/01/2016	12/31/9999	1	0.00
47543	O1	ENDOLLIMINAL BX BILIARY TREE	N		0	999	01/01/2016	12/31/9999	1	0.00
47544	O1	REMOVAL DUCT GLBLDR CALCULI	N		0	999	01/01/2016	12/31/9999	1	0.00
47550	O6	BILE DUCT ENDOSCOPY ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
47552	O1	BILIARY ENDOSCOPY, PERCUTANEOU	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47553	O1	BILIARY ENDOSCOPY, PERCUTANEOU	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47554	O1	BILIARY ENDOSCOPY THRU SKIN	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47555	O1	BILIARY ENDOSCOPY, PERCUTANEOU	T		0	999	07/01/2021	12/31/9999	1	2,488.15
47556	O1	BILIARY ENDOSCOPY, PERCUTANEOU	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47562	O1	LAPAROSCOPIC CHOLECYSTECTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47563	O1	LAPARO CHOLECYSTECTOMY/GRAPH	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47564	O1	LAPARO CHOLECYSTECTOMY/EXPLR	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47570	O6	LAPARO CHOLECYSTOENTEROSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
47579	O1	LAPAROSCOPE PROC, BILIARY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
47600	O6	CHOLECYSTECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
47605	O6	CHOLECYSTECTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
47610	O6	CHOLECYSTECTOMY WITH EXPLORA	C		0	999	09/01/2012	12/31/9999	1	0.00
47612	O6	CHOLECYSTECTOMY WITH EXPLORATI	C		0	999	09/01/2012	12/31/9999	1	0.00
47620	O6	CHOLECYSTECTOMY WITH EXPLORA	C		0	999	09/01/2012	12/31/9999	1	0.00
47700	O6	EXPLORATION FOR CONGENITAL A	C		0	999	09/01/2012	12/31/9999	1	0.00
47701	O6	PORTOENTEROSTOMY (KASAI PROCED	C		0	999	09/01/2012	12/31/9999	1	0.00
47711	O6	EXCISION OF BILE DUCT TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
47712	O6	EXCISION OF BILE DUCT TUMOR	C		0	999	09/01/2012	12/31/9999	1	0.00
47715	O6	EXCISION OF CHOLEDOCHAL CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
47720	O6	CHOLECYSTOENTEROSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
47721	O6	CHOLECYSTOENTEROSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
47740	O6	CHOLECYSTOENTEROSTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
47741	O6	FUSE GALLBLADDER & BOWEL	C		0	999	09/01/2012	12/31/9999	1	0.00
47760	O6	ANASTOMOSIS, DIRECT, OF EXTR	C		0	999	09/01/2012	12/31/9999	1	0.00
47765	O6	ANASTOMOSIS, DIRECT, OF INTR	C		0	999	09/01/2012	12/31/9999	1	0.00
47780	O6	ANASTOMOSIS, ROUX-EN-Y, OF E	C		0	999	09/01/2012	12/31/9999	1	0.00
47785	O6	FUSE BILE DUCTS AND BOWEL	C		0	999	09/01/2012	12/31/9999	1	0.00
47800	O6	RECONSTRUCTION, PLASTIC, OF	C		0	999	09/01/2012	12/31/9999	1	0.00
47801	O6	PLACEMENT OF CHOLEDOCHAL STENT	C		0	999	09/01/2012	12/31/9999	1	0.00
47802	O6	U-TUBE HEPATICOENTEROSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
47900	O6	SUTURE BILE DUCT INJURY	C		0	999	09/01/2012	12/31/9999	1	0.00
47999	O1	UNLISTED PROCEDURE, BILIARY	T		0	999	07/01/2021	12/31/9999	1	632.78
48000	O6	PLACEMENT OF DRAINS, PERIPANCR	C		0	999	09/01/2012	12/31/9999	1	0.00
48001	O6	PLACEMENT OF DRAINS, PERIPANCR	C		0	999	09/01/2012	12/31/9999	1	0.00
48020	O6	REMOVAL OF PANCREATIC CALCUL	C		0	999	09/01/2012	12/31/9999	1	0.00
48100	O6	BIOPSY OF PANCREAS, OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
48102	O1	*BIOPSY OF PANCREAS, PERCUTAN	T		0	999	07/01/2021	12/31/9999	1	1,099.71
48105	O6	RES/DEBR PANCREAS / ACUTE PANCREATITIS	C		0	999	09/01/2012	12/31/9999	1	0.00
48120	O6	EXCISION OF LESION OF PANCRE	C		0	999	09/01/2012	12/31/9999	1	0.00
48140	O6	PANCREATECTOMY, DISTAL SUBTOTA	C		0	999	09/01/2012	12/31/9999	1	0.00
48145	O6	PANCREATECTOMY, DISTAL SUBTO	C		0	999	09/01/2012	12/31/9999	1	0.00
48146	O6	PANCREATECTOMY, DISTAL, NEAR-T	C		0	999	09/01/2012	12/31/9999	1	0.00
48148	O6	EXCISION OF AMPULLA OF VATER	C		0	999	09/01/2012	12/31/9999	1	0.00
48150	O6	PANCREATECTOMY, PROXIMAL SUBTO	C		0	999	09/01/2012	12/31/9999	1	0.00
48152	O6	PANCREATECTOMY, PROXIMAL SUBTO	C		0	999	09/01/2012	12/31/9999	1	0.00
48153	O6	PANCREATECTOMY, PROXIMAL SUBTO	C		0	999	09/01/2012	12/31/9999	1	0.00
48154	O6	PANCREATECTOMY, PROXIMAL SUBTO	C		0	999	09/01/2012	12/31/9999	1	0.00
48155	O6	PANCREATECTOMY, TOTAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
48160	O6	PANCREAS REMOVAL/TRANSPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
48400	O6	INJECTION, INTRAOP ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
48500	O6	SURGERY OF PANCREATIC CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
48510	O6	DRAIN PANCREATIC PSEUDOCYST	C		0	999	09/01/2012	12/31/9999	1	0.00
48520	O6	INTERNAL ANASTOMOSIS OF PANC	C		0	999	09/01/2012	12/31/9999	1	0.00
48540	O6	INTERNAL ANASTOMOSIS OF PANC	C		0	999	09/01/2012	12/31/9999	1	0.00
48545	O6	PANCREATORRHAPHY	C		0	999	09/01/2012	12/31/9999	1	0.00
48547	O6	DUODENAL EXCLUSION	C		0	999	09/01/2012	12/31/9999	1	0.00
48548	O6	PANCREASTICojejunostomy	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
48550	O6	DONOR PANCREATECTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
48551	O6	PREP DONOR PANCREAS	C		0	999	09/01/2012	12/31/9999	1	0.00
48552	O6	PREP DONOR PANCREAS/VENOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
48554	O6	TRANSPLANTATION OF PANCREATIC	C		0	999	09/01/2012	12/31/9999	1	0.00
48556	O6	REMOVAL OF TRANSPLANTED PANCRE	C		0	999	09/01/2012	12/31/9999	1	0.00
48999	O1	UNLISTED PROCEDURE, PANCREAS	T		0	999	07/01/2021	12/31/9999	1	486.13
49000	O6	EXPLORATORY LAPAROTOMY, EXPL	C		0	999	09/01/2012	12/31/9999	1	0.00
49002	O6	REOPENING OF RECENT LAPAROTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
49010	O6	EXPLORATION, RETROPERITONEAL	C		0	999	09/01/2012	12/31/9999	1	0.00
49013	O6	PRPERTL PEL PACK HEMRRG TRMA	E		0	999	01/01/2020	12/31/9999	1	0.00
49014	O6	REEXPLORATION PELVIC WOUND	E		0	999	01/01/2020	12/31/9999	1	0.00
49020	O6	DRAIN ABDOMINAL ABSCESS	C		0	999	09/01/2012	12/31/9999	1	0.00
49040	O6	OPEN DRAINAGE ABDOM ABSCESS	C		0	999	09/01/2012	12/31/9999	1	0.00
49060	O6	OPEN DRAIN RETROPER ABSCESS	C		0	999	09/01/2012	12/31/9999	1	0.00
49062	O6	DRAIN TO PERITONEAL CAVITY	C		0	999	09/01/2012	12/31/9999	1	0.00
49082	O1	ABDOMINAL PARACENTESIS WO IMAG	T		0	999	07/01/2021	12/31/9999	1	632.78
49083	O1	ABDOMINAL PARACENTESIS W IMAG	T		0	999	07/01/2021	12/31/9999	2	632.78
49084	O1	PERITONEAL LAVAGE INCL IMAG GUIDE	T		0	999	07/01/2021	12/31/9999	1	632.78
49180	O1	*BIOPSY, ABDOMINAL OR RETROPE	T		0	999	07/01/2021	12/31/9999	2	1,099.71
49185	O6	SCLECTX FLUID COLLECTION	E		0	999	01/01/2016	12/31/9999	1	0.00
49203	O6	EXC ABD TUM 5 CM OR LESS	C		0	999	09/01/2012	12/31/9999	1	0.00
49204	O6	EXC ABD TUM OVER 5 CM	C		0	999	09/01/2012	12/31/9999	1	0.00
49205	O6	EXC ABD TUM OVER 10 CM	C		0	999	09/01/2012	12/31/9999	1	0.00
49215	O6	EXCISION OF PRESACRAL OR SACRO	C		0	999	09/01/2012	12/31/9999	1	0.00
49250	O1	UMBILECTOMY, OMPHALECTOMY, E	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49255	O6	OMENTECTOMY, EPIPOLECTOMY, R	C		0	999	09/01/2012	12/31/9999	1	0.00
49320	O1	DIAG LAPARO SEPARATE PROC	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49321	O1	LAPAROSCOPY, BIOPSY	S		0	999	07/01/2021	12/31/9999	1	3,955.23
49322	O1	LAPAROSCOPY, ASPIRATION	S		0	999	07/01/2021	12/31/9999	1	3,955.23
49323	O1	LAPARO DRAIN LYMPHOCELE	S		0	999	07/01/2021	12/31/9999	1	3,955.23
49324	O1	LAP INSERT TUNNEL IP CATH	S		0	999	07/01/2021	12/31/9999	1	3,955.23
49325	O1	LAP SURG W/REV PREV INTRAPERITONEAL CATH	S		0	999	07/01/2021	12/31/9999	1	3,955.23
49326	O1	LAP SURG W/OMENTOPEXY	N		0	999	07/01/2014	12/31/9999	1	0.00
49327	O1	LAP INS DEVICE FOR RT	N		0	999	07/01/2014	12/31/9999	1	0.00
49329	O1	LAPARO PROC, ABDOM/PER/OMENT	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49400	O1	INJECTION OF AIR OR CONTRAST I	N		0	999	09/01/2012	12/31/9999	1	0.00
49402	O1	REM PERITONEAL FOREIGN BODY	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49405	O1	IMAGE FLUID COLL/VISERAL	T		0	999	07/01/2021	12/31/9999	2	1,099.71
49406	O1	IMAGE FLUID COLL/PERCUTANEOUS	T		0	999	07/01/2021	12/31/9999	2	1,099.71
49407	O1	FLUID COLL/VAGINAL/TRANSRECTAL	T		0	999	07/01/2021	12/31/9999	1	1,099.71
49411	O1	INS MARK ABD/PEL FOR RT PERQ	S		0	999	07/01/2021	12/31/9999	1	986.52
49412	O6	INS DEVICE FOR RT GUIDE OPEN	C		0	999	09/01/2012	12/31/9999	2	0.00
49418	O1	INSERT TUN IP CATH PERC	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49419	O1	INSERT TUN IP CATH W/PORT	T		0	999	07/01/2021	12/31/9999	1	3,728.52
49421	O1	INS TUN IP CATH FOR DIAL OPN	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49422	O1	REMOVE TUNNELED IP CATH	T		0	999	07/01/2021	12/31/9999	1	2,236.67
49423	O1	EXCHANGE DRAINAGE CATH	T		0	999	07/01/2021	12/31/9999	2	1,270.11
49424	O1	ASSESS CYST, CONTRAST INJECT	N		0	999	09/01/2012	12/31/9999	1	0.00
49425	O6	PERITONEAL-VEINUS SHUNT (EG,	C		0	999	09/01/2012	12/31/9999	1	0.00
49426	O1	REVISION OF PERITONEAL-VEINUS	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49427	O1	INJECTION PROCEDURE (EG, CONTR	N		0	999	09/01/2012	12/31/9999	1	0.00
49428	O6	LIGATION OF SHUNT	C		0	999	09/01/2012	12/31/9999	1	0.00
49429	O1	REMOVAL OF SHUNT	T		0	999	07/01/2021	12/31/9999	1	2,236.67
49435	O1	INS SUBCU EXT INTRAPERITONEAL CATH W/REM	N		0	999	07/01/2015	12/31/9999	1	0.00
49436	O1	DELAYED GREAT EXIT SITE INTRAPERITONEAL	T		0	999	07/01/2021	12/31/9999	1	1,270.11
49440	O1	PLACE GASTROSTOMY TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	1,270.11
49441	O1	PLACE DUOD/JEJ TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	1,270.11
49442	O1	PLACE CECOSTOMY TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	810.48
49446	O1	CHANGE G-TUBE TO G-J PERC	T		0	999	07/01/2021	12/31/9999	1	1,270.11
49450	O1	REPLACE G/C TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	632.78
49451	O1	REPLACE DUOD/JEJ TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	632.78
49452	O1	REPLACE G-J TUBE PERC	T		0	999	07/01/2021	12/31/9999	1	632.78
49460	O1	FIX G/COLON TUBE W/DEVICE	T		0	999	07/01/2021	12/31/9999	1	632.78
49465	O1	FLUORO EXAM OF G/COLON TUBE	T		0	999	07/01/2021	12/31/9999	1	179.87
49491	O1	REPAIRING HERN PREMIE REDUC	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49492	O1	RPR ING HERN PREMIE, BLOCKED	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49495	O1	RPR ING HERNIA BABY, REDUC	T		0	1	07/01/2021	12/31/9999	1	2,488.15
49496	O1	REPAIR INITIAL INGUINAL HERNIA	T		0	1	07/01/2021	12/31/9999	1	2,488.15
49500	O1	REPAIR INITIAL INGUINAL HERNIA	T		0	4	07/01/2021	12/31/9999	1	2,488.15
49501	O1	REP INITIAL INGUINAL HERNIA, A	T		0	4	07/01/2021	12/31/9999	1	2,488.15
49505	O1	REPAIR INITIAL INGUINAL HERNIA	T		5	999	07/01/2021	12/31/9999	1	2,488.15
49507	O1	REPAIR INITIAL INGUINAL HERNIA	T		5	999	07/01/2021	12/31/9999	1	2,488.15
49520	O1	REPAIR RECURRENT INGUINAL HERN	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49521	O1	REPAIR RECURRENT INGUINAL HERN	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49525	O1	REPAIR INGUINAL HERNIA, SLIDIN	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49540	O1	REPAIR LUMBAR HERNIA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49550	O1	REPAIR INITIAL FEMORAL HERNIA,	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49553	O1	REPAIR INITIAL FEMORAL HERNIA	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49555	O1	REPAIR RECURRENT FEMORAL HERNI	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49557	O1	REPAIR RECURRENT FEMORAL HERNI	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49560	O1	REPAIR ABDOMINAL HERNIA	T		0	999	07/01/2021	12/31/9999	2	2,488.15
49561	O1	REPAIR INITIAL INCISIONAL HERN	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49565	O1	REPAIR ABDOMINAL HERNIA	T		0	999	07/01/2021	12/31/9999	2	3,955.23
49566	O1	REPAIR RECURRENT INCISIONAL HE	T		0	999	07/01/2021	12/31/9999	2	3,955.23
49568	O1	IMPLANT MESH/OTH PROSTH HERNIA REPAIR	N		0	999	07/01/2014	12/31/9999	1	0.00
49570	O1	REPAIR EPIGASTRIC HERNIA (EG,	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49572	O1	REPAIR EPIGASTRIC HERNIA (EG,	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49580	O1	REPAIR UMBILICAL HERNIA, UNDER	T		0	4	07/01/2021	12/31/9999	1	2,488.15
49582	O1	REPAIR UMBILICAL HERNIA, UNDER	T		0	4	07/01/2021	12/31/9999	1	2,488.15
49585	O1	REPAIR UMBILICAL HERNIA, AGE 5	T		5	999	07/01/2021	12/31/9999	1	2,488.15
49587	O1	REPAIR UMBILICAL HERNIA, AGE 5	T		5	999	07/01/2021	12/31/9999	1	2,488.15
49590	O1	REPAIR SPIGELIAN HERNIA	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49600	O1	REPAIR OF SMALL OMPHALOCELE, W	T		0	999	07/01/2021	12/31/9999	1	2,488.15
49605	O6	REPAIR OF LARGE OMPHALOCELE OR	C		0	999	09/01/2012	12/31/9999	1	0.00
49606	O6	REP OF LG OMPHALOCELE OR GASTR	C		0	999	09/01/2012	12/31/9999	1	0.00
49610	O6	REPAIR OF OMPHALOCELE (GROSS	C		0	999	09/01/2012	12/31/9999	1	0.00
49611	O6	REPAIR OF OMPHALOCELE (GROSS	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
49650	O1	LAPARO HERNIA REPAIR INITIAL	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49651	O1	LAPARO HERNIA REPAIR RECUR	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49652	O1	LAP VNTRL UMBIL, SPIG, EPIG HRNIA REDUC	T		0	999	07/01/2021	12/31/9999	2	3,955.23
49653	O1	LAP VNTRL UMBIL,SPIG,EPIG HRNIA STRG	T		0	999	07/01/2021	12/31/9999	2	3,955.23
49654	O1	LAP INC HRNIA REDUC	T		0	999	07/01/2021	12/31/9999	1	6,962.21
49655	O1	LAP INC HRNIA STRANG	T		0	999	07/01/2021	12/31/9999	1	6,962.21
49656	O1	LAP RECURR INC HRNIA REDUC	T		0	999	07/01/2021	12/31/9999	1	6,962.21
49657	O1	LAP RECURR INC HRNIA STRANG	T		0	999	07/01/2021	12/31/9999	1	6,962.21
49659	O1	LAPARO PROC, HERNIA REPAIR	T		0	999	07/01/2021	12/31/9999	1	3,955.23
49900	O6	SUTURE, SECONDARY, OF ABDOMI	C		0	999	09/01/2012	12/31/9999	1	0.00
49904	O6	OMENTAL FLAP, EXTRA-ABDOM	C		0	999	09/01/2012	12/31/9999	1	0.00
49905	O6	OMENTAL FLAP, INTRA-ABDOM	C		0	999	09/01/2012	12/31/9999	1	0.00
49906	O6	FREE OMENTAL FLAP, MICROVASC	C		0	999	09/01/2012	12/31/9999	1	0.00
49999	O1	UNLISTED PROCEDURE, ABDOMEN,	T		0	999	07/01/2021	12/31/9999	1	632.78
50010	O6	RENAL EXPLORATION, NOT NECES	C		0	999	09/01/2012	12/31/9999	1	0.00
50020	O1	OPEN DRAIN RENAL ABSCESS	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50040	O6	NEPHROSTOMY, NEPHROTOMY WITH	C		0	999	09/01/2012	12/31/9999	1	0.00
50045	O6	NEPHROTOMY, WITH EXPLORATION	C		0	999	09/01/2012	12/31/9999	1	0.00
5005F	O6	PT COUNS SELF-EXAM NEW / CHGNG MOLES	E		0	999	09/01/2012	12/31/9999	1	0.00
50060	O6	NEPHROLITHOTOMY; REMOVAL OF CA	C		0	999	09/01/2012	12/31/9999	1	0.00
50065	O6	NEPHROLITHOTOMY; SECONDARY SUR	C		0	999	09/01/2012	12/31/9999	1	0.00
50070	O6	NEPHROLITHOTOMY; COMPLICATED B	C		0	999	09/01/2012	12/31/9999	1	0.00
50075	O6	NEPHROLITHOTOMY; REMOVAL OF LA	C		0	999	09/01/2012	12/31/9999	1	0.00
50080	O1	PERCUTANEOUS NEPHROSTOLITHOTOM	T		0	999	07/01/2021	12/31/9999	1	6,454.54
50081	O1	PERCUTANEOUS NEPHROSTOLITHOTOM	T		0	999	07/01/2021	12/31/9999	1	6,454.54
50100	O6	TRANSECTION OR REPOSITIONING	C		0	999	09/01/2012	12/31/9999	1	0.00
5010F	O6	FIND DIL MACULAR OR FUNDUS	E		0	999	09/01/2012	12/31/9999	1	0.00
50120	O6	PYELOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50125	O6	PYELOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50130	O6	PYELOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50135	O6	PYELOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
5015F	O6	DOC OF FRACT / OSTEOPOROSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
50200	O1	RENAL BIOPSY PERQ	T		0	999	07/01/2021	12/31/9999	1	1,099.71
50205	O6	RENAL BIOPSY, PERCUTANEOUS;	C		0	999	09/01/2012	12/31/9999	1	0.00
5020F	O6	TXMNTS 2 MAIN DR BY 1 MON	E		0	999	09/01/2012	12/31/9999	1	0.00
50220	O6	REMOVE KIDNEY, OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
50225	O6	NEPHRECTOMY, INCLUDING PARTI	C		0	999	09/01/2012	12/31/9999	1	0.00
50230	O6	NEPHRECTOMY, INCLUDING PARTIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
50234	O6	NEPHRECTOMY WITH TOTAL URETE	C		0	999	09/01/2012	12/31/9999	1	0.00
50236	O6	NEPHRECTOMY WITH TOTAL URETE	C		0	999	09/01/2012	12/31/9999	1	0.00
50240	O6	NEPHRECTOMY, PARTIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
50250	O6	CRYOABLATE RENAL MASS OPEN	C		0	999	09/01/2012	12/31/9999	1	0.00
50280	O6	EXCISION OR UNROOFING OF CYS	C		0	999	09/01/2012	12/31/9999	1	0.00
50290	O6	EXCISION OF PERINEPHRIC CYST	C		0	999	09/01/2012	12/31/9999	1	0.00
50300	O6	REMOVE CADAVER DONOR KIDNEY	C		0	999	09/01/2012	12/31/9999	1	0.00
50320	O6	REMOVE KIDNEY, LIVING DONOR	C		0	999	09/01/2012	12/31/9999	1	0.00
50323	O6	PREP CADAVER RENAL ALLOGRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
50325	O6	PREP DONOR RENAL GRAFT	C		0	999	09/01/2012	12/31/9999	1	0.00
50327	O6	PREP RENAL GRAFT/VENOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
50328	O6	PREP RENAL GRAFT/ARTERIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
50329	O6	PREP RENAL GRAFT/URETERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
50340	O6	RECIPIENT NEPHRECTOMY (SEPARAT	C		0	999	09/01/2012	12/31/9999	1	0.00
50360	O6	TRANSPLANTATION OF KIDNEY	C		0	999	09/01/2012	12/31/9999	1	0.00
50365	O6	RENAL HOMOTRANSPLANTATION, IMP	C		0	999	09/01/2012	12/31/9999	1	0.00
50370	O6	REMOVAL OF TRANSPLANTED HOMO	C		0	999	09/01/2012	12/31/9999	1	0.00
50380	O6	RENAL AUTOTRANSPLANTATION, R	C		0	999	09/01/2012	12/31/9999	1	0.00
50382	O1	CHANGE URETER STENT, PERCUT	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50384	O1	REMOVE URETER STENT, PERCUT	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50385	O1	CHANGE STENT VIA TRANSURETH	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50386	O1	REMOVE STENT VIA TRANSURETH	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50387	O1	CHANGE NEPHROURETERAL CATH	T		0	999	07/01/2021	12/31/9999	1	1,401.39
50389	O1	REMOVE RENAL TUBE W/FLUORO	T		0	999	07/01/2021	12/31/9999	1	449.24
50390	O1	*ASPIRATION AND/OR INJECTION	T		0	999	07/01/2021	12/31/9999	2	486.13
50391	O1	PREP RENAL GRAFT/URETERAL	T		0	999	07/01/2021	12/31/9999	1	208.02
50396	O1	MANOMETRIC STUDIES THROUGH N	T		0	999	07/01/2021	12/31/9999	1	449.24
50400	O6	PYELOPLASTY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50405	O6	PYELOPLASTY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50430	O1	NJX PX NFROSGRM &/URTRGRM	T		0	999	07/01/2021	12/31/9999	2	449.24
50431	O1	NJX PX NFROSGRM &/URTRGRM	T		0	999	07/01/2021	12/31/9999	2	449.24
50432	O1	PLMT NEPHROSTOMY CATHETER	T		0	999	07/01/2021	12/31/9999	2	1,401.39
50433	O1	PLMT NEPHROURETERAL CATHETER	T		0	999	07/01/2021	12/31/9999	2	2,404.46
50434	O1	CONVERT NEPHROSTOMY CATHETER	T		0	999	07/01/2021	12/31/9999	2	1,401.39
50435	O1	EXCHANGE NEPHROSTOMY CATH	T		0	999	07/01/2021	12/31/9999	2	1,401.39
50436	O1	DILAT XST TRC NDURLGC PX	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50437	O1	DILAT XST TRC NEW ACCESS RCS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50500	O6	NEPHRORRHAPHY, SUTURE OF KID	C		0	999	09/01/2012	12/31/9999	1	0.00
5050F	O6	TREMT PROV MANG CARE W/I 1 MM OF DIA	E		0	999	09/01/2012	12/31/9999	1	0.00
50520	O6	CLOSURE OF NEPHROCUTANEOUS O	C		0	999	09/01/2012	12/31/9999	1	0.00
50525	O6	CLOSURE OF NEPHROVISCERAL FI	C		0	999	09/01/2012	12/31/9999	1	0.00
50526	O6	CLOSURE OF NEPHROVISCERAL FI	C		0	999	09/01/2012	12/31/9999	1	0.00
50540	O6	SYMPHYSIOTOMY FOR HORSESHOE	C		0	999	09/01/2012	12/31/9999	1	0.00
50541	O1	LAPARO ABLATE RENAL CYST	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50542	O1	LAPARO ABLATE RENAL MASS	T		0	999	07/01/2021	12/31/9999	1	6,962.21
50543	O1	LAPARO PARTIAL NEPHRECTOMY	T		0	999	07/01/2021	12/31/9999	1	6,962.21
50544	O1	LAPAROSCOPY, PYELOPLASTY	T		0	999	07/01/2021	12/31/9999	1	6,962.21
50545	O6	LAPARO RADICAL NEPHRECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
50546	O6	LAPAROSCOPIC NEPHRECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
50547	O6	LAPARO REMOVAL DONOR KIDNEY	C		0	999	09/01/2012	12/31/9999	1	0.00
50548	O6	LAPARO REMOVE K/URETER	C		0	999	09/01/2012	12/31/9999	1	0.00
50549	O1	LAPAROSCOPE PROC, RENAL	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50551	O1	RENAL ENDOSCOPY THROUGH ESTA	T		0	999	07/01/2021	12/31/9999	1	3,449.90
50553	O1	RENAL ENDOSCOPY THROUGH ESTA	T		0	999	07/01/2021	12/31/9999	1	3,449.90
50555	O1	RENAL ENDOSCOPY THROUGH ESTA	S		0	999	07/01/2021	12/31/9999	1	6,454.54
50557	O1	RENAL ENDOSCOPY THROUGH ESTA	S		0	999	07/01/2021	12/31/9999	1	6,454.54
50561	O1	RENAL ENDOSCOPY THROUGH ESTA	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50562	O1	RENAL SCOPE W/TUMOR RESECT	T		0	999	07/01/2021	12/31/9999	1	6,454.54
50570	O1	RENAL ENDOSCOPY THROUGH NEPH	T		0	999	07/01/2021	12/31/9999	1	2,404.46

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
50572	01	RENAL ENDOSCOPY THROUGH NEPH	T		0	999	07/01/2021	12/31/9999	1	449.24
50574	01	RENAL ENDOSCOPY THROUGH NEPH	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50575	01	RENAL ENDOSCOPY THROUGH NEPHRO	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50576	01	RENAL ENDOSCOPY THROUGH NEPH	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50580	01	RENAL ENDOSCOPY THROUGH NEPH	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50590	01	LITHOTRIPSY, EXTRACORPOREAL SH	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50592	01	PERC RF ABLATE RENAL TUMOR	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50593	01	PERC CRYO ABLATE RENAL TUM	T		0	999	07/01/2021	12/31/9999	1	6,962.21
50600	06	URETEROTOMY WITH EXPLORATION	C		0	999	09/01/2012	12/31/9999	1	0.00
50605	06	URETEROTOMY FOR INSERTION OF I	C		0	999	09/01/2012	12/31/9999	1	0.00
50606	01	ENDOLUMINAL BX URTR RNL PLVS	N		0	999	01/01/2016	12/31/9999	1	0.00
5060F	06	FND DIAG MAMM PT ONC WI 3 DAYS EXM	E		0	999	09/01/2012	12/31/9999	1	0.00
50610	06	URETEROLITHOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50620	06	URETEROLITHOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
5062F	06	FIND DIAG MAMM PT WI 5 DAYS EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
50630	06	URETEROLITHOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
50650	06	URETERECTOMY, WITH BLADDER C	C		0	999	09/01/2012	12/31/9999	1	0.00
50660	06	URETERECTOMY, TOTAL, ECTOPIC	C		0	999	09/01/2012	12/31/9999	1	0.00
50684	01	INJECTION PROCEDURE FOR URETER	N		0	999	09/01/2012	12/31/9999	1	0.00
50686	01	MANOMETRIC STUDIES THROUGH U	S		0	999	07/01/2021	12/31/9999	2	109.07
50688	01	CHANGE OF URETER TUBE/STENT	T		0	999	07/01/2021	12/31/9999	2	1,401.39
50690	01	INJECTION PROCEDURE FOR VISUAL	N		0	999	09/01/2012	12/31/9999	1	0.00
50693	01	PLMT URETERAL STENT PRQ	T		0	999	07/01/2021	12/31/9999	2	2,404.46
50694	01	PLMT URETERAL STENT PRQ	T		0	999	07/01/2021	12/31/9999	2	2,404.46
50695	01	PLMT URETERAL STENT PRQ	T		0	999	07/01/2021	12/31/9999	2	2,404.46
50700	06	URETEROPLASTY, PLASTIC OPERA	C		0	999	09/01/2012	12/31/9999	1	0.00
50705	01	URETERAL EMBOLIZATION/OCCL	N		0	999	01/01/2016	12/31/9999	1	0.00
50706	01	BALLOON DILATE URTRL STRIX	N		0	999	01/01/2016	12/31/9999	1	0.00
50715	06	URETEROLYSIS, WITH OR WITHOUT	C		0	999	09/01/2012	12/31/9999	1	0.00
50722	06	URETEROLYSIS FOR OVARIAN VEI	C		0	999	09/01/2012	12/31/9999	1	0.00
50725	06	URETEROLYSIS FOR RETROCAVAL	C		0	999	09/01/2012	12/31/9999	1	0.00
50727	01	REVISION OF URINARY-CUTANEOUS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50728	06	REVISION OF URINARY-CUTANEOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
50740	06	URETEROPYELOSTOMY, ANASTOMOS	C		0	999	09/01/2012	12/31/9999	1	0.00
50750	06	URETEROCALYCOSTOMY, ANASTOMO	C		0	999	09/01/2012	12/31/9999	1	0.00
50760	06	URETEROURETEROSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
50770	06	TRANSURETEROURETEROSTOMY, AN	C		0	999	09/01/2012	12/31/9999	1	0.00
50780	06	URETERONEOCYSTOSTOMY; ANASTOMO	C		0	999	09/01/2012	12/31/9999	1	0.00
50782	06	URETERONEOCYSTOSTOMY; ANASTOMO	C		0	999	09/01/2012	12/31/9999	1	0.00
50783	06	URETERONEOCYSTOSTOMY; WITH EXT	C		0	999	09/01/2012	12/31/9999	1	0.00
50785	06	URETERONEOCYSTOSTOMY; WITH VES	C		0	999	09/01/2012	12/31/9999	1	0.00
50800	06	URETEROENTEROSTOMY, DIRECT ANA	C		0	999	09/01/2012	12/31/9999	1	0.00
50810	06	FUSION OF URETER & BOWEL	C		0	999	09/01/2012	12/31/9999	1	0.00
50815	06	URINE SHUNT TO INTESTINE	C		0	999	09/01/2012	12/31/9999	1	0.00
50820	06	CONSTRUCT BOWEL BLADDER	C		0	999	09/01/2012	12/31/9999	1	0.00
50825	06	CONSTRUCT BOWEL BLADDER	C		0	999	09/01/2012	12/31/9999	1	0.00
50830	06	URINARY UNDIVERSION	C		0	999	09/01/2012	12/31/9999	1	0.00
50840	06	REPLACE URETER BY BOWEL	C		0	999	09/01/2012	12/31/9999	1	0.00
50845	06	CUTANEOUS APPENDICO-VESICOSTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
50860	06	URETEROSTOMY, TRANSPLANTATION	C		0	999	09/01/2012	12/31/9999	1	0.00
50900	06	URETERORRHAPHY, SUTURE OF UR	C		0	999	09/01/2012	12/31/9999	1	0.00
50920	06	CLOSURE OF URETEROCUTANEOUS	C		0	999	09/01/2012	12/31/9999	1	0.00
50930	06	CLOSURE OF URETEROVISERAL F	C		0	999	09/01/2012	12/31/9999	1	0.00
50940	06	DELIGATION OF URETER	C		0	999	09/01/2012	12/31/9999	1	0.00
50945	01	LAPAROSCOPY URETEROLITHOTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50947	01	LAPARO NEW URETER/BLADDER	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50948	01	LAPARO NEW URETER/BLADDER	T		0	999	07/01/2021	12/31/9999	1	6,962.21
50949	01	LAPAROSCOPE PROC, URETER	T		0	999	07/01/2021	12/31/9999	1	3,955.23
50951	01	URETERAL ENDOSCOPY THROUGH E	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50953	01	URETERAL ENDOSCOPY THROUGH E	S		0	999	07/01/2021	12/31/9999	1	2,404.46
50955	01	URETERAL ENDOSCOPY THROUGH E	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50957	01	URETERAL ENDOSCOPY THROUGH E	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50961	01	URETERAL ENDOSCOPY THROUGH E	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50970	01	URETERAL ENDOSCOPY THROUGH U	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50972	01	URETERAL ENDOSCOPY THROUGH U	T		0	999	07/01/2021	12/31/9999	1	2,404.46
50974	01	URETERAL ENDOSCOPY THROUGH U	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50976	01	URETERAL ENDOSCOPY THROUGH U	S		0	999	07/01/2021	12/31/9999	1	3,449.90
50980	01	URETERAL ENDOSCOPY THROUGH U	T		0	999	07/01/2021	12/31/9999	1	3,449.90
5100F	06	RSK FX REF W/N 24 HRS X-RAY	E		0	999	09/01/2012	12/31/9999	1	0.00
51020	01	CYSTOTOMY OR CYSTOSTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51030	01	CYSTOTOMY OR CYSTOSTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51040	01	CYSTOTOMY, CYSTOTOMY WITH D	T		0	999	07/01/2021	12/31/9999	1	1,401.39
51045	01	CYSTOTOMY, WITH INSERTION OF	T		0	999	07/01/2021	12/31/9999	2	1,401.39
51050	01	CYSTOLITHOTOMY, CYSTOTOMY WI	T		0	999	07/01/2021	12/31/9999	1	3,449.90
51060	01	TRANSVERSICAL URETEROLITHOTOM	T		0	999	07/01/2021	12/31/9999	1	1,401.39
51065	01	REMOVE URETER CALCULUS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51080	01	DRAINAGE OF PERIVESICAL OR P	T		0	999	07/01/2021	12/31/9999	1	1,852.39
51100	01	ASP BLADDER/NEEDLE	T		0	999	07/01/2021	12/31/9999	1	208.02
51101	01	ASP BLADDER/TROCAR OR INTRACATH	S		0	999	07/01/2021	12/31/9999	1	718.93
51102	01	ASP BLADDER/SUPRAPUBIC CATH	T		0	999	07/01/2021	12/31/9999	1	1,401.39
51500	01	EXCISION OF URACHAL CYST OR	T		0	999	07/01/2021	12/31/9999	1	3,955.23
51520	01	CYSTOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51525	06	CYSTOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
51530	06	CYSTOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
51535	01	CYSTOTOMY FOR EXCISION, INCISI	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51550	06	CYSTECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
51555	06	CYSTECTOMY, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
51565	06	CYSTECTOMY, PARTIAL, WITH RE	C		0	999	09/01/2012	12/31/9999	1	0.00
51570	06	CYSTECTOMY, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
51575	06	CYSTECTOMY, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
51580	06	CYSTECTOMY, COMPLETE, WITH U	C		0	999	09/01/2012	12/31/9999	1	0.00
51585	06	CYSTECTOMY, COMPLETE, WITH U	C		0	999	09/01/2012	12/31/9999	1	0.00
51590	06	REMOVE BLADDER/REVISE TRACT	C		0	999	09/01/2012	12/31/9999	1	0.00
51595	06	CYSTECTOMY, COMPLETE, WITH U	C		0	999	09/01/2012	12/31/9999	1	0.00
51596	06	REMOVE BLADDER/CREATE POUCH	C		0	999	09/01/2012	12/31/9999	1	0.00
51597	06	PELVIC EXENTERATION, COMPLET	C		0	999	09/01/2012	12/31/9999	1	0.00
51600	01	*INJECTION PROCEDURE FOR CYST	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
51605	01	INJECTION PROCEDURE AND PLAC	N		0	999	09/01/2012	12/31/9999	1	0.00
51610	01	INJECTION PROCEDURE FOR RETR	N		0	999	09/01/2012	12/31/9999	1	0.00
51700	01	*BLADDER IRRIGATION, SIMPLE,	T		0	999	07/01/2021	12/31/9999	1	208.02
51701	01	INSERT BLADDER CATHETER	T		0	999	07/01/2021	12/31/9999	2	87.50
51702	01	INSERT TEMP BLADDER CATH	T		0	999	07/01/2021	12/31/9999	2	87.50
51703	01	INSERT BLADDER CATH, COMPLEX	S		0	999	07/01/2021	12/31/9999	2	109.07
51705	01	*CHANGE OF CYSTOSTOMY TUBE;	T		0	999	07/01/2021	12/31/9999	2	208.02
51710	01	*CHANGE OF CYSTOSTOMY TUBE;	T		0	999	07/01/2021	12/31/9999	1	449.24
51715	01	ENDOSCOPIC INJECTION OF IMPLAN	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51720	01	BLADDER INST ANTICARCINOGENIC	T		0	999	07/01/2021	12/31/9999	1	208.02
51725	01	SIMPLE CYSTOMETROGRAM (EG, S	T		0	999	07/01/2021	12/31/9999	1	208.02
51726	01	COMPLEX CYSTOMETROGRAM	T		0	999	07/01/2021	12/31/9999	1	208.02
51727	01	CYSTOMETROGRAM W/UP	T		0	999	07/01/2021	12/31/9999	1	449.24
51728	01	CYSTOMETROGRAM W/VP	T		0	999	07/01/2021	12/31/9999	1	449.24
51729	01	CYSTOMETROGRAM W/VP&UP	T		0	999	07/01/2021	12/31/9999	1	449.24
51736	01	SIMPLE UROFLOWMETRY (EG, STO	T		0	999	07/01/2021	12/31/9999	1	87.50
51741	01	ELECTRONIC UROFLOWMETRY (EG,	T		0	999	07/01/2021	12/31/9999	1	109.07
51784	01	ANAL/URINARY MUSCLE STUDY	S		0	999	07/01/2021	12/31/9999	1	109.07
51785	01	NEEDLE ELECTROMYOGRAPHY STUDIE	T		0	999	07/01/2021	12/31/9999	1	208.02
51792	01	STIMULUS EVOKED RESPONSE (EG	T		0	999	07/01/2021	12/31/9999	1	43.50
51797	01	INTRAABDOMINAL PRESSURE TEST	N		0	999	07/01/2014	12/31/9999	1	0.00
51798	01	US URINE CAPACITY MEASURE	S		0	999	07/01/2021	12/31/9999	1	43.50
51800	06	CYSTOPLASTY OR CYSTOURETHROP	C		0	999	09/01/2012	12/31/9999	1	0.00
51820	06	CYSTOURETHROPLASTY WITH UNIL	C		0	999	09/01/2012	12/31/9999	1	0.00
51840	06	ATTACH BLADDER/URETHRA	C		0	999	09/01/2012	12/31/9999	1	0.00
51841	06	ANTERIOR VESICoureTHROPEXY,	C		0	999	09/01/2012	12/31/9999	1	0.00
51845	01	ABDOMINO-VAGINAL VESICAL NECK	T		0	999	07/01/2021	12/31/9999	1	3,446.49
51860	01	CYSTORRHAPHY, SUTURE OF BLAD	T		0	999	07/01/2021	12/31/9999	1	3,449.90
51865	06	CYSTORRHAPHY, SUTURE OF BLAD	C		0	999	09/01/2012	12/31/9999	1	0.00
51880	01	CLOSURE OF CYSTOSTOMY (SEPAR	T		0	999	07/01/2021	12/31/9999	1	2,404.46
51900	06	CLOSURE OF VESICOVAGINAL FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
51920	06	CLOSURE OF VESICOUTERINE FIS	C		0	999	09/01/2012	12/31/9999	1	0.00
51925	06	CLOS VESI FIST; W HYSTER	C		0	999	09/01/2012	12/31/9999	1	0.00
51940	06	CORRECTION OF BLADDER DEFECT	C		0	999	09/01/2012	12/31/9999	1	0.00
51960	06	REVISION OF BLADDER & BOWEL	C		0	999	09/01/2012	12/31/9999	1	0.00
51980	06	CUTANEOUS VESICOSTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
51990	01	LAPARO URETHRAL SUSPENSION	T		0	999	07/01/2021	12/31/9999	1	3,955.23
51992	01	LAPARO SLING OPERATION	T		0	999	07/01/2021	12/31/9999	1	3,955.23
51999	01	LAPAROSCOPE PROC, BLADDER	S		0	999	07/01/2021	12/31/9999	1	3,955.23
52000	01	CYSTOURETHROSCOPY (SEPARATE	T		0	999	07/01/2021	12/31/9999	1	449.24
52001	01	CYSTOSCOPY, REMOVAL OF CLOTS	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52005	01	CYSTOURETHROSCOPY (SEPARATE	S		0	999	07/01/2021	12/31/9999	2	1,401.39
52007	01	CYSTOURETHROSCOPY (SEPARATE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
5200F	06	EVAL APPROS SURG THXPY EPI	E		0	999	09/01/2012	12/31/9999	1	0.00
52010	01	CYSTOURETHROSCOPY (SEPARATE	T		0	999	07/01/2021	12/31/9999	1	449.24
52204	01	CYSTOURETHROSCOPY WITH BIOPSY	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52214	01	CYSTOURETHROSCOPY, WITH FULG	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52224	01	CYSTOURETHROSCOPY, WITH FULG	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52234	01	CYSTOSCOPY AND TREATMENT	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52235	01	CYSTOURETHROSCOPY, WITH FULG	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52240	01	CYSTOURETHROSCOPY, WITH FULG	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52250	06	CYSTOURETHROSCOPY WITH INSE	E		0	999	02/10/2014	12/31/9999	1	0.00
52260	01	CYSTOURETHROSCOPY, WITH DILA	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52265	01	CYSTOURETHROSCOPY, WITH DILA	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52270	01	CYSTOURETHROSCOPY, WITH INTE	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52275	01	CYSTOURETHROSCOPY, WITH INTE	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52276	01	CYSTOURETHROSCOPY WITH DIREC	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52277	01	CYSTOURETHROSCOPY, WITH RESE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52281	01	CYSTOSCOPY AND TREATMENT	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52282	01	CYSTOSCOPY, IMPLANT STENT	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52283	01	CYSTOURETHROSCOPY, WITH STER	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52285	01	CYSTOURETHROSCOPY FOR TREATM	T		0	999	07/01/2021	12/31/9999	1	449.24
52287	01	CYSYOSCOPY CHEMODENERVATION	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52290	01	CYSTOURETHROSCOPY;	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52300	01	CYSTOSCOPY AND TREATMENT	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52301	01	CYSTOSCOPY AND TREATMENT	S		0	20	07/01/2021	12/31/9999	1	2,404.46
52305	01	CYSTOURETHROSCOPY;	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52310	01	CYSTOURETHROSCOPY, WITH REMO	S		0	999	07/01/2021	12/31/9999	1	1,401.39
52315	01	CYSTOSCOPY AND TREATMENT	S		0	999	07/01/2021	12/31/9999	2	1,401.39
52317	01	LITHOLAPAXY; CRUSHING OR FRAGM	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52318	01	LITHOLAPAXY; CRUSHING OR FRAGM	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52320	01	CYSTOURETHROSCOPY (INCLUDING U	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52325	01	CYSTOURETHROSCOPY (INCLUDING U	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52327	01	CYSTOSCOPY, INJECT MATERIAL	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52330	01	CYSTOURETHROSCOPY;	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52332	01	CYSTOURETHROSCOPY, WITH INSE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52334	01	CYSTOURETHROSCOPY WITH INSERTI	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52341	01	CYSTO W/URETER STRICTURE TX	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52342	01	CYSTO W/UP STRICTURE TX	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52343	01	CYSTO W/RENAL STRICTURE TX	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52344	01	CYSTO/URETERO, STONE REMOVE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52345	01	CYSTO/URETERO W/UP STRICTURE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52346	01	CYSTOURETERO W/RENAL STRICT	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52351	01	CYSTOURETRO & OR PYELOSCOPE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
52352	01	CYSTOURETRO W/STONE REMOVE	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52353	01	CYSTOURETERO W/LITHOTRIPSY	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52354	01	CYSTOURETERO W/BIOPSY	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52355	01	CYSTOURETERO W/EXCISE TUMOR	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52356	01	CYSOUR W/LITHOTRIPSY	S		0	999	07/01/2021	12/31/9999	1	3,449.90
52400	01	CYSTOURETERO W/CONGEN REPR	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52402	01	CYSTOURETHRO CUT EJACUL DUCT	S		0	999	07/01/2021	12/31/9999	1	2,404.46
52441	01	CYSTOURETHRO W/IMPLANT	B		18	999	07/01/2020	12/31/9999	1	179.51
52442	01	CYSTOURETHRO W/ADDL IMPLANT	B		18	999	07/01/2020	12/31/9999	6	43.40
52450	01	TRANSURETHRAL INCISION OF PROS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
52500	01	TRANSURETHRAL RESECTION OF B	T		0	999	07/01/2021	12/31/9999	1	2,404.46
5250F	06	ASTHMA DISCHG PLAN PROV	E		0	999	09/01/2012	12/31/9999	1	0.00
52601	01	TRANSURETHRAL RESECTION OF P	T		0	999	07/01/2021	12/31/9999	1	3,449.90

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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 NCCL procedure-to-procedure or medically unlikely editing even if prior authorized.

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
52630	O1	TRANSURETHRAL RESECTION;	T		0	999	07/01/2021	12/31/9999	1	3,449.90
52640	O1	TRANSURETHRAL RESECTION;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
52647	O1	LASER SURGERY OF PROSTATE	T		0	999	07/01/2021	12/31/9999	1	3,449.90
52648	O1	LASER SURGERY OF PROSTATE	T		0	999	07/01/2021	12/31/9999	1	3,449.90
52649	O1	PROSTATE LASER ENUCLEATION	T		0	999	07/01/2021	12/31/9999	1	3,449.90
52700	O1	TRANSURETHRAL DRAINAGE OF PR	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53000	O1	URETHROTOMY OR URETHROSTOMY,	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53010	O1	URETHROTOMY OR URETHROSTOMY,	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53020	O1	MEATOTOMY, CUTTING OF MEATUS	T		1	999	07/01/2021	12/31/9999	1	1,401.39
53025	O1	MEATOTOMY, CUTTING OF MEATUS	T		0	1	07/01/2021	12/31/9999	1	1,401.39
53040	O1	DRAINAGE OF DEEP PERIURETHRA	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53060	O1	DRAINAGE OF SKENE'S GLAND AB	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53080	O1	DRAINAGE OF PERINEAL URINARY	T		0	999	07/01/2021	12/31/9999	1	449.24
53085	O1	DRAINAGE OF PERINEAL URINARY	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53200	O1	BIOPSY OF URETHRA	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53210	O1	URETHRECTOMY, TOTAL, INCLUDI	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53215	O1	URETHRECTOMY, TOTAL, INCLUDI	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53220	O1	EXCISION OR FULGURATION OF C	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53230	O1	EXCISION OF URETHRAL DIVERTI	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53235	O1	EXCISION OF URETHRAL DIVERTI	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53240	O1	MARSUPIALIZATION OF URETHRAL	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53250	O1	EXCISION OF BULBOURETHRAL GL	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53260	O1	EXCISION OR FULGURATION;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53265	O1	EXCISION OR FULGURATION;	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53270	O1	EXCISION OR FULGURATION;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53275	O1	EXCISION OR FULGURATION;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53400	O1	URETHROPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53405	O1	URETHROPLASTY;	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53410	O1	URETHROPLASTY, ONE-STAGE REC	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53415	O6	URETHROPLASTY, TRANSPUBIC, ONE	C		0	999	09/01/2012	12/31/9999	1	0.00
53420	O1	URETHROPLASTY, TWO-STAGE REC	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53425	O1	URETHROPLASTY, TWO-STAGE REC	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53430	O1	URETHROPLASTY, RECONSTRUCTIO	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53431	O1	RECONSTRUCT URETHRA/BLADDER	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53440	O1	MALE SLING PROCEDURE	T		0	999	07/01/2021	12/31/9999	1	8,979.02
53442	O1	REMOVE/REVISE MALE SLING	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53444	O1	INSERT TANDEM CLIFF	T		0	999	07/01/2021	12/31/9999	1	14,270.70
53445	O1	INSERT URO/VES NCK SPHINCTER	T		0	999	07/01/2021	12/31/9999	1	14,270.70
53446	O1	REMOVE URO SPHINCTER	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53447	O1	REMOVE/REPLACE UR SPHINCTER	T		0	999	07/01/2021	12/31/9999	1	14,270.70
53448	O6	REMOV/REPLC UR SPHINCTR COMP	C		0	999	09/01/2012	12/31/9999	1	0.00
53449	O1	REPAIR URO SPHINCTER	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53450	O1	URETHRAL MEATOPLASTY, WITH M	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53451	O1	TPRNL BALO CNTNC DEV BI	S		0	999	01/01/2022	12/31/9999	1	9,017.82
53452	O1	TPRNL BALO CNTNC DEV UNI	S		0	999	01/01/2022	12/31/9999	1	3,464.01
53453	O1	TPRNL BALO CNTNC DEV RMVL EA	S		0	999	01/01/2022	12/31/9999	2	2,414.01
53454	O1	TPRNL BALO CNTNC DEV ADJMT	T		0	999	01/01/2022	12/31/9999	1	208.93
53460	O1	URETHRAL MEATOPLASTY, WITH P	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53500	O1	URETHROLYS TRNSVAG 2 OPN CYSTOURETHURETH	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53502	O1	URETHRORRHAPHY, SUTURE OF UR	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53505	O1	URETHRORRHAPHY, SUTURE OF UR	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53510	O1	URETHRORRHAPHY, SUTURE OF UR	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53515	O1	URETHRORRHAPHY, SUTURE OF UR	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53520	O1	CLOSURE OF URETHROSTOMY OR U	T		0	999	07/01/2021	12/31/9999	1	3,449.90
53600	O1	DILATION OF URETHRAL STRICTU	T		0	999	07/01/2021	12/31/9999	1	208.02
53601	O1	*DILATION OF URETHRAL STRICTU	T		0	999	07/01/2021	12/31/9999	1	87.50
53605	O1	DILATION OF URETHRAL STRICTU	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53620	O1	*DILATION OF URETHRAL STRICTU	T		0	999	07/01/2021	12/31/9999	1	449.24
53621	O1	*DILATION OF URETHRAL STRICTU	T		0	999	07/01/2021	12/31/9999	1	208.02
53660	O1	*DILATION OF FEMALE URETHRA I	S		0	999	07/01/2021	12/31/9999	1	109.07
53661	O1	*DILATION OF FEMALE URETHRA I	T		0	999	07/01/2021	12/31/9999	1	87.50
53665	O1	DILATION OF FEMALE URETHRA I	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53850	O1	PROSTATIC MICROWAVE THERMOTX	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53852	O1	PROSTATIC RF THERMOTX	T		0	999	07/01/2021	12/31/9999	1	2,404.46
53854	O1	TRURL DSTRJ PRST8 TISS RF WV	T		18	999	07/01/2021	12/31/9999	1	1,401.39
53855	O1	INSERT PROST URETHRAL STENT	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53860	O1	TRANSURETHRAL RF TREATMENT	T		0	999	07/01/2021	12/31/9999	1	1,401.39
53899	O1	UNLISTED PROCEDURE, URINARY	T		0	999	07/01/2021	12/31/9999	1	208.02
54000	O6	SLITTING OF PREPUCE, DORSAL	E		0	1	02/10/2014	12/31/9999	1	0.00
54001	O1	SLITTING OF PREPUCE, DORSAL	T		1	999	07/01/2021	12/31/9999	1	1,401.39
54015	O1	INCISION AND DRAINAGE OF PEN	T		0	999	07/01/2021	12/31/9999	1	1,099.71
54050	O1	*DESTRUCTION OF CONDYLOMATA,	T		0	999	07/01/2021	12/31/9999	1	270.31
54055	O1	*DESTRUCTION OF CONDYLOMATA,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
54056	O1	DESTRUCTION OF LESION(S), PENI	T		0	999	07/01/2021	12/31/9999	1	140.33
54057	O1	DESTRUCTION OF LESION(S), PENI	T		0	999	07/01/2021	12/31/9999	1	1,340.73
54060	O1	*DESTRUCTION OF CONDYLOMATA,	T		0	999	07/01/2021	12/31/9999	1	1,340.73
54065	O1	DESTRUCTION, PENIS LESION(S)	T		0	999	07/01/2021	12/31/9999	1	1,340.73
54100	O1	BIOPSY OF PENIS	T		0	999	07/01/2021	12/31/9999	2	1,099.71
54105	O1	BIOPSY OF PENIS;	T		0	999	07/01/2021	12/31/9999	2	1,852.39
54110	O1	EXCISION OF PENILE PLAQUE (P	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54111	O6	EXCISION OF PENILE PLAQUE (PEY	E		0	999	02/10/2014	12/31/9999	1	0.00
54112	O1	EXCISION OF PENILE PLAQUE (PEY	T		0	999	07/01/2021	12/31/9999	1	6,454.54
54115	O1	REMOVAL FOREIGN BODY FROM DE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
54120	O1	AMPUTATION OF PENIS;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54125	O6	AMPUTATION OF PENIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
54130	O6	AMPUTATION OF PENIS, RADICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
54135	O6	AMPUTATION OF PENIS, RADICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
54150	O6	CIRCM / CLAMP W/REG DORSAL PEN OR RING B	E		0	1	09/01/2012	12/31/9999	1	0.00
54160	O6	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT	E		0	1	09/01/2012	12/31/9999	1	0.00
54161	O1	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54162	O1	LYSIS PENIL CIRCUMCIS LESION	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54163	O1	REPAIR OF CIRCUMCISION	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54164	O1	FRENULOTOMY OF PENIS	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54200	O1	*INJECTION PROCEDURE FOR PEYR	T		0	999	07/01/2021	12/31/9999	1	208.02
54205	O1	INJECTION PROCEDURE FOR PEYR	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54220	O1	IRRIGATION OF CORPORA CAVERN	T		0	999	07/01/2021	12/31/9999	1	208.02
54230	O1	INJECTION PROCEDURE FOR CORP	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
54231	O1	DYNAMIC CAVERNOSOMETRY, INCLUD	T		0	999	07/01/2021	12/31/9999	1	208.02
54235	O6	INJECTION OF CORPORA CAVERNOSA	E		0	999	02/10/2014	12/31/9999	1	0.00
54240	O1	PENILE PLETHYSMOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	206.69
54250	O6	NOCTURNAL PENILE TUMESCENCE TE	E		0	999	02/10/2014	12/31/9999	1	0.00
54300	O1	PLASTIC OPERATION OF PENIS F	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54304	O1	PLASTIC OPERATION ON PENIS FOR	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54308	O1	URETHROPLASTY FOR SECOND STAGE	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54312	O1	URETHROPLASTY FOR SECOND STAGE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54316	O1	URETHROPLASTY FOR SECOND STAGE	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54318	O1	URETHROPLASTY FOR THIRD STAGE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54322	O1	ONE STAGE DISTAL HYPOSPADIAS R	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54324	O1	ONE STAGE DISTAL HYPOSPADIAS R	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54326	O1	ONE STAGE DISTAL HYPOSPADIAS R	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54328	O1	ONE STAGE DISTAL HYPOSPADIAS R	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54332	O1	ONE STAGE PROXIMAL PENILE OR P	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54336	O1	ONE STAGE PERINEAL HYPOSPADIAS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54340	O1	REPAIR OF HYPOSPADIAS COMPLICA	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54344	O1	REPAIR OF HYPOSPADIAS COMPLICA	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54348	O1	REPAIR OF HYPOSPADIAS COMPLICA	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54352	O1	REPAIR OF HYPOSPADIAS CRIPPLE	T		0	999	07/01/2021	12/31/9999	1	3,449.90
54360	O1	PLASTIC OPERATION ON PENIS T	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54380	O1	PLASTIC OPERATION ON PENIS F	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54385	O1	PLASTIC OPERATION ON PENIS F	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54390	O6	PLASTIC OPERATION ON PENIS F	C		0	999	09/01/2012	12/31/9999	1	0.00
54400	O6	PLASTIC OPERATION FOR INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
54401	O6	INSERTION OF PENILE PROTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
54405	O6	INSERT MULTI-COMP PENIS PROS	E		0	999	09/01/2012	12/31/9999	1	0.00
54406	O6	REMOVE MULTI-COMP PENIS PROS	E		0	999	02/10/2014	12/31/9999	1	0.00
54408	O6	REPAIR MULTI-COMP PENIS PROS	E		0	999	02/10/2014	12/31/9999	1	0.00
54410	O6	REMOVE/REPLACE PENIS PROSTH	E		0	999	09/01/2012	12/31/9999	1	0.00
54411	O6	REMV/REPLC PENIS PROS, COMP	E		0	999	09/01/2012	12/31/9999	1	0.00
54415	O6	REMOVE SELF-CONTD PENIS PROS	E		0	999	02/10/2014	12/31/9999	1	0.00
54416	O6	REMV/REPL PENIS CONTAIN PROS	E		0	999	09/01/2012	12/31/9999	1	0.00
54417	O6	REMV/REPLC PENIS PROS, COMPL	E		0	999	09/01/2012	12/31/9999	1	0.00
54420	O1	CORPORA CAVERNOSA-SAPHENOUS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54430	O6	CORPORA CAVERNOSA-CORPUS SPO	C		0	999	09/01/2012	12/31/9999	1	0.00
54435	O1	CORPORA CAVERNOSA-GLANS PENI	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54437	O1	REPAIR CORPOREAL TEAR	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54438	O6	REPLANTATION OF PENIS	C		0	999	01/01/2016	12/31/9999	1	0.00
54440	O1	PLASTIC OPERATION OF PENIS F	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54450	O1	FORESKIN MANIPULATION INCLUD	T		0	999	07/01/2021	12/31/9999	1	208.02
54500	O1	BIOPSY OF TESTIS, NEEDLE (SE	T		0	999	07/01/2021	12/31/9999	1	1,852.39
54505	O1	BIOPSY OF TESTIS, INCISIONAL (	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54512	O1	EXCISE LESION TESTIS	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54520	O1	ORCHIECTOMY, SIMPLE (INCLUDING	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54522	O1	ORCHIECTOMY, PARTIAL	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54530	O1	ORCHIECTOMY, RADICAL, FOR TU	T		0	999	07/01/2021	12/31/9999	1	2,488.15
54535	O1	ORCHIECTOMY, RADICAL, FOR TU	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54550	O1	EXPLORATION FOR UNDESCENDED TE	T		0	999	07/01/2021	12/31/9999	1	2,488.15
54560	O1	EXPLORATION FOR UNDESCENDED TE	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54600	O1	REDUCTION OF TORSION OF TEST	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54620	O1	FIXATION OF CONTRALATERAL TE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54640	O1	ORCHIOPEXY, INGUINAL, SCROTAL APPROACH	T		0	999	07/01/2021	12/31/9999	1	2,488.15
54650	O1	ORCHIOPEXY, ABDOMINAL APPROACH	T		0	999	07/01/2021	12/31/9999	1	2,488.15
54660	O6	INSERTION OF TESTICULAR PROSTH	E		0	999	02/10/2014	12/31/9999	1	0.00
54670	O1	SUTURE OR REPAIR OF TESTICUL	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54680	O1	TRANSPLANTATION OF TESTIS(ES	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54690	O1	LAPAROSCOPY, ORCHIECTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
54692	O1	LAPAROSCOPY, ORCHIOPEXY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
54699	O1	LAPAROSCOPE PROC, TESTIS	T		0	999	07/01/2021	12/31/9999	1	3,955.23
54700	O1	INCISION AND DRAINAGE OF EPI	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54800	O1	BIOPSY OF EPIDIDYMIS, NEEDLE	T		0	999	07/01/2021	12/31/9999	1	1,099.71
54830	O1	EXCISION OF LOCAL LESION OF	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54840	O1	EXCISION OF SPERMATOCELE, WI	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54860	O1	EPIDIDYMECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54861	O1	EPIDIDYMECTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54865	O1	EXPLOR EPIDIDYMIS W OR W/O BIOPSY	T		0	999	07/01/2021	12/31/9999	1	2,404.46
54900	O1	EPIDIDYMOVASOSTOMY, ANASTOMO	T		0	999	07/01/2021	12/31/9999	1	1,401.39
54901	O1	EPIDIDYMOVASOSTOMY, ANASTOMO	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55000	O1	*PUNCTURE ASPIRATION OF HYDRO	T		0	999	07/01/2021	12/31/9999	1	486.13
55040	O1	EXCISION OF HYDROCELE;	T		0	999	07/01/2021	12/31/9999	1	2,488.15
55041	O1	EXCISION OF HYDROCELE;	T		0	999	07/01/2021	12/31/9999	1	2,488.15
55060	O1	REPAIR OF HYDROCELE (BOTTLE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55100	O1	*DRAINAGE OF SCROTAL WALL ABS	T		0	999	07/01/2021	12/31/9999	2	1,099.71
55110	O1	SCROTAL EXPLORATION	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55120	O1	REMOVAL OF FOREIGN BODY IN S	T		0	999	07/01/2021	12/31/9999	1	1,401.39
55150	O1	RESECTION OF SCROTUM	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55175	O1	SCROTOPLASTY; SIMPLE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55180	O1	SCROTOPLASTY; COMPLICATED	T		0	999	07/01/2021	12/31/9999	1	3,449.90
55200	O1	VASOTOMY, CANNULIZATION WITH	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55250	O1	VASE, UNILAT /BILT, INCLUDE POST-OP SEM	T		21	999	07/01/2021	12/31/9999	1	1,401.39
55300	O6	VASOTOMY FOR VASOGRAMS, SEMI	E		0	999	02/10/2014	12/31/9999	1	0.00
55400	O1	VASOVASOSTOMY, VASOVASORRHAPHY	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55500	O1	EXCISION OF HYDROCELE OF SPE	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55520	O1	EXCISION OF LESION OF SPERMA	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55530	O1	EXCISION OF VARICOCELE OR LI	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55535	O1	EXCISION OF VARICOCELE OR LI	T		0	999	07/01/2021	12/31/9999	1	2,488.15
55540	O1	EXCISION OF VARICOCELE OR LI	T		0	999	07/01/2021	12/31/9999	1	2,488.15
55550	O1	LAPARO LIGATE SPERMATIC VEIN	T		0	999	07/01/2021	12/31/9999	1	3,955.23
55559	O1	LAPARO PROC, SPERMATIC CORD	T		0	999	07/01/2021	12/31/9999	1	3,955.23
55600	O1	VESICULOTOMY;	T		0	999	07/01/2021	12/31/9999	1	1,401.39
55605	O6	VESICULOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
55650	O6	VESICULECTOMY, ANY APPROACH	C		0	999	09/01/2012	12/31/9999	1	0.00
55680	O1	EXCISION OF MULLERIAN DUCT C	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55700	O1	BIOPSY, PROSTATE;	T		0	999	07/01/2021	12/31/9999	1	1,401.39
55705	O1	BIOPSY, PROSTATE;	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55706	O1	BIOP PROSTATE NEEDLE TRANSPER	T		0	999	07/01/2021	12/31/9999	1	2,404.46

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
55720	O1	PROSTATOTOMY, EXTERNAL DRAIN	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55725	O1	PROSTATOTOMY, EXTERNAL DRAIN	T		0	999	07/01/2021	12/31/9999	1	2,404.46
55801	O6	PROSTATECTOMY, INCLUDING CON	C		0	999	09/01/2012	12/31/9999	1	0.00
55810	O6	PROSTATECTOMY, PERINEAL RADI	C		0	999	09/01/2012	12/31/9999	1	0.00
55812	O6	PROSTATECTOMY, PERINEAL RADI	C		0	999	09/01/2012	12/31/9999	1	0.00
55815	O6	PROSTATECTOMY, PERINEAL RADI	C		0	999	09/01/2012	12/31/9999	1	0.00
55821	O6	PROSTATECTOMY, INCLUDING CON	C		0	999	09/01/2012	12/31/9999	1	0.00
55831	O6	PROSTATECTOMY, INCLUDING CON	C		0	999	09/01/2012	12/31/9999	1	0.00
55840	O6	PROSTATECTOMY, RETROPUBIC RADI	C		0	999	09/01/2012	12/31/9999	1	0.00
55842	O6	PROSTATECTOMY, RETROPUBIC RA	C		0	999	09/01/2012	12/31/9999	1	0.00
55845	O6	PROSTATECTOMY, RETROPUBIC RA	C		0	999	09/01/2012	12/31/9999	1	0.00
55860	O1	EXPOSURE OF PROSTATE, ANY APPR	T		0	999	07/01/2021	12/31/9999	1	3,449.90
55862	O6	EXPOSURE OF PROSTATE, ANY APPR	C		0	999	09/01/2012	12/31/9999	1	0.00
55865	O6	EXPOSURE OF PROSTATE, ANY APPR	C		0	999	09/01/2012	12/31/9999	1	0.00
55866	O1	LAPARO RADICAL PROSTATECTOMY	T		0	999	07/01/2021	12/31/9999	1	6,962.21
55870	O6	ELECTROEJACULATION	E		0	999	02/10/2014	12/31/9999	1	0.00
55873	O1	CRYOABLATE PROSTATE	T		0	999	07/01/2021	12/31/9999	1	6,454.54
55874	O1	TRANSPERINEAL PLAC OF BIO MATERIAL	T		0	999	07/01/2021	12/31/9999	1	3,449.90
55875	O1	TRANS PLC CATH PROSTATE FOR RADIOELE AP	T		0	999	07/01/2021	12/31/9999	1	3,449.90
55876	O1	PLACE RT DEVICE/MARKER PROS	S		0	999	07/01/2021	12/31/9999	1	986.52
55880	O6	ABLTJ MAL PRST8 TISS HIFU	E		0	999	01/01/2021	12/31/9999	1	0.00
55899	O1	UNLISTED PROCEDURE, MALE GEN	T		0	999	07/01/2021	12/31/9999	1	208.02
55920	O1	PLACE NEEDLES PERVIC FOR RT	T		0	999	07/01/2021	12/31/9999	1	3,446.49
55970	O6	INTERSEX SURGERY; MALE TO FEMA	E		0	999	09/01/2012	12/31/9999	1	0.00
55980	O6	INTERSEX SURGERY; FEMALE TO MA	E		0	999	09/01/2012	12/31/9999	1	0.00
56405	O1	INCISION AND DRAINAGE OF VULVA	T		0	999	07/01/2021	12/31/9999	2	220.01
56420	O1	INCISION AND DRAINAGE OF BARTH	T		0	999	07/01/2021	12/31/9999	1	133.12
56440	O1	MARSUPIALIZATION OF BARTHOLI	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56441	O1	LYSIS OF LABIAL ASHESIONS	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56442	O1	HYMENOTOMY SIMPLE INCISION	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56501	O1	DESTROY, VULVA LESIONS, SIMP	T		0	999	07/01/2021	12/31/9999	1	1,340.73
56515	O1	DESTROY VULVA LESION/S COMPL	T		0	999	07/01/2021	12/31/9999	1	1,340.73
56605	O1	BIOPSY OF VULVA OR PERINEUM (S	T		0	999	07/01/2021	12/31/9999	1	495.07
56606	O1	BIOPSY OF VULVA/PERINEUM	N		0	999	07/01/2014	12/31/9999	5	0.00
56620	O1	BIOPSY OF VULVA OR PERINEUM (S	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56625	O1	BIOPSY OF VULVA OR PERINEUM (S	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56630	O6	VULVECTOMY, RADICAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
56631	O6	VULVECTOMY, RADICAL, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
56632	O6	VULVECTOMY, RADICAL, PARTIAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
56633	O6	VULVECTOMY, RADICAL, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
56634	O6	VULVECTOMY, RADICAL, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
56637	O6	VULVECTOMY, RADICAL, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
56640	O6	VULVECTOMY, RADICAL, COMPLETE;	C		0	999	09/01/2012	12/31/9999	1	0.00
56700	O1	PARTIAL HYMENECTOMY OR REVISIO	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56740	O1	EXCISION OF BARTHOLIN'S GLAN	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56800	O1	PLASTIC REPAIR OF INTROITUS	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56805	O6	CLITOROPLASTY FOR ADRENOGENITA	E		0	999	02/10/2014	12/31/9999	1	0.00
56810	O1	PERINEOPLASTY, REPAIR OF PERIN	T		0	999	07/01/2021	12/31/9999	1	2,050.29
56820	O1	EXAM OF VULVA W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	133.12
56821	O1	EXAM/BIOPSY OF VULVA W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	220.01
57000	O1	COLPOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57010	O1	COLPOTOMY;	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57020	O1	*COLPOCENTESIS (SEPARATE PROC	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57022	O1	I & D VAGINAL HEMATOMA, PP	T		9	60	07/01/2021	12/31/9999	1	1,852.39
57023	O1	I & D VAG HEMATOMA, TRAUMA	T		0	999	07/01/2021	12/31/9999	1	1,852.39
57061	O1	DESTROY VAG LESIONS, SIMPLE	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57065	O1	DESTROY VAG LESIONS, COMPLEX	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57100	O1	*BIOPSY OF VAGINAL MUCOSA;	T		0	999	07/01/2021	12/31/9999	2	495.07
57105	O1	BIOPSY OF VAGINAL MUCOSA;	T		0	999	07/01/2021	12/31/9999	2	2,050.29
57106	O1	REMOVE VAGINA WALL, PARTIAL	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57107	O1	REMOVE VAGINA TISSUE/PARTIAL	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57109	O1	VAGINECTOMY PARTIAL W/NODES	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57110	O6	REMOVE VAGINA WALL, COMPLETE	C		0	999	09/01/2012	12/31/9999	1	0.00
57111	O6	REMOVE VAGINA TISSUE/COMPL	C		0	999	09/01/2012	12/31/9999	1	0.00
57120	O1	COLPOCLEISIS (LE FORT TYPE)	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57130	O1	EXCISION OF VAGINAL SEPTUM	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57135	O1	EXCISION OF VAGINAL CYST OR	T		0	999	07/01/2021	12/31/9999	2	2,050.29
57150	O1	IRRIGATION OF VAGINA AND/OR AP	T		0	999	07/01/2021	12/31/9999	1	43.50
57155	O1	INSERT UTERI TANDEM/S/OVIDS	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57156	O1	INS VAG BRACHYTX DEVICE	T		0	999	07/01/2021	12/31/9999	1	220.01
57160	O1	INSERTION OF PESSARY/DEVICE	T		0	999	07/01/2021	12/31/9999	1	133.12
57170	O1	DIAPHRAGM OR CERVICAL CAP FITT	T		0	999	07/01/2021	12/31/9999	1	133.12
57180	O1	INTRODUCTION OF ANY HEMOSTATIC	T		0	999	07/01/2021	12/31/9999	1	133.12
57200	O1	COLPORRHAPHY, SUTURE OF INJU	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57210	O1	COLPOPERINEORRHAPHY, SUTURE	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57220	O1	PLASTIC OPERATION ON URETHRAL	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57230	O1	PLASTIC REPAIR OF URETHROCELE	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57240	O1	ANTERIOR COLPORRHAPHY, REPAIR	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57250	O1	POSTERIOR COLPORRHAPHY, REPAIR	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57260	O1	COMBINED ANTEROPOSTERIOR COL	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57265	O1	COMBINED ANTEROPOSTERIOR COL	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57267	O1	INSERT MESH/PELVIC FLR ADDON	N		0	999	07/01/2014	12/31/9999	2	0.00
57268	O1	REPAIR OF ENTEROCELE, VAGINA	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57270	O6	REPAIR OF ENTEROCELE, ABDOMI	C		0	999	09/01/2012	12/31/9999	1	0.00
57280	O6	COLPOPEXY, ABDOMINAL APPROAC	C		0	999	09/01/2012	12/31/9999	1	0.00
57282	O1	COLPOPEXY, EXTRAPERITONEAL	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57283	O1	COLPOPEXY, INTRAPERITONEAL	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57284	O1	PARAVAG DEFECT REPAIR OPEN ABD	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57285	O1	REPAIR PARAVAG DEFECT, VAG	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57287	O1	REVISE/REMOVE SLING REPAIR	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57288	O1	SLING OPERATION FOR STRESS I	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57289	O1	PEREYRA PROCEDURE, INCLUDING	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57291	O1	CONSTRUCTION OF ARTIFICIAL V	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57292	O1	CONSTRUCTION OF ARTIFICIAL V	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57295	O1	CHANGE VAGINAL GRAFT	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57296	O6	REV PROSTH VAG GRAFT OPEN ABD APPR	C		0	999	09/01/2012	12/31/9999	1	0.00
57300	O1	CLOSURE OF RECTOVAGINAL FIST	T		0	999	07/01/2021	12/31/9999	1	2,050.29

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
57305	O6	CLOSURE OF RECTOVAGINAL FIST	C		0	999	09/01/2012	12/31/9999	1	0.00
57307	O6	CLOSURE OF RECTOVAGINAL FIST	C		0	999	09/01/2012	12/31/9999	1	0.00
57308	O6	FISTULA REPAIR, TRANSPERINE	C		0	999	09/01/2012	12/31/9999	1	0.00
57310	O1	CLOSURE OF URETHROVAGINAL FI	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57311	O6	CLOSURE OF URETHROVAGINAL FIST	C		0	999	09/01/2012	12/31/9999	1	0.00
57320	O1	CLOSURE OF VESICOVAGINAL FIS	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57330	O1	CLOSURE OF VESICOVAGINAL FIS	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57335	O6	VAGINOPLASTY FOR ADRENOGENITAL	E		0	999	02/10/2014	12/31/9999	1	0.00
57400	O1	*DILATION OF VAGINA UNDER ANE	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57410	O1	*PELVIC EXAMINATION UNDER ANE	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57415	O1	REMOVAL OF IMPACTED VAGINAL FO	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57420	O1	EXAM OF VAGINA W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	220.01
57421	O1	EXAM/BIOPSY OF VAG W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	495.07
57423	O1	REPAIR PARAVAG DEFECT, LAP	T		0	999	07/01/2021	12/31/9999	1	6,962.21
57425	O1	LAPAROSCOPY SURGICAL COLPOPEXY LAPAR	T		0	999	07/01/2021	12/31/9999	1	6,962.21
57426	O1	REVISE PROSTH VAG GRAFT LAP	T		0	999	07/01/2021	12/31/9999	1	5,310.42
57452	O1	EXAM OF CERVIX W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	133.12
57454	O1	BX/CURETT OF CERVIX W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	220.01
57455	O1	BIOPSY OF CERVIX W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	220.01
57456	O1	ENDOCERV CURETTAGE W/SCOPE	T		0	999	07/01/2021	12/31/9999	1	220.01
57460	O1	BX OF CERVIX W/SCOPE, LEEP	S		0	999	07/01/2021	12/31/9999	1	2,050.29
57461	O1	CONZ OF CERVIX W/SCOPE, LEEP	S		0	999	07/01/2021	12/31/9999	1	2,050.29
57465	O1	CAM CERVIX UTERI DRG COLP	N		0	999	01/01/2021	12/31/9999	1	0.00
57500	O1	BIOP CERVIX SINGL/MULTI OR EXC LESION	T		0	999	07/01/2021	12/31/9999	1	495.07
57505	O1	ENDOCERVICAL CURETTAGE (NOT DO	T		0	999	07/01/2021	12/31/9999	1	495.07
57510	O1	CAUTERIZATION OF CERVIX	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57511	O1	*CAUTERIZATION OF CERVIX;	T		0	999	07/01/2021	12/31/9999	1	220.01
57513	O1	CAUTERIZATION OF CERVIX; LASER	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57520	O1	CONIZATION OF CERVIX, WITH OR	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57522	O1	CONIZATION OF CERVIX	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57530	O1	TRACHELECTOMY (CERVICECTOMY)	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57531	O6	REMOVAL OF CERVIX, RADICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
57540	O6	EXCISION OF CERVICAL STUMP,	C		0	999	09/01/2012	12/31/9999	1	0.00
57545	O6	EXCISION OF CERVICAL STUMP,	C		0	999	09/01/2012	12/31/9999	1	0.00
57550	O1	EXCISION OF CERVICAL STUMP,	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57555	O1	EXCISION OF CERVICAL STUMP,	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57556	O1	EXCISION OF CERVICAL STUMP,	T		0	999	07/01/2021	12/31/9999	1	3,446.49
57558	O1	DIL & CUR OF CERVIX STUMP	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57700	O1	CERCLAGE OF UTERINE CERVIX, NO	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57720	O1	TRACHELORRHAPHY, PLASTIC REP	T		0	999	07/01/2021	12/31/9999	1	2,050.29
57800	O1	*DILATION OF CERVICAL CANAL,	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58100	O1	ENDOMETRIAL AND/OR ENDOCERVICA	T		0	999	07/01/2021	12/31/9999	1	133.12
58110	O1	BX DONE W/COLPOSCOPY ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
58120	O1	DILATION AND CURETTAGE, DIAG	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58140	O6	MYOMECTOMY ABDOM METHOD	C		0	999	09/01/2012	12/31/9999	1	0.00
58145	O1	MYOMECTOMY, EXCISION OF FIBR	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58146	O6	MYOMECTOMY ABDOM COMPLEX	C		0	999	09/01/2012	12/31/9999	1	0.00
58150	O6	TOT ABDM HYST W/WO REML TUBES, W/WO OVA	C		0	999	09/01/2012	12/31/9999	1	0.00
58152	O6	TOT ABDM HYST W/WO TUBE/OVA W COLP-URETH	C		0	999	09/01/2012	12/31/9999	1	0.00
58180	O6	SUPR ABDM, W/WO REML OVA	C		0	999	09/01/2012	12/31/9999	1	0.00
58200	O6	TOT ABDM HYST PAR VAG W/WO TUB AND OVA	C		0	999	09/01/2012	12/31/9999	1	0.00
58210	O6	RAD ABD HYST W PELVLYM/PAAO LYM W/WO TUB	C		0	999	09/01/2012	12/31/9999	1	0.00
58240	O6	PELV EXT/MAL, TOT ABD HYST/CER, W/WO TUB	C		0	999	09/01/2012	12/31/9999	1	0.00
58260	O1	VAG HYST, UTER 250 G OR LESS	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58262	O1	VAG HYST, UTER 250 G OR LESS; REML TUB/	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58263	O1	VAG HYST, UTER 250 G OR LESS; REML TUB/	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58267	O6	VAG HYST, UTER 250 G OR LESS; W COL-URET	C		0	999	09/01/2012	12/31/9999	1	0.00
58270	O1	VAG HYST, UTER 250 G OR LESS; W REPR ENT	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58275	O6	VAG HYST, W TOTL/PART VAGTY	C		0	999	09/01/2012	12/31/9999	1	0.00
58280	O6	VAG HYST, W TOTL/PART VAGTY; REPR ENTCL	C		0	999	09/01/2012	12/31/9999	1	0.00
58285	O6	VAG HYST, RADICAL	C		0	999	09/01/2012	12/31/9999	1	0.00
58290	O1	VAG HYST, UTER > 250G	T		0	999	07/01/2021	12/31/9999	1	5,310.42
58291	O1	VAG HYST, UTER > 250G; REML TUB/OVA	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58292	O1	VAG HYST, UTER > 250G; REML TUB(S)/OVA(S	T		0	999	07/01/2021	12/31/9999	1	5,310.42
58294	O1	VAG HYST, UTER > 250G; W REPR ENTCL	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58300	O1	INSERTION OF INTRAUTERINE DEVI	B		0	999	07/01/2020	12/31/9999	1	44.45
58301	O1	REMOVAL OF INTRAUTERINE DEVICE	T		0	999	07/01/2021	12/31/9999	1	220.01
58321	O6	ARTIFICIAL INSEMINATION; INTRA	E		0	999	09/01/2012	12/31/9999	1	0.00
58322	O6	ARTIFICIAL INSEMINATION; INTRA	E		0	999	09/01/2012	12/31/9999	1	0.00
58323	O6	SPERM WASHING FOR ARTIFICIAL I	E		0	999	09/01/2012	12/31/9999	1	0.00
58340	O1	CATH&INTRO SALINE/CONTRAST SIS/HSG CATH	N		0	999	09/01/2012	12/31/9999	1	0.00
58345	O1	TRANSCERVICAL INTRODUCTION OF	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58346	O1	INSERT HEYMAN UTERI CAPSULE	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58350	O1	*HYDROTUBATION OF OVIDUCT, IN	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58353	O1	ENDOMETR ABLATE, THERMAL	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58356	O1	ENDOMETRIAL CRYOABLATION	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58400	O6	UTERINE SUSPENSION, WITH OR	C		0	999	09/01/2012	12/31/9999	1	0.00
58410	O6	UTERINE SUSPENSION, WITH OR	C		0	999	09/01/2012	12/31/9999	1	0.00
58520	O6	HYSTERORRHAPHY, REPAIR OF RU	C		0	999	09/01/2012	12/31/9999	1	0.00
58540	O6	HYSTEROPLASTY, REPAIR OF UTE	C		0	999	09/01/2012	12/31/9999	1	0.00
58541	O1	LAP SURG SUPCER HYST, UTER <250	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58542	O1	LAP SURG SUPCER HYS UTE <250 W REM TUB/O	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58543	O1	LAP SURG, SUPCER HYST, UTER > 250G	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58544	O1	LAP SURG, SUPCER HYST, UTER > 250G; REM	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58545	O1	LAPAROSCOPIC MYOMECTOMY	T		0	999	07/01/2021	12/31/9999	1	3,955.23
58546	O1	LAPARO-MYOMECTOMY, COMPLEX	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58548	O6	LAP RAD HYS BIL LYMPHD & BIOPSY W RMV TU	C		0	999	09/01/2012	12/31/9999	1	0.00
58550	O1	LAP SURG W VAG HYS UTER =<250G	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58552	O1	LAP SURG W VAG HYS UTER =<250G REM TUB/O	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58553	O1	LAP SURG W VAG HYS UTER > 250G	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58554	O1	LAP SURG W VAG HYS UTER > 250G; REM TUB/	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58555	O1	HYSTEROSCOPY, DX, SEP PROC	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58558	O1	HYSTEROSCOPY, BIOPSY	S		0	999	07/01/2021	12/31/9999	1	2,050.29
58559	O1	HYSTEROSCOPY, LYSIS	S		0	999	07/01/2021	12/31/9999	1	3,446.49
58560	O1	HYSTEROSCOPY, RESECT SEPTUM	S		0	999	07/01/2021	12/31/9999	1	3,446.49
58561	O1	HYSTEROSCOPY, REMOVE MYOMA	S		0	999	07/01/2021	12/31/9999	1	3,446.49
58562	O1	HYSTEROSCOPY, REMOVE FB	S		0	999	07/01/2021	12/31/9999	1	2,050.29

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
58563	01	HYSTEROSCOPY, ABLATION	S		0	999	07/01/2021	12/31/9999	1	3,446.49
58565	01	HYS-SCOPE BIL TUB CANN INDU OCC PERM IMP	S		21	999	07/01/2021	12/31/9999	1	3,446.49
58570	01	TLH, UTERUS 250 G OR LESS	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58571	01	TLH W/T/O 250 G OR LESS	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58572	01	TLH, UTERUS OVER 250 G	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58573	01	TLH W/T/O UTERUS OVER 250 G	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58575	06	LAPAROSCOPY, SURGICAL; TOTAL HYSTERECTOM	C		0	999	01/01/2018	12/31/9999	1	0.00
58578	01	LAPARO PROC, UTERUS	T		0	999	07/01/2021	12/31/9999	1	3,955.23
58579	01	HYSTEROSCOPE PROCEDURE	T		0	999	07/01/2021	12/31/9999	1	133.12
58600	01	LIG/TRAN TUB ABDM/VAG UNIL/BILA	T		21	999	07/01/2021	12/31/9999	1	2,050.29
58605	06	LIG/TRAN TUB ABDM/VAG, POSTPT, UN/BIL HO	C		21	999	09/01/2012	12/31/9999	1	0.00
58611	06	LIG/TRAN TUB SAME CESA DELV/INTA SUR	C		21	999	09/01/2012	12/31/9999	1	0.00
58615	01	OCC TUB DEVC VAG/ SUPRPUB	T		21	999	07/01/2021	12/31/9999	1	2,050.29
58660	01	LAPAROSCOPY, LYSIS	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58661	01	LAPSCP SURG REM ADNEXAL STRUC	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58662	01	LAPAROSCOPY, EXCISE LESIONS	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58670	01	LAPSCP SURG FULG OVIDCTS	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58671	01	LAPSCP SURG OCCL OVIDT DEVICE	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58672	01	LAPAROSCOPY, FIMBRIOPLASTY	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58673	01	LAPAROSCOPY, SALPINGOSTOMY	S		0	999	07/01/2021	12/31/9999	1	3,955.23
58674	01	LAPARO, SUGICAL, UTERINE FIBROIDS	T		0	999	07/01/2021	12/31/9999	1	6,962.21
58679	01	UNLISTD LAP PROC, OVID OVA	T		0	999	07/01/2021	12/31/9999	1	3,955.23
58700	06	SALP, COMP/PARTL UNI/BI	C		0	999	09/01/2012	12/31/9999	1	0.00
58720	06	SALP-OOP, COMP/PART, UNI/BI	C		0	999	09/01/2012	12/31/9999	1	0.00
58740	06	LYSIS OF ADHESIONS (SALPINGO	C		0	999	09/01/2012	12/31/9999	1	0.00
58750	06	TUBOTUBAL ANASTOMOSIS	C		0	999	09/01/2012	12/31/9999	1	0.00
58752	06	TUBOUTERINE IMPLANTATION	C		0	999	09/01/2012	12/31/9999	1	0.00
58760	06	FIMBRIOPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
58770	01	SALPINGOSTOMY (SALPINGONEOST	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58800	01	DRAINAGE OF OVARIAN CYST(S),	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58805	01	DRAINAGE OF OVARIAN CYST(S),	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58820	01	OPEN DRAIN OVARY ABSCESS	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58822	06	DRAINAGE OF OVARIAN ABSCESS;	C		0	999	09/01/2012	12/31/9999	1	0.00
58825	06	TRANSPOSITION, OVARY(S)	C		0	999	09/01/2012	12/31/9999	1	0.00
58900	01	BIOPSY OF OVARY, UNILATERAL	T		0	999	07/01/2021	12/31/9999	1	2,050.29
58920	01	WEDGE RESECTION OR BISECTION	T		0	999	07/01/2021	12/31/9999	1	5,310.42
58925	01	OVARIAN CYSTECTOMY, UNILATER	T		0	999	07/01/2021	12/31/9999	1	3,446.49
58940	06	OOPHORECTOMY UNILAT OR BILATERAL	C		0	999	09/01/2012	12/31/9999	1	0.00
58943	06	OOPHR PRT/TOT UNI/BI OV TUB MALIG	C		0	999	09/01/2012	12/31/9999	1	0.00
58950	06	RESEC OV TUB MAL BI SAL-OOP/ OMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
58951	06	RES OVAR TUBL/PERL MALIG W/HYS	C		0	999	09/01/2012	12/31/9999	1	0.00
58952	06	RES OV TUBL/PERL MALIG BI SAL-OOP/ OMENT	C		0	999	09/01/2012	12/31/9999	1	0.00
58953	06	BI SALP-OOP OMEN TOT AB HYS/RAD DISS	C		0	999	09/01/2012	12/31/9999	1	0.00
58954	06	BI SALP-OOP OMEN TOT AB HYS/RAD PEL LYMP	C		0	999	09/01/2012	12/31/9999	1	0.00
58956	06	BI SALP-OOP TOT OMENTY/ ABD HYS MALIG	C		0	999	09/01/2012	12/31/9999	1	0.00
58957	06	RESEC RECUR OV/TUB MALGNCY W/OMENTEC	C		0	999	09/01/2012	12/31/9999	2	0.00
58958	06	RESEC RECUR OV/TUB MALGNCY W/OMENT + LYM	C		0	999	09/01/2012	12/31/9999	2	0.00
58960	06	EXPLORATION OF ABDOMEN	C		0	999	09/01/2012	12/31/9999	1	0.00
58970	06	FOLLICLE PUNCTURE FOR OOCYTE R	E		0	999	09/01/2012	12/31/9999	1	0.00
58974	06	EMBRYO TRANSFER ANY METHOD (SE	E		0	999	09/01/2012	12/31/9999	1	0.00
58976	06	GAMETE OR ZYGOTE INTRAFALLOPIA	E		0	999	09/01/2012	12/31/9999	1	0.00
58999	01	UNLISTED PROCEDURE, FEMALE G	T		0	999	07/01/2021	12/31/9999	1	133.12
59000	01	AMNIOCENTESIS, DIAGNOSTIC	T		9	60	07/01/2021	12/31/9999	2	495.07
59001	01	AMNIOCENTESIS, THERAPEUTIC	T		0	999	07/01/2021	12/31/9999	2	220.01
59012	01	CORDOCENTESIS (INTRAUTERINE),	T		9	60	07/01/2021	12/31/9999	2	220.01
59015	01	CHORIONIC VILLUS SAMPLING, ANY	T		9	60	07/01/2021	12/31/9999	2	495.07
59020	01	FETAL CONTRACTION STRESS TEST	T		9	60	07/01/2021	12/31/9999	4	133.12
59025	01	FETAL NON-STRESS TEST	T		9	60	07/01/2021	12/31/9999	4	133.12
59030	01	*FETAL SCALP BLOOD SAMPLING;	T		9	60	07/01/2021	12/31/9999	2	220.01
59050	01	FETAL MONITOR W/REPORT	M		9	60	07/01/2020	12/31/9999	2	42.13
59051	01	FETAL MONITOR/INTERPRET ONL	B		0	999	07/01/2020	12/31/9999	2	34.85
59070	01	TRANSABD AMNIOINFUS INCL US GUID TRANS	T		0	999	07/01/2021	12/31/9999	2	220.01
59072	01	FETAL UMB CORD OCCL INCL US GUID FETAL	T		0	999	07/01/2021	12/31/9999	2	220.01
59074	01	FETAL FL DRAIN INCL ULTRASOUND GUIDFETAL	T		0	999	07/01/2021	12/31/9999	2	220.01
59076	01	FETAL SHNT PLCMT INCL US GUID FETAL	T		0	999	07/01/2021	12/31/9999	2	220.01
59100	01	HYSTERTOTOMY ABDOMINAL	T		9	60	07/01/2021	12/31/9999	1	3,446.49
59120	06	TRT ECTOPIC PREG TUJ/OV SALP-OOPH AB/VAG	C		9	60	09/01/2012	12/31/9999	1	0.00
59121	06	SURGICAL TREATMENT OF ECTOPIC	C		9	60	09/01/2012	12/31/9999	1	0.00
59130	06	SURGICAL TREATMENT OF ECTOPIC	C		9	60	09/01/2012	12/31/9999	1	0.00
59136	06	SURGICAL TREATMENT OF ECTOPIC	C		9	60	09/01/2012	12/31/9999	1	0.00
59140	06	SURGICAL TREATMENT OF ECTOPIC	C		9	60	09/01/2012	12/31/9999	1	0.00
59150	01	LAPAROSCOPIC TREATMENT OF ECTO	T		9	60	07/01/2021	12/31/9999	1	3,955.23
59151	01	LAP TRTMT ECT PREG; SALP/OOPHR	T		9	60	07/01/2021	12/31/9999	1	3,955.23
59160	01	D&C AFTER DELIVERY	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59200	06	INSERT CERV DILATOR	E		9	60	09/01/2012	12/31/9999	1	0.00
59300	01	EPISIOTOMY OR VAGINAL REPAIR,	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59320	01	CERCLAGE OF CERVIX, DURING PRE	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59325	06	CERCLAGE OF CERVIX, DURING PRE	C		9	60	09/01/2012	12/31/9999	1	0.00
59350	06	HYSTERORRHAPHY OF RUPTURED UTE	C		9	60	09/01/2012	12/31/9999	1	0.00
59400	06	ROUTINE OBSTETRIC CARE INCLUDI	E		9	60	09/01/2012	12/31/9999	1	0.00
59409	01	VAGINAL DELIVERY ONLY (WITH OR	T		9	60	07/01/2021	12/31/9999	2	2,050.29
59410	01	VAGINAL DELIVERY ONLY (WITH OR	B		9	60	07/01/2020	12/31/9999	1	864.46
59412	01	EXTERNAL CEPHALIC VERSION, WIT	S		9	60	07/01/2021	12/31/9999	2	2,050.29
59414	01	DELIVERY OF PLACENTA (SEPARATE	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59425	01	ANTEPARTUM CARE ONLY; 4-6 VISI	B		9	60	07/01/2020	12/31/9999	1	95.90
59426	01	ANTEPARTUM CARE ONLY; 7 OR MOR	B		9	60	07/01/2020	12/31/9999	1	97.62
59430	01	POSTPARTUM CARE ONLY (SEPARA	B		9	60	07/01/2020	12/31/9999	1	115.64
59510	06	ROUTINE OBSTETRIC CARE INCLUDI	E		9	60	09/01/2012	12/31/9999	1	0.00
59514	06	CAESAREAN DELIVERY ONLY;	C		9	60	09/01/2012	12/31/9999	2	0.00
59515	06	CAESAREAN DELIVERY ONLY; INCLU	E		9	60	09/01/2012	12/31/9999	2	0.00
59525	06	SUBTOTL HYST AFT CESA DELV	C		9	60	09/01/2012	12/31/9999	1	0.00
59610	06	VBAC DELIVERY	E		9	60	09/01/2012	12/31/9999	1	0.00
59612	01	VBAC DELIVERY ONLY	T		9	60	07/01/2021	12/31/9999	2	2,050.29
59614	01	VBAC CARE AFTER DELIVERY	B		9	60	07/01/2020	12/31/9999	1	937.78
59618	06	ATTEMPTED VBAC DELIVERY	E		9	60	09/01/2012	12/31/9999	1	0.00
59620	06	ATTEMPTED VBAC DELIVERY ONLY	C		9	60	09/01/2012	12/31/9999	2	0.00
59622	01	ATTEMPTED VBAC AFTER CARE	B		9	60	07/01/2020	12/31/9999	1	1,081.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
59812	O1	TREATMENT OF INCOMPLETE ABORTI	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59820	O1	TREATMENT OF MISSED ABORTION,	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59821	O1	TREATMENT OF MISSED ABORTION,	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59830	O6	TREATMENT OF SEPTIC ABORTION,	C		9	60	09/01/2012	12/31/9999	1	0.00
59840	O1	INDU ABORT, DIL/CURET	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59841	O1	INDU ABORT, DIL/EVACU	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59850	O6	INDUC ABORT INTRA-AMNI INJ INCL HOSP ADM	C		9	60	09/01/2012	12/31/9999	1	0.00
59851	O6	INDUC ABORT, 1+ INT-AMN INJ INC HOSP ADM	C		9	60	09/01/2012	12/31/9999	1	0.00
59852	O6	INDUC ABORT, 1+ INT-AM INJ INC HOSP ADM	C		9	60	09/01/2012	12/31/9999	1	0.00
59855	O6	INDU ABORT, 1+ VAG SUPP W/WO CERV DIL	C		9	60	09/01/2012	12/31/9999	1	0.00
59856	O6	INDU ABORT, 1+ VAG SUPP W/WO CERV DIL	C		9	60	09/01/2012	12/31/9999	1	0.00
59857	O6	IND ABORT, 1+ VAG SUP W/WO CERV DIL +HYS	C		9	60	09/01/2012	12/31/9999	1	0.00
59866	O6	MULT PREG REDUC (S)	E		9	60	09/01/2012	12/31/9999	1	0.00
59870	O1	UTERINE EVACUATION AND CURETTA	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59871	O1	REMOVE CERCLAGE SUTURE	T		9	60	07/01/2021	12/31/9999	1	2,050.29
59897	O1	FETAL INVAS PX W/US	T		0	999	07/01/2021	12/31/9999	1	133.12
59898	O1	LAPARO PROC, OB CARE/DELIVER	T		0	999	07/01/2021	12/31/9999	1	3,955.23
59899	O1	UNLISTED PROCEDURE, MATERNIT	T		9	60	07/01/2021	12/31/9999	1	133.12
60000	O1	DRAIN THYROID/TONGUE CYST	T		0	999	07/01/2021	12/31/9999	1	1,057.34
6005F	O6	RATIONALE - LEVEL OF CARE DOC	E		0	999	01/01/2014	12/31/9999	1	0.00
60100	O1	*BIOPSY THYROID, PERCUTANEOUS	T		0	999	07/01/2021	12/31/9999	3	486.13
6010F	O6	DYSPHAG TEST DONE B/4 EATING	E		0	999	09/01/2012	12/31/9999	1	0.00
6015F	O6	PT RECVCNG/ OR FOR EATING/ SWAL	E		0	999	09/01/2012	12/31/9999	1	0.00
60200	O1	EXCISION OF CYST OR ADENOMA	T		0	999	07/01/2021	12/31/9999	2	3,955.23
6020F	O6	NPO (NOTHING - MOUTH) ORDERED	E		0	999	09/01/2012	12/31/9999	1	0.00
60210	O1	PARTIAL EXCISION THYROID	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60212	O1	PARTIAL THYROID EXCISION	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60220	O1	TOTAL THYROID LOBECTOMY, UNI	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60225	O1	TOTAL THYROID LOBECTOMY, UNI	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60240	O1	THYROIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60252	O1	THYROIDECTOMY, TOTAL OR SUBT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60254	O6	THYROIDECTOMY, TOTAL OR SUBT	C		0	999	09/01/2012	12/31/9999	1	0.00
60260	O1	THYROIDECTOMY, SECONDARY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60270	O6	REMOVAL OF THYROID	C		0	999	09/01/2012	12/31/9999	1	0.00
60271	O1	REMOVAL OF THYROID	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60280	O1	EXCISION OF THYROGLOSSAL DUC	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60281	O1	EXCISION OF THYROGLOSSAL DUCT	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60300	O1	ASP &/OR INJ THYROID CYST	T		0	999	07/01/2021	12/31/9999	2	486.13
6030F	O6	MAX STERILE BARRIERS FOLLWD	E		0	999	09/01/2012	12/31/9999	1	0.00
6040F	O6	RAD DOSE DEVC TECH MOD EXPO DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
6045F	O6	RAD EXPO OR TM RPT PRO FLUOR, DOCD	E		0	999	09/01/2012	12/31/9999	1	0.00
60500	O1	PARATHYROIDECTOMY OR EXPLORA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60502	O1	PARATHYROIDWCTOMY OR EXPLORATI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60505	O6	PARATHYROIDECTOMY OR EXPLORA	C		0	999	09/01/2012	12/31/9999	1	0.00
60512	O1	AUTOTRANSPLANT, PARATHYROID	N		0	999	07/01/2014	12/31/9999	1	0.00
60520	O1	THYMECTOMY, PARTIAL OR TOTAL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
60521	O6	REMOVAL THYMUS GLAND	C		0	999	09/01/2012	12/31/9999	1	0.00
60522	O6	REMOVAL OF THYMUS GLAND	C		0	999	09/01/2012	12/31/9999	1	0.00
60540	O6	ADRENALECTOMY, PARTIAL OR COMP	C		0	999	09/01/2012	12/31/9999	1	0.00
60545	O6	ADRENALECTOMY, PARTIAL OR CO	C		0	999	09/01/2012	12/31/9999	1	0.00
60600	O6	EXCISION OF CAROTID BODY TUM	C		0	999	09/01/2012	12/31/9999	1	0.00
60605	O6	EXCISION OF CAROTID BODY TUM	C		0	999	09/01/2012	12/31/9999	1	0.00
60650	O6	LAPAROSCOPY ADRENALECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
60659	O1	LAPARO PROC, ENDOCRINE	T		0	999	07/01/2021	12/31/9999	1	3,955.23
60699	O1	UNLISTED PROCEDURE, ENDOCRIN	T		0	999	07/01/2021	12/31/9999	1	3,955.23
6070F	O6	PT ASKED/CNSLD AED EFFECTS	E		0	999	09/01/2012	12/31/9999	1	0.00
6080F	O6	PT/CAREGIVER QUERIED FALLS	E		0	999	09/01/2012	12/31/9999	1	0.00
6090F	O6	PT/CAREGIVER COUNSEL SAFETY	E		0	999	09/01/2012	12/31/9999	1	0.00
61000	O1	*SUBDURAL TAP THROUGH FONTANE	T		0	1	07/01/2021	12/31/9999	1	495.99
61001	O1	*SUBDURAL TAP THROUGH FONTANE	T		0	1	07/01/2021	12/31/9999	1	495.99
6100F	O6	TIMEOUT VERIFY CORR PT, SITE & PROC	E		0	999	09/01/2012	12/31/9999	1	0.00
6101F	O6	SAFETY COUNSEL DEMENTIA PROV	E		0	999	09/01/2012	12/31/9999	1	0.00
61020	O1	VENTRICULAR PUNCTURE THROUGH	T		0	999	07/01/2021	12/31/9999	2	642.83
61026	O1	INJECTION INTO BRAIN CANAL	T		0	999	07/01/2021	12/31/9999	2	495.99
6102F	O6	SAFETY COUNSELING DEMETIA ORDRD	E		0	999	09/01/2012	12/31/9999	1	0.00
61050	O1	CISTERNAL OR LATERAL CERVICAL	T		0	999	07/01/2021	12/31/9999	1	204.13
61055	O1	CISTERNL/LAT CERV PUNCTURE	T		0	999	07/01/2021	12/31/9999	1	204.13
61070	O1	*PUNCTURE OF SHUNT TUBING OR	T		0	999	07/01/2021	12/31/9999	2	495.99
61105	O6	TWIST DRILL HOLE	C		0	999	09/01/2012	12/31/9999	1	0.00
61107	O6	TWIST DRILL HOLE SUBD INTRAC OR VENTR PU	C		0	999	09/01/2012	12/31/9999	2	0.00
61108	O6	TWIST DRILL HOLE FOR SUBDURAL	C		0	999	09/01/2012	12/31/9999	1	0.00
6110F	O6	COUNSELING PROV DRIVING RISKS	E		0	999	09/01/2012	12/31/9999	1	0.00
61120	O6	BURR HOLE FOR PUNCTURE	C		0	999	09/01/2012	12/31/9999	1	0.00
61140	O6	BURR HOLE(S) OR TREPHINE;	C		0	999	09/01/2012	12/31/9999	1	0.00
61150	O6	BURR HOLE(S) OR TREPHINE;	C		0	999	09/01/2012	12/31/9999	1	0.00
61151	O6	BURR HOLE(S) OR TREPHINE;	C		0	999	09/01/2012	12/31/9999	1	0.00
61154	O6	BURR HOLE(S) WITH EVACUATION A	C		0	999	09/01/2012	12/31/9999	1	0.00
61156	O6	BURR HOLE(S);	C		0	999	09/01/2012	12/31/9999	1	0.00
61210	O6	TWIST DRILL HOLE SUBD INTRAC OR VENTR PU	C		0	999	09/01/2012	12/31/9999	1	0.00
61215	O1	INSERTION OF SUBCUTANEOUS RESE	T		0	999	07/01/2021	12/31/9999	1	4,455.34
61250	O6	BURR HOLE(S) OR TREPHINE, SUPR	C		0	999	09/01/2012	12/31/9999	1	0.00
61253	O6	BURR HOLE(S) OR TREPHINE, IN	C		0	999	09/01/2012	12/31/9999	1	0.00
61304	O6	CRANIECTOMY OR CRANIOTOMY, E	C		0	999	09/01/2012	12/31/9999	1	0.00
61305	O6	CRANIECTOMY OR CRANIOTOMY, E	C		0	999	09/01/2012	12/31/9999	1	0.00
61312	O6	CRANIECTOMY OR CRANIOTOMY FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
61313	O6	CRANIECTOMY OR CRANIOTOMY FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
61314	O6	CRANIECTOMY OR CRANIOTOMY FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
61315	O6	CRANIECTOMY OR CRANIOTOMY FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
61316	O6	IMPLT CRAN BONE FLAP TO ABDO	C		0	999	09/01/2012	12/31/9999	1	0.00
61320	O6	CRANIECTOMY OR CRANIOTOMY, D	C		0	999	09/01/2012	12/31/9999	1	0.00
61321	O6	CRANIECTOMY OR CRANIOTOMY, D	C		0	999	09/01/2012	12/31/9999	1	0.00
61322	O6	DECOMPRESSIVE CRANIOTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
61323	O6	DECOMPRESSIVE LOBECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
61330	O1	DECOMPRESSION OF ORBIT ONLY, T	T		0	999	07/01/2021	12/31/9999	1	2,138.76
61333	O6	EXPLORATION OF ORBIT (TRANSC	C		0	999	09/01/2012	12/31/9999	1	0.00
61340	O6	SUBTEMPORAL DECOMPRESSION	C		0	999	09/01/2012	12/31/9999	1	0.00
61343	O6	CRANIECTOMY, SUBOCCIPITAL WITH	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
61345	06	OTHER CRANIAL DECOMPRESSION,	C		0	999	09/01/2012	12/31/9999	1	0.00
61450	06	CRANIECTOMY FOR SECTION, COM	C		0	999	09/01/2012	12/31/9999	1	0.00
61458	06	CRANIECTOMY, SUBOCCIPITAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
61460	06	CRANIECTOMY, SUBOCCIPITAL;	C		0	999	09/01/2012	12/31/9999	1	0.00
61500	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61501	06	REMOVE INFECTED SKULL BONE	C		0	999	09/01/2012	12/31/9999	1	0.00
6150F	06	PT NO 1ST COURSE ANTI-TNF THRPY	E		0	999	01/01/2013	12/31/9999	2	0.00
61510	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61512	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61514	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61516	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61517	06	IMPLT BRAIN CHEMOTX ADD-ON	C		0	999	09/01/2012	12/31/9999	1	0.00
61518	06	CRANIECTOMY FOR EXCISION OF	C		0	999	09/01/2012	12/31/9999	1	0.00
61519	06	CRANIECTOMY FOR EXCISION OF	C		0	999	09/01/2012	12/31/9999	1	0.00
61520	06	CRANIECTOMY FOR EXCISION OF	C		0	999	09/01/2012	12/31/9999	1	0.00
61521	06	CRANIECTOMY FOR EXCISION OF BR	C		0	999	09/01/2012	12/31/9999	1	0.00
61522	06	CRANIECTOMY, INFRATENTORIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
61524	06	CRANIECTOMY, INFRATENTORIAL	C		0	999	09/01/2012	12/31/9999	1	0.00
61526	06	CRANIECTOMY, BONE FLAP CRANI	C		0	999	09/01/2012	12/31/9999	1	0.00
61530	06	CRANIECTOMY, BONE FLAP CRANI	C		0	999	09/01/2012	12/31/9999	1	0.00
61531	06	SUBDURAL IMPLANTATION OF STRIP	C		0	999	09/01/2012	12/31/9999	1	0.00
61533	06	CRANIOTOMY WITH ELEVATION OF B	C		0	999	09/01/2012	12/31/9999	1	0.00
61534	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61535	06	CRANIOTOMY WITH ELEVATION OF B	C		0	999	09/01/2012	12/31/9999	1	0.00
61536	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61537	06	CRANIOT; LOBECT TEMPORL W/O ECOG	C		0	999	09/01/2012	12/31/9999	1	0.00
61538	06	CRANIOT W/FLAP; LOBECTOMY TEMP	C		0	999	09/01/2012	12/31/9999	1	0.00
61539	06	CRANIOT W/FLAP;LOBECT-NOT TEMP	C		0	999	09/01/2012	12/31/9999	1	0.00
61540	06	CRANIOT; LOBECT NO TEMPORL NO	C		0	999	09/01/2012	12/31/9999	1	0.00
61541	06	CRANIECTOMY, TREPHINATION, BON	C		0	999	09/01/2012	12/31/9999	1	0.00
61543	06	CRANIOTOMY; PART HEMISPHERECTOMY	C		0	999	09/01/2012	12/31/9999	1	0.00
61544	06	CRANIECTOMY, TREPHINATION, B	C		0	999	09/01/2012	12/31/9999	1	0.00
61545	06	CRANIECTOMY, TREPHINATION, BON	C		0	999	09/01/2012	12/31/9999	1	0.00
61546	06	CRANIOTOMY FOR HYPOPHYSECTOM	C		0	999	09/01/2012	12/31/9999	1	0.00
61548	06	HYPOPHYSECTOMY OR EXCISION O	C		0	999	09/01/2012	12/31/9999	1	0.00
61550	06	CRANIECTOMY FOR CRANIOSYNOSTOS	C		0	999	09/01/2012	12/31/9999	1	0.00
61552	06	CRANIECTOMY FOR CRANIOSYNOSTOS	C		0	999	09/01/2012	12/31/9999	1	0.00
61556	06	CRANIOTOMY FOR CRANIOSYNOSTOSI	C		0	999	09/01/2012	12/31/9999	1	0.00
61557	06	CRANIOTOMY FOR CRANIOSYNOSTOSI	C		0	999	09/01/2012	12/31/9999	1	0.00
61558	06	EXTENSIVE CRANIECTOMY FOR MULT	C		0	999	09/01/2012	12/31/9999	1	0.00
61559	06	EXTENSIVE CRANIECTOMY FOR MULT	C		0	999	09/01/2012	12/31/9999	1	0.00
61563	06	EXCISION, INTRA-AND EXTRACRANI	C		0	999	09/01/2012	12/31/9999	1	0.00
61564	06	EXCISION, INTRA- AND EXTRACRAN	C		0	999	09/01/2012	12/31/9999	1	0.00
61566	06	CRANIOT;SELC TV AMYGDALOHIPPOCAMPECTCRANI	C		0	999	09/01/2012	12/31/9999	1	0.00
61567	06	CRANIOT; MX SUBIPAL TRANSECT W/ECOGCRANI	C		0	999	09/01/2012	12/31/9999	1	0.00
61570	06	CRANIECTOMY OR CRANIOTOMY; WIT	C		0	999	09/01/2012	12/31/9999	1	0.00
61571	06	CRANIECTOMY OR CRANIOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
61575	06	TRANSORAL APPROACH TO SKULL BA	C		0	999	09/01/2012	12/31/9999	1	0.00
61576	06	TRANSORAL APPROACH TO SKULL BA	C		0	999	09/01/2012	12/31/9999	1	0.00
61580	06	CRANIOFACIAL APPROACH TO ANTER	C		0	999	09/01/2012	12/31/9999	1	0.00
61581	06	CRANIOFACIAL APPROACH TO ANTER	C		0	999	09/01/2012	12/31/9999	1	0.00
61582	06	CRANIOFACIAL APPROACH TO ANTER	C		0	999	09/01/2012	12/31/9999	1	0.00
61583	06	CRANIOFACIAL APPROACH TO ANTER	C		0	999	09/01/2012	12/31/9999	1	0.00
61584	06	ORBITOCRANIAL APPROACH TO ANTE	C		0	999	09/01/2012	12/31/9999	1	0.00
61585	06	ORBITOCRANIAL APPROACH TO ANTE	C		0	999	09/01/2012	12/31/9999	1	0.00
61586	06	RESECT NASOPHARYNX, SKULL	C		0	999	09/01/2012	12/31/9999	1	0.00
61590	06	INFRATEMPORAL PRE-AURICULAR AP	C		0	999	09/01/2012	12/31/9999	1	0.00
61591	06	INFRATEMPORAL POST-AURICULAR A	C		0	999	09/01/2012	12/31/9999	1	0.00
61592	06	ORBITOCRANIAL ZYGOMATIC APPROA	C		0	999	09/01/2012	12/31/9999	1	0.00
61595	06	TRANSTEMPORAL APPROACH TO POST	C		0	999	09/01/2012	12/31/9999	1	0.00
61596	06	TRANSCOCHLEAR APPROACH TO POST	C		0	999	09/01/2012	12/31/9999	1	0.00
61597	06	TRANSCONDYLAR (FAR LATERAL) AP	C		0	999	09/01/2012	12/31/9999	1	0.00
61598	06	TRANSPETROSAL APPROACH TO POST	C		0	999	09/01/2012	12/31/9999	1	0.00
61600	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61601	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61605	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61606	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61607	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61608	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61611	06	TRANSECT, ARTERY, SINUS	C		0	999	09/01/2012	12/31/9999	1	0.00
61613	06	OBLITERATION OF CAROTID ANEURY	C		0	999	09/01/2012	12/31/9999	1	0.00
61615	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61616	06	RESECTION OR EXCISION OF NEOPL	C		0	999	09/01/2012	12/31/9999	1	0.00
61618	06	REPAIR DURA	C		0	999	09/01/2012	12/31/9999	1	0.00
61619	06	SECONDARY REPAIR OF DURA FOR C	C		0	999	09/01/2012	12/31/9999	1	0.00
61623	01	ENDOVASC TEMPORY VESSEL OCCL	T		0	999	07/01/2021	12/31/9999	2	7,849.55
61624	06	TRANSCATH OCCLUSION, CNS	C		0	999	09/01/2012	12/31/9999	1	0.00
61626	01	TRANSCATHETER OCCLUSION OR EMB	T		0	999	07/01/2021	12/31/9999	2	7,849.55
61630	06	INTRACRANIAL ANGIOPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
61635	06	INTRACRAN ANGIOPLSTY W/STENT	C		0	999	09/01/2012	12/31/9999	1	0.00
61640	06	DILATE IC VASOSPASM, INIT	E		0	999	09/01/2012	12/31/9999	1	0.00
61641	06	DILATE IC VASOSPASM ADD-ON	E		0	999	09/01/2012	12/31/9999	1	0.00
61642	06	DILATE IC VASOSPASM ADD-ON	E		0	999	09/01/2012	12/31/9999	1	0.00
61645	06	PERQ ART M-THROMBECT &/NFS	C		0	999	07/01/2020	12/31/9999	1	0.00
61650	06	EVASC PRLNG ADMN RX AGNT 1ST	C		0	999	01/01/2016	12/31/9999	1	0.00
61651	06	EVASC PRLNG ADMN RX AGNT ADD	C		0	999	01/01/2016	12/31/9999	1	0.00
61680	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61682	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61684	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61686	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61690	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61692	06	SURGERY OF INTRACRANIAL ARTERI	C		0	999	09/01/2012	12/31/9999	1	0.00
61697	06	BRAIN ANEURYSM REPR, COMPLX	C		0	999	09/01/2012	12/31/9999	1	0.00
61698	06	BRAIN ANEURYSM REPR, COMPLX	C		0	999	09/01/2012	12/31/9999	1	0.00
61700	06	BRAIN ANEURYSM REPR , SIMPLE	C		0	999	09/01/2012	12/31/9999	1	0.00
61702	06	SURGERY OF INTRACRANIAL ANEU	C		0	999	09/01/2012	12/31/9999	1	0.00
61703	06	SURGERY OF INTRACRANIAL ANEU	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
61705	O6	SURGERY OF ANEURYSM, VASCULA	C		0	999	09/01/2012	12/31/9999	1	0.00
61708	O6	SURGERY OF ANEURYSM, VASCULA	C		0	999	09/01/2012	12/31/9999	1	0.00
61710	O6	SURGERY OF ANEURYSM, VASCULA	C		0	999	09/01/2012	12/31/9999	1	0.00
61711	O6	ANASTOMOSIS, ARTERIAL, EXTRACR	C		0	999	09/01/2012	12/31/9999	1	0.00
61720	O1	STEREOTACTIC LESION, ANY MET	T		0	999	07/01/2021	12/31/9999	1	4,455.34
61735	O6	STEREOTACTIC LESION, ANY MET	C		0	999	09/01/2012	12/31/9999	1	0.00
61736	O6	LITT ICR 1 TRAJ 1 SMPL LES	C		0	999	01/01/2022	12/31/9999	1	0.00
61737	O6	LITT ICR MLT TRJ MLT/CPLX LS	C		0	999	01/01/2022	12/31/9999	1	0.00
61750	O6	STEREOTACTIC BIOPSY, ASPIRAT	C		0	999	09/01/2012	12/31/9999	1	0.00
61751	O6	BRAIN BIOPSY W/CT/MR GUIDE	C		0	999	09/01/2012	12/31/9999	1	0.00
61760	O6	STEREOTACTIC IMPLANTATION OF D	C		0	999	09/01/2012	12/31/9999	1	0.00
61770	O1	INCISE SKULL FOR TREATMENT	T		0	999	07/01/2021	12/31/9999	1	4,455.34
61781	O1	SCAN PROC CRANIAL INTRA	N		0	999	09/01/2012	12/31/9999	1	0.00
61782	O1	SCAN PROC CRANIAL EXTRA	N		0	999	09/01/2012	12/31/9999	1	0.00
61783	O1	SCAN PROC SPINAL	N		0	999	09/01/2012	12/31/9999	1	0.00
61790	O1	STEREOTACTIC LESION OF GASSE	T		0	999	07/01/2021	12/31/9999	1	1,371.22
61791	O1	CREATION OF LESION BY STEREOTA	T		0	999	07/01/2021	12/31/9999	1	1,371.22
61796	O1	STEREOTAC RADIOSURG 1 SMPL CRAN	B		0	999	07/01/2020	12/31/9999	1	812.90
61797	O1	STEREOTAC RADIOSURG ADD SMPL CRAN	B		0	999	07/01/2020	12/31/9999	4	176.53
61798	O1	STEREOTAC RADIOSURG 1 CMLPX CRAN	B		0	999	07/01/2020	12/31/9999	1	1,107.87
61799	O1	STEREOTAC RADIOSURG ADD CMLPX CRAN	B		0	999	07/01/2020	12/31/9999	4	244.03
61800	O1	APPL STEROTAC HEADFRAM/RADIOSURG	B		0	999	07/01/2020	12/31/9999	1	122.44
61850	O6	TWIST DRILL OR BURR HOLE(S) FO	C		0	999	09/01/2012	12/31/9999	1	0.00
61860	O6	CRANIECTOMY OR CRANIOTOMY FOR	C		0	999	09/01/2012	12/31/9999	1	0.00
61863	O6	TWST DRL BURR CRANIOT NO REC;1 ARAYTWIST	C		0	999	09/01/2012	12/31/9999	1	0.00
61864	O6	TWST DRL BURR CRANIOT NO REC;EA ADDTWIST	C		0	999	09/01/2012	12/31/9999	1	0.00
61867	O6	TWST DRL BURR CRANIOT W/REC;1 ARRAYTWIST	C		0	999	09/01/2012	12/31/9999	1	0.00
61868	O6	TWST DRL BURR CRANIOT W/REC; EA ADDTWIST	C		0	999	09/01/2012	12/31/9999	1	0.00
61880	O1	REVISION OR REMOVAL OF INTRACR	T		0	999	07/01/2021	12/31/9999	1	2,559.97
61885	O1	INSRT/REDO NEUROSTIM 1 ARRAY	T		0	999	07/01/2021	12/31/9999	1	16,006.96
61886	O1	IMPLANT NEUROSTIM ARRAYS	T		0	999	07/01/2021	12/31/9999	1	23,013.79
61888	O1	REVISION OR REMOVAL OF CRANIAL	T		0	999	07/01/2021	12/31/9999	1	8,782.20
62000	O1	ELEVATION OF DEPRESSED SKULL	T		0	999	07/01/2021	12/31/9999	1	2,138.76
62005	O6	ELEVATION OF DEPRESSED SKULL	C		0	999	09/01/2012	12/31/9999	1	0.00
62010	O6	ELEVATION OF DEPRESSED SKULL	C		0	999	09/01/2012	12/31/9999	1	0.00
62100	O6	REPAIR BRAIN FLUID LEAKAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
62115	O6	REDUCTION OF CRANIOMEGALIC SKU	C		0	999	09/01/2012	12/31/9999	1	0.00
62117	O6	REDUCTION OF CRANIOMEGALIC SKU	C		0	999	09/01/2012	12/31/9999	1	0.00
62120	O6	REPAIR OF ENCEPHALOCELE, SKULL	C		0	999	09/01/2012	12/31/9999	1	0.00
62121	O6	CRANIOTOMY WITH REPAIR OF ENCE	C		0	999	09/01/2012	12/31/9999	1	0.00
62140	O6	CRANIOPLASTY FOR SKULL DEFEC	C		0	999	09/01/2012	12/31/9999	1	0.00
62141	O6	CRANIOPLASTY FOR SKULL DEFEC	C		0	999	09/01/2012	12/31/9999	1	0.00
62142	O6	REMOVAL OF BONE FLAP OR PROSTH	C		0	999	09/01/2012	12/31/9999	1	0.00
62143	O6	REPLACEMENT OF BONE FLAP OR PR	C		0	999	09/01/2012	12/31/9999	1	0.00
62145	O6	CRANIOPLASTY FOR SKULL DEFEC	C		0	999	09/01/2012	12/31/9999	1	0.00
62146	O6	CRANIOPLASTY WITH AUTOGRAFT (I	C		0	999	09/01/2012	12/31/9999	1	0.00
62147	O6	CRANIOPLASTY WITH AUTOGRAFT (I	C		0	999	09/01/2012	12/31/9999	1	0.00
62148	O6	RETR BONE FLAP TO FIX SKULL	C		0	999	09/01/2012	12/31/9999	1	0.00
62160	O1	NEUROENDOSCOPY ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
62161	O6	DISSECT BRAIN W/SCOPE	C		0	999	09/01/2012	12/31/9999	1	0.00
62162	O6	REMOVE COLLOID CYST W/SCOPE	C		0	999	09/01/2012	12/31/9999	1	0.00
62164	O6	REMOVE BRAIN TUMOR W/SCOPE	C		0	999	09/01/2012	12/31/9999	1	0.00
62165	O6	REMOVE PITUIT TUMOR W/SCOPE	C		0	999	09/01/2012	12/31/9999	1	0.00
62180	O6	VENTRICULOCISTERNOSTOMY (TOR	C		0	999	09/01/2012	12/31/9999	1	0.00
62190	O6	CREATION OF SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
62192	O6	CREATION OF SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
62194	O1	REPLACEMENT OR IRRIGATION, S	T		0	999	07/01/2021	12/31/9999	1	1,371.22
62200	O6	VENTRICULOCISTERNOSTOMY, THI	C		0	999	09/01/2012	12/31/9999	1	0.00
62201	O6	BRAIN CAVITY SHUNT W/SCOPE	C		0	999	09/01/2012	12/31/9999	1	0.00
62220	O6	CREATION OF SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
62223	O6	CREATION OF SHUNT;	C		0	999	09/01/2012	12/31/9999	1	0.00
62225	O1	REPLACEMENT OR IRRIGATION, V	T		0	999	07/01/2021	12/31/9999	2	4,455.34
62230	O1	REPLACE/REVISE BRAIN SHUNT	T		0	999	07/01/2021	12/31/9999	2	4,455.34
62252	O1	CSF SHUNT REPROGRAM	S		0	999	07/01/2021	12/31/9999	2	212.96
62256	O6	REMOVE BRAIN CAVITY SHUNT	C		0	999	09/01/2012	12/31/9999	1	0.00
62258	O6	REMOVAL OF COMPLETE SHUNT SY	C		0	999	09/01/2012	12/31/9999	1	0.00
62263	O1	EPIDURAL LYSIS MULT SESSIONS	T		0	999	07/01/2021	12/31/9999	1	642.83
62264	O1	EPIDURAL LYSIS ON SINGLE DAY	T		0	999	07/01/2021	12/31/9999	1	642.83
62267	O1	PERCUT ASP INTERV DISC/DIAGNOSTIC	T		0	999	07/01/2021	12/31/9999	2	486.13
62268	O1	PERCUTANEOUS ASPIRATION, SPINA	T		0	999	07/01/2021	12/31/9999	1	642.83
62269	O1	BIOPSY OF SPINAL CORD, PERCUTA	T		0	999	07/01/2021	12/31/9999	2	1,099.71
62270	O1	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	T		0	999	07/01/2021	12/31/9999	2	495.99
62272	O1	SPINAL PUNCTURE, THERAPEUTIC, DRAINAGE	T		0	999	07/01/2021	12/31/9999	2	495.99
62273	O1	TREAT EPIDURAL SPINE LESION	T		0	999	07/01/2021	12/31/9999	2	495.99
62280	O1	TREAT SPINAL CORD LESION	T		0	999	07/01/2021	12/31/9999	1	642.83
62281	O1	INJECTION OF NEUROLYTIC SUBSTA	T		0	999	07/01/2021	12/31/9999	1	642.83
62282	O1	TREAT SPINAL CANAL LESION	T		0	999	07/01/2021	12/31/9999	1	642.83
62284	O1	INJECTION FOR MYELOGRAM	N		0	999	09/01/2012	12/31/9999	1	0.00
62287	O1	DECOMPRESSION PROC OF DISC	T		0	999	07/01/2021	12/31/9999	1	1,371.22
62290	O1	INJECTION PROCEDURE FOR DISKOG	N		0	999	07/01/2020	12/31/9999	5	0.00
62291	O1	INJECT FOR SPINE DISK X-RAY	N		0	999	07/01/2020	12/31/9999	4	0.00
62292	O1	INJECTION PROCEDURE FOR CHEM	T		0	999	07/01/2021	12/31/9999	1	1,371.22
62294	O1	INJECTION PROCEDURE, ARTERIA	T		0	999	07/01/2021	12/31/9999	1	642.83
62302	O1	MYELOGRAPHY LUMBAR INJ CERVICAL	T		0	999	07/01/2021	12/31/9999	1	558.98
62303	O1	MYELOGRAPHY LUMBAR INJ THORACIC	T		0	999	07/01/2021	12/31/9999	1	558.98
62304	O1	MYELOGRAPHY LUMBAR INJ LUMBOSACRAL	T		0	999	07/01/2021	12/31/9999	1	558.98
62305	O1	MYELOGRAPHY LUMBAR INJECTION	T		0	999	07/01/2021	12/31/9999	1	558.98
62320	O1	INJ DIAG/THER W/O GUIDE CERVICAL/THORACI	T		0	999	07/01/2021	12/31/9999	1	495.99
62321	O1	INJ DIAG/THER W GUIDE CERVICAL/THORACIC	T		0	999	07/01/2021	12/31/9999	1	495.99
62322	O1	INJ DIAG/THER W/O GUIDE LUMBAR/SACRAL	T		0	999	07/01/2021	12/31/9999	1	495.99
62323	O1	INJ DIAG/THER W GUIDE LUMBAR/SACRAL	T		0	999	07/01/2021	12/31/9999	1	495.99
62324	O1	INJ CERV/THOR W/O IMAG GUID	T		0	999	07/01/2021	12/31/9999	1	642.83
62325	O1	INJ CERV/THOR W/ IMAG GUID	T		0	999	07/01/2021	12/31/9999	1	642.83
62326	O1	INJ CERV/THOR W/CATH W/O IMAG GUID	T		0	999	07/01/2021	12/31/9999	1	642.83
62327	O1	INJ CERV/THOR W/CATH W/IMAG GUID	T		0	999	07/01/2021	12/31/9999	1	642.83
62328	O1	DX LMBR SPI PNXR W/FLUOR/CT	T		0	999	07/01/2021	12/31/9999	1	495.99
62329	O1	THER SPI PNXR CSF FLUOR/CT	T		0	999	07/01/2021	12/31/9999	1	495.99

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
62350	O1	IMPLANT SPINAL CANAL CATH	T		0	999	07/01/2021	12/31/9999	1	4,455.34
62351	O1	IMPLANT SPINAL CATHETER	T		0	999	07/01/2021	12/31/9999	1	4,896.68
62355	O1	REMOVE SPINAL CANAL CATHETER	T		0	999	07/01/2021	12/31/9999	1	1,371.22
62360	O1	INSERT SPINE INFUSION DEVICE	T		0	999	07/01/2021	12/31/9999	1	13,312.10
62361	O1	IMPLANT SPINE INFUSION PUMP	T		0	999	07/01/2021	12/31/9999	1	13,312.10
62362	O1	IMPLANT SPINE INFUSION PUMP	T		0	999	07/01/2021	12/31/9999	1	13,312.10
62365	O1	REMOVE SPINE INFUSION DEVICE	T		0	999	07/01/2021	12/31/9999	1	4,455.34
62367	O1	ANALYZE SPINE INFUSION PUMP	S		0	999	07/01/2021	12/31/9999	1	212.96
62368	O1	ANALYZE SPINE INFUSION PUMP	S		0	999	07/01/2021	12/31/9999	1	212.96
62369	O1	PROGRAM IMPL INTRATH PUMP W REFILL	S		0	999	07/01/2021	12/31/9999	1	212.96
62370	O1	PROG IMPL INTRATH PUMP W REFILL PHY	S		0	999	07/01/2021	12/31/9999	1	212.96
62380	O1	ENOD DECOMPRESS SPINAL CORD 1 SPACE LUMB	T		0	999	07/01/2021	12/31/9999	2	4,896.68
63001	O1	LAMINECTOMY WITH EXPLORATION A	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63003	O1	LAMINECTOMY FOR DECOMPRESSIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63005	O1	LAMINECTOMY FOR DECOMPRESSIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63011	O1	LAMINECTOMY FOR DECOMPRESSIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63012	O1	LAMINECTOMY WITH REMOVAL OF AB	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63015	O1	LAMINECTOMY WITH EXPLORATION A	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63016	O1	LAMINECTOMY FOR DECOMPRESSIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63017	O1	LAMINECTOMY FOR DECOMPRESSIO	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63020	O1	LAMINOTOMY (HEMILAMINECTOMY),	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63030	O1	LOW BACK DISK SURGERY	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63035	O1	SPINAL DISK SURGERY ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
63040	O1	LAMINOTOMY, SINGLE CERVICAL	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63042	O1	LAMINOTOMY (HEMILAMINECTOMY)	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63043	O6	LAMINOTOMY, ADDL CERVICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
63044	O6	LAMINOTOMY, ADDL LUMBAR	E		0	999	09/01/2012	12/31/9999	1	0.00
63045	O1	LAMINECTOMY, FACETECTOMY AND F	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63046	O1	LAMINECTOMY, INCLUDING UNILATE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63047	O1	LAMINECTOMY, INCLUDING UNILATE	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63048	O1	REMOVE SPINAL LAMINA ADD-ON	N		0	999	07/01/2020	12/31/9999	5	0.00
63050	O6	CERVICAL LAMINOPLASTY	C		0	999	09/01/2012	12/31/9999	1	0.00
63051	O6	C-LAMINOPLASTY W/GRAFT/PLATE	C		0	999	09/01/2012	12/31/9999	1	0.00
63052	O1	LAM FACETC/FRMT ARTHRD LUM 1	N		0	999	01/01/2022	12/31/9999	1	0.00
63053	O1	LAM FACCT/FRMT ARTHRD LUM EA	N		0	999	01/01/2022	12/31/9999	4	0.00
63055	O1	TRANSPEDICULAR APPROACH WITH D	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63056	O1	DECOMPRESS SPINAL CORD	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63057	O1	DECOMPRESS SPINE CORD ADD-ON	N		0	999	07/01/2020	12/31/9999	3	0.00
63064	O1	COSTOVERTEBRAL APPROACH WITH D	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63066	O1	DECOMPRESS SPINE CORD ADD-ON	N		0	999	07/01/2020	12/31/9999	1	0.00
63075	O1	DISKECTOMY, ANTERIOR, WITH DEC	T		0	999	07/01/2021	12/31/9999	1	4,896.68
63076	O1	NECK SPINE DISK SURGERY	N		0	999	07/01/2020	12/31/9999	3	0.00
63077	O6	DISKECTOMY, ANTERIOR, FOR DECO	C		0	999	09/01/2012	12/31/9999	1	0.00
63078	O6	SPINE DISK SURGERY, THORAX	C		0	999	09/01/2012	12/31/9999	10	0.00
63081	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63082	O6	REMOVE VERTEBRAL BODY ADD-ON	C		0	999	09/01/2012	12/31/9999	6	0.00
63085	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63086	O6	REMOVE VERTEBRAL BODY ADD-ON	C		0	999	09/01/2012	12/31/9999	11	0.00
63087	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63088	O6	REMOVE VERTEBRAL BODY ADD-ON	C		0	999	09/01/2012	12/31/9999	6	0.00
63090	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63091	O6	REMOVE VERTEBRAL BODY ADD-ON	C		0	999	09/01/2012	12/31/9999	11	0.00
63101	O6	VERT CORPCT SC8/NRV ROOT;THOR 1 SEGVERT	C		0	999	09/01/2012	12/31/9999	1	0.00
63102	O6	VERT CORPCT SC8/NRV ROOT;LUMB 1 SEGVERT	C		0	999	09/01/2012	12/31/9999	1	0.00
63103	O6	VERT CORPCT SC8/NRV ROOT;T/L EA ADDVERT	C		0	999	09/01/2012	12/31/9999	11	0.00
63170	O6	LAMINECTOMY WITH MYELOTOMY (EG	C		0	999	09/01/2012	12/31/9999	1	0.00
63172	O6	LAMINECTOMY WITH DRAINAGE OF I	C		0	999	09/01/2012	12/31/9999	1	0.00
63173	O6	LAMINECT DRAIN CYST;PERITON/PLEURALLAMIN	C		0	999	09/01/2012	12/31/9999	1	0.00
63185	O6	LAMINECTOMY WITH RHIZOTOMY; ON	C		0	999	09/01/2012	12/31/9999	1	0.00
63190	O6	LAMINECTOMY FOR RHIZOTOMY;	C		0	999	09/01/2012	12/31/9999	1	0.00
63191	O6	LAMINECTOMY WITH SECTION OF SP	C		0	999	09/01/2012	12/31/9999	1	0.00
63197	O6	LAMINECTOMY FOR CORDOTOMY, B	C		0	999	09/01/2012	12/31/9999	1	0.00
63200	O6	LAMINECTOMY, WITH RELEASE OF T	C		0	999	09/01/2012	12/31/9999	1	0.00
63250	O6	LAMINECTOMY FOR EXCISION OR	C		0	999	09/01/2012	12/31/9999	1	0.00
63251	O6	LAMINECTOMY FOR EXCISION OR	C		0	999	09/01/2012	12/31/9999	1	0.00
63252	O6	LAMINECTOMY FOR EXCISION OF OC	C		0	999	09/01/2012	12/31/9999	1	0.00
63265	O6	LAMINECTOMY FOR EXCISION OR EV	E		0	999	07/01/2020	12/31/9999	1	0.00
63266	O6	LAMINECTOMY FOR EXCISION OF IN	E		0	999	07/01/2020	12/31/9999	1	0.00
63267	O6	LAMINECTOMY FOR EXCISION OF IN	E		0	999	07/01/2020	12/31/9999	1	0.00
63268	O6	LAMINECTOMY FOR EXCISION OF IN	E		0	999	07/01/2020	12/31/9999	1	0.00
63270	O6	LAMINECTOMY FOR EXCISION OF IN	C		0	999	09/01/2012	12/31/9999	1	0.00
63271	O6	LAMINECTOMY FOR EXCISION OF IN	C		0	999	09/01/2012	12/31/9999	1	0.00
63272	O6	LAMINECTOMY FOR EXCISION OF IN	C		0	999	09/01/2012	12/31/9999	1	0.00
63273	O6	LAMINECTOMY FOR EXCISION OF IN	C		0	999	09/01/2012	12/31/9999	1	0.00
63275	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63276	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63277	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63278	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63280	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63281	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63282	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63283	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63285	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63286	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63287	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63290	O6	LAMINECTOMY FOR BIOPSY/EXCISIO	C		0	999	09/01/2012	12/31/9999	1	0.00
63295	O6	REPAIR OF LAMINECTOMY DEFECT	C		0	999	09/01/2012	12/31/9999	12	0.00
63300	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63301	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63302	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63303	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63304	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63305	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63306	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63307	O6	VERTEBRAL CORPECTOMY (VERTEBRA	C		0	999	09/01/2012	12/31/9999	1	0.00
63308	O6	REMOVE VERTEBRAL BODY ADD-ON	C		0	999	09/01/2012	12/31/9999	11	0.00
63600	O1	STEREOTACTIC LESION OF SPINA	T		0	999	07/01/2021	12/31/9999	2	1,371.22

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
63610	01	STEREOTACTIC STIMULATION OF	T		0	999	07/01/2021	12/31/9999	1	1,371.22
63620	01	STEROTAC RADIOSURG 1 SPINAL	B		0	999	07/01/2020	12/31/9999	1	897.79
63621	01	STEROTAC RADIOSURG ADDL SPINAL	B		0	999	07/01/2020	12/31/9999	2	202.93
63650	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	2	4,815.18
63655	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	1	16,006.96
63661	01	REMOVE SPINE ELTRD PERQ ARAY	T		0	999	07/01/2021	12/31/9999	1	1,371.22
63662	01	REMOVE SPINE ELTRD PLATE	T		0	999	07/01/2021	12/31/9999	1	2,559.97
63663	01	REVISE SPINE ELTRD PERQ ARAY	T		0	999	07/01/2021	12/31/9999	1	4,815.18
63664	01	REVISE SPINE ELTRD PLATE	T		0	999	07/01/2021	12/31/9999	1	8,782.20
63685	01	INSRT/REDO SPINE N GENERATOR	T		0	999	07/01/2021	12/31/9999	1	23,013.79
63688	01	REVISION OR REMOVAL OF IMPLANT	T		0	999	07/01/2021	12/31/9999	1	2,559.97
63700	06	REPAIR OF MENINGOCELE;	C		0	999	09/01/2012	12/31/9999	1	0.00
63702	06	REPAIR OF MENINGOCELE;	C		0	999	09/01/2012	12/31/9999	1	0.00
63704	06	REPAIR OF MYELOMENINGOCELE;	C		0	999	09/01/2012	12/31/9999	1	0.00
63706	06	REPAIR OF MYELOMENINGOCELE;	C		0	999	09/01/2012	12/31/9999	1	0.00
63707	06	REPAIR SPINAL FLUID LEAKAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
63709	06	REPAIR SPINAL FLUID LEAKAGE	C		0	999	09/01/2012	12/31/9999	1	0.00
63710	06	DURAL GRAFT, SPINAL	C		0	999	09/01/2012	12/31/9999	1	0.00
63740	06	CREATION OF SHUNT, LUMBAR, SUB	C		0	999	09/01/2012	12/31/9999	1	0.00
63741	01	CREATION OF SHUNT, LUMBAR, SUB	T		0	999	07/01/2021	12/31/9999	1	4,455.34
63744	01	REPLACEMENT, IRRIGATION OR R	T		0	999	07/01/2021	12/31/9999	1	4,455.34
63746	01	REMOVAL OF ENTIRE LUMBOSUBAR	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64400	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	4	204.13
64405	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	204.13
64408	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	204.13
64415	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64416	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64417	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64418	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	495.99
64420	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	2	495.99
64421	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	3	642.83
64425	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	495.99
64430	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64435	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	495.99
64445	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	495.99
64446	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64447	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	495.99
64448	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64449	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	1	642.83
64450	01	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	T		0	999	07/01/2021	12/31/9999	10	495.99
64451	01	NJX AA&/STRD NRV NRVTG SI JT	T		0	999	07/01/2021	12/31/9999	1	495.99
64454	01	NJX AA&/STRD GNCLR NRV BRNCH	T		0	999	07/01/2021	12/31/9999	1	495.99
64455	01	INJ ANES/STEROID PLAN COM DIG NERVE	T		0	999	07/01/2021	12/31/9999	1	204.13
64461	01	PVB THORACIC SINGLE INJ SITE	T		0	999	07/01/2021	12/31/9999	1	495.99
64462	01	PVB THORACIC 2ND+ INJ SITE	N		0	999	01/01/2016	12/31/9999	1	0.00
64463	01	PVB THORACIC CONT INFUSION	T		0	999	07/01/2021	12/31/9999	1	495.99
64479	01	INJ FORAMEN EPIDURAL C/T	T		0	999	07/01/2021	12/31/9999	1	642.83
64480	01	INJ FORAMEN EPIDURAL ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64483	01	INJ FORAMEN EPIDURAL L/S	T		0	999	07/01/2021	12/31/9999	1	642.83
64484	01	INJ FORAMEN EPIDURAL ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64486	06	TAP BLOCK UNIL BY INJECTION	E		0	999	01/01/2015	12/31/9999	1	0.00
64487	06	TAP BLOCK UNIL BY INFUSION	E		0	999	01/01/2015	12/31/9999	1	0.00
64488	06	TAP BLOCK BI INJECTION	E		0	999	01/01/2015	12/31/9999	1	0.00
64489	06	TAP BLOCK BI BY INFUSION	E		0	999	01/01/2015	12/31/9999	1	0.00
64490	01	INJ PARAVERT F JNT C/T 1 LEV	T		0	999	07/01/2021	12/31/9999	1	642.83
64491	01	INJ PARAVERT F JNT C/T 2 LEV	N		0	999	07/01/2014	12/31/9999	1	0.00
64492	01	INJ PARAVERT F JNT C/T 3 LEV	N		0	999	07/01/2014	12/31/9999	1	0.00
64493	01	INJ PARAVERT F JNT L/S 1 LEV	T		0	999	07/01/2021	12/31/9999	1	642.83
64494	01	INJ PARAVERT F JNT L/S 2 LEV	N		0	999	07/01/2014	12/31/9999	1	0.00
64495	01	INJ PARAVERT F JNT L/S 3 LEV	N		0	999	07/01/2014	12/31/9999	1	0.00
64505	01	*INJECTION, ANESTHETIC AGENT;	T		0	999	07/01/2021	12/31/9999	1	204.13
64510	01	*INJECTION, ANESTHETIC AGENT;	T		0	999	07/01/2021	12/31/9999	1	642.83
64517	01	INJ ANES AGT; SUP HYPOGASTR PLEXUS INJEC	T		0	999	07/01/2021	12/31/9999	1	642.83
64520	01	*INJECTION, ANESTHETIC AGENT;	T		0	999	07/01/2021	12/31/9999	1	642.83
64530	01	*INJECTION, ANESTHETIC AGENT;	T		0	999	07/01/2021	12/31/9999	1	642.83
64553	01	PERCUTANEOUS IMPLANTATION OF	T		0	999	07/01/2021	12/31/9999	1	8,782.20
64555	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	2	4,815.18
64561	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	1	4,815.18
64566	01	NEUROELTRD STIM POST TIBIAL	T		0	999	07/01/2021	12/31/9999	1	204.13
64568	01	INC FOR VAGUS N ELECT IMPL	T		0	999	07/01/2021	12/31/9999	1	23,013.79
64569	01	REVISE/REPL VAGUS N ELTRD	T		0	999	07/01/2021	12/31/9999	1	8,782.20
64570	01	REMOVE VAGUS N ELTRD	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64575	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	2	8,782.20
64580	01	INCISION FOR IMPLANTATION OF	T		0	999	07/01/2021	12/31/9999	2	16,006.96
64581	01	IMPLANT NEUROELECTRODES	T		0	999	07/01/2021	12/31/9999	2	4,815.18
64582	01	OPN MPLTJ HPGLSL NSTM ARY PG	S		0	999	01/01/2022	12/31/9999	1	23,112.35
64583	01	REV/RPLCT HPGLSL NSTM ARY PG	S		0	999	01/01/2022	12/31/9999	1	8,828.25
64584	01	RMVL HPGLSL NSTIM ARY PG	S		0	999	01/01/2022	12/31/9999	1	4,477.36
64585	01	REVISION OR REMOVAL OF PERIP	T		0	999	07/01/2021	12/31/9999	2	2,559.97
64590	01	INS/REPLC PERIPH/GASTRIC NEUROSTIM PULSE	T		0	999	07/01/2021	12/31/9999	1	16,006.96
64595	01	REV/REM PERIPH/GASTRIC NEUROSTIM PULSE G	T		0	999	07/01/2021	12/31/9999	1	2,559.97
64600	01	DESTRUCTION BY NEUROLYTIC AG	T		0	999	07/01/2021	12/31/9999	2	642.83
64605	01	DESTRUCTION BY NEUROLYTIC AG	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64610	01	DESTRUCTION BY NEUROLYTIC AG	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64611	06	CHEMODENERV SALIV GLANDS	E		0	999	09/01/2012	12/31/9999	1	0.00
64612	01	DESTROY NERVE, FACE MUSCLE	T		0	999	07/01/2021	12/31/9999	1	204.13
64615	01	CHEMODENERV MUSCL MIGRAINE	T		0	999	07/01/2021	12/31/9999	1	204.13
64616	01	CHEMODENERV MUSCLES NECK	T		0	999	07/01/2021	12/31/9999	1	204.13
64617	01	CHEMODENERV MUSCLES LARYNX	T		0	999	07/01/2021	12/31/9999	1	204.13
64620	01	DESTRUCTION BY NEUROLYTIC AG	T		0	999	07/01/2021	12/31/9999	5	642.83
64624	01	DSTRJ NULYT AGT GNCLR NR	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64625	01	RF ABLTJ NRV NRVTG SI JT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64628	01	TRML DSTRJ IOS BVN 1ST 2 L/S	T		0	999	01/01/2022	12/31/9999	1	9,681.53
64629	01	TRML DSTRJ IOS BVN EA ADDL	N		0	999	01/01/2022	12/31/9999	1	0.00
64630	01	INJECTION TREATMENT OF NERVE	T		0	999	07/01/2021	12/31/9999	1	642.83
64632	01	DESTR PLANTAR COMM DIG NERVE	T		0	999	07/01/2021	12/31/9999	1	204.13
64633	01	DESTR PARAVERTEBRAL CERV SNGL	T		0	999	07/01/2021	12/31/9999	1	1,371.22

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
64634	O1	DESTR PARAVERTEBRAL CERV EA ADD	N		0	999	07/01/2014	12/31/9999	1	0.00
64635	O1	DESTR PARAVERTEBRAL LUMB SNGL	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64636	O1	DESTR PARAVERTEBRAL LUMB EA ADD	N		0	999	07/01/2014	12/31/9999	1	0.00
64640	O1	DESTRUCTION BY NEUROLYTIC AG	T		0	999	07/01/2021	12/31/9999	5	642.83
64642	O1	CHEMODENERV ONE EXTR 1-4 MUSCLES	T		0	999	07/01/2021	12/31/9999	1	495.99
64643	O1	CHEMODENERV EA ADDL EXTR 1-4 MUSCLES	N		0	999	01/01/2014	12/31/9999	3	0.00
64644	O1	CHEMODENERV ONE EXTR 5+	T		0	999	07/01/2021	12/31/9999	1	495.99
64645	O1	CHEMODENERV EA ADDL EXTR 5+ MUSCLES	N		0	999	01/01/2014	12/31/9999	3	0.00
64646	O1	CHEMODENERV TRUNK 1-5 MUSCLES	T		0	999	07/01/2021	12/31/9999	1	495.99
64647	O1	CHEMODENERV TRUNK 6+ MUSCLES	T		0	999	07/01/2021	12/31/9999	1	495.99
64650	O1	CHEMODENERV ECCRINE GLANDS	T		0	999	07/01/2021	12/31/9999	1	204.13
64653	O1	CHEMODENERV ECCRINE GLANDS	T		0	999	07/01/2021	12/31/9999	1	204.13
64680	O1	DESTRCT W/WO RAD MON; CELIAC PLEXUSDESTR	T		0	999	07/01/2021	12/31/9999	1	642.83
64681	O1	DESTRUC NEURLYT;SUP HYPOGASTRIC PLEXDESTR	T		0	999	07/01/2021	12/31/9999	1	642.83
64702	O1	NEUROLYSIS;	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64704	O1	NEUROLYSIS;	T		0	999	07/01/2021	12/31/9999	4	1,371.22
64708	O1	NEUROLYSIS, MAJOR PERIPHERAL	T		0	999	07/01/2021	12/31/9999	3	1,371.22
64712	O1	NEUROLYSIS, MAJOR PERIPHERAL	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64713	O1	NEUROLYSIS, MAJOR PERIPHERAL	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64714	O1	NEUROLYSIS, MAJOR PERIPHERAL	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64716	O1	NEUROLYSIS AND/OR TRANSPOSIT	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64718	O1	NEUROLYSIS AND/OR TRANSPOSIT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64719	O1	NEUROLYSIS AND/OR TRANSPOSIT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64721	O1	NEUROLYSIS AND/OR TRANSPOSIT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64722	O1	DECOMPRESSION;	T		0	999	07/01/2021	12/31/9999	4	1,371.22
64726	O1	DECOMPRESSION;	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64727	O1	INTERNAL NEUROLYSIS BY DISSE	N		0	999	07/01/2014	12/31/9999	1	0.00
64732	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64734	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64736	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64738	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64740	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64742	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64744	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64746	O1	TRANSECTION OR AVULSION OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64755	O6	INCISION OF STOMACH NERVES	C		0	999	09/01/2012	12/31/9999	1	0.00
64760	O6	TRANSECTION OR AVULSION OF;	C		0	999	09/01/2012	12/31/9999	1	0.00
64763	O1	TRANSECTION OR AVULSION OF OBT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64766	O1	TRANSECTION OR AVULSION OF OBT	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64771	O1	TRANSECTION OR AVULSION OF O	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64772	O1	TRANSECTION OR AVULSION OF O	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64774	O1	EXCISION OF NEUROMA;	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64776	O1	EXCISION OF NEUROMA;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64778	O1	DIGIT NERVE SURGERY ADD-ON	N		0	999	07/01/2020	12/31/9999	1	0.00
64782	O1	EXCISION OF NEUROMA;	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64783	O1	LIMB NERVE SURGERY ADD-ON	N		0	999	07/01/2014	12/31/9999	2	0.00
64784	O1	EXCISION OF NEUROMA;	T		0	999	07/01/2021	12/31/9999	3	1,371.22
64786	O1	EXCISION OF NEUROMA;	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64787	O1	INSERTION OF PLASTIC CAP ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64788	O1	EXCISION OF NEUROFIBROMA OR	T		0	999	07/01/2021	12/31/9999	5	1,371.22
64790	O1	EXCISION OF NEUROFIBROMA OR	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64792	O1	EXCISION OF NEUROFIBROMA OR	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64795	O1	BIOPSY OF NERVE	T		0	999	07/01/2021	12/31/9999	2	1,371.22
64802	O1	SYMPATHECTOMY, CERVICAL	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64804	O1	SYMPATHECTOMY, CERVICOTHORACIC	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64809	O6	SYMPATHECTOMY, THORACOLUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
64818	O6	SYMPATHECTOMY, LUMBAR	C		0	999	09/01/2012	12/31/9999	1	0.00
64820	O1	REMOVE SYMPATHETIC NERVES	T		0	999	07/01/2021	12/31/9999	4	1,371.22
64821	O1	REMOVE SYMPATHETIC NERVES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
64822	O1	REMOVE SYMPATHETIC NERVES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
64823	O1	REMOVE SYMPATHETIC NERVES	T		0	999	07/01/2021	12/31/9999	1	2,212.24
64831	O1	SUTURE OF DIGITAL NERVE, HAN	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64832	O1	REPAIR NERVE ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64834	O1	SUTURE OF ONE NERVE, HAND OR	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64835	O1	SUTURE OF ONE NERVE, HAND OR	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64836	O1	SUTURE OF ONE NERVE, HAND OR	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64837	O1	REPAIR NERVE ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64840	O1	SUTURE OF POSTERIOR TIBIAL N	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64856	O1	SUTURE OF MAJOR PERIPHERAL N	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64857	O1	SUTURE OF MAJOR PERIPHERAL N	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64858	O1	SUTURE OF SCIATIC NERVE	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64859	O1	NERVE SURGERY	N		0	999	07/01/2014	12/31/9999	1	0.00
64861	O1	SUTURE OF;	T		0	999	07/01/2021	12/31/9999	1	1,371.22
64862	O1	SUTURE OF;	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64864	O1	SUTURE OF FACIAL NERVE;	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64865	O1	SUTURE OF FACIAL NERVE;	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64866	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
64868	O6	ANASTOMOSIS;	C		0	999	09/01/2012	12/31/9999	1	0.00
64872	O1	SUTURE OF NERVE;	N		0	999	07/01/2014	12/31/9999	1	0.00
64874	O1	SUTURE OF NERVE;	N		0	999	07/01/2014	12/31/9999	1	0.00
64876	O1	SUTURE OF NERVE;	N		0	999	07/01/2014	12/31/9999	1	0.00
64885	O1	NERVE GRAFT (INCLUDES OBTAININ	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64886	O1	NERVE GRAFT (INCLUDES OBTAININ	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64890	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64891	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64892	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64893	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64895	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64896	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64897	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64898	O1	NERVE GRAFT (INCLUDES OBTAIN	T		0	999	07/01/2021	12/31/9999	2	4,455.34
64901	O1	NERVE GRAFT ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64902	O1	NERVE GRAFT ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
64905	O1	NERVE PEDICLE TRANSFER;	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64907	O1	NERVE PEDICLE TRANSFER;	T		0	999	07/01/2021	12/31/9999	1	4,455.34
64910	O1	NERVE REP W/SYN OR VEIN EA NERVE	T		0	999	07/01/2021	12/31/9999	3	4,455.34
64911	O1	NERVE REP W/AUTOG VEIN GRAFT EA NERVE	T		0	999	07/01/2021	12/31/9999	2	4,455.34

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
64912	O1	NERVE REPAIR, EACH NERVE, 1ST STRAND	T		0	999	07/01/2021	12/31/9999	3	4,455.34
64913	O1	NERVE REPAIR, EACH NERVE, ADDITIONAL STR	N		0	999	01/01/2018	12/31/9999	3	0.00
64999	O1	UNLISTED PROCEDURE, NERVOUS	T		0	999	07/01/2021	12/31/9999	1	204.13
65091	O1	EVISCEARATION OCULAR CONTENTS	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65093	O1	EVISCEARATION OCULAR CONTENTS	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65101	O1	ENUCLEATION EYE;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65103	O1	ENUCLEATION EYE;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65105	O1	ENUCLEATION EYE;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65110	O1	EXENTERATION ORBIT(DOES NOT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65112	O1	EXENTERATION ORBIT(DOES NOT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65114	O1	EXENTERATION OF ORBIT (DOES NO	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65125	O1	MODIFICATION OF OCULAR IMPLANT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65130	O1	INSERTION OCULAR IMPLANT SEC	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65135	O1	INSERTION OCULAR IMPLANT SEC	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65140	O1	INSERTION OCULAR IMPLANT SEC	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65150	O1	REINSERTION OCULAR IMPLANT;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65155	O1	REINSERTION OCULAR IMPLANT;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65175	O1	REMOVAL OCULAR IMPLANT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65205	O1	*REMOVAL FOREIGN BODY, EXTERN	T		0	999	07/01/2021	12/31/9999	1	87.50
65210	O1	*REMOVAL FOREIGN BODY, EXTERN	T		0	999	07/01/2021	12/31/9999	1	211.21
65220	O1	*REMOVAL FOREIGN BODY, EXTERN	T		0	999	07/01/2021	12/31/9999	1	211.21
65222	O1	*REMOVAL FOREIGN BODY, EXTERN	T		0	999	07/01/2021	12/31/9999	1	87.50
65235	O1	REMOVE FOREIGN BODY FROM EYE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65260	O1	REMOVAL FOREIGN BODY INTRAO	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65265	O1	REMOVAL FOREIGN BODY INTRAO	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65270	O1	*REPAIR LACERATION;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65272	O1	REPAIR LACERATION;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65273	O6	REPAIR LACERATION;	C		0	999	09/01/2012	12/31/9999	1	0.00
65275	O1	REPAIR LACERATION;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65280	O1	REPAIR LACERATION;	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65285	O1	REPAIR LACERATION;	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65286	O1	REPAIR OF LACERATION CONJUNCTI	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65290	O1	REPAIR WOUND EXTRAOCULAR MUS	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65400	O1	EXCISION LESION CORNEA (KERA	T		0	999	07/01/2021	12/31/9999	1	632.73
65410	O1	*BIOPSY CORNEA	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65420	O1	EXCISION OR TRANSPOSITION PT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65426	O1	EXCISION OR TRANSPOSITION PT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65430	O1	*SCRAPING CORNEA, DIAGNOSTIC,	T		0	999	07/01/2021	12/31/9999	1	211.21
65435	O1	*REMOVAL CORNEAL EPITHELIUM;	T		0	999	07/01/2021	12/31/9999	1	632.73
65436	O1	REMOVAL CORNEAL EPITHELIUM;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65450	O1	DESTRUCTION OF LESION OF CORNE	T		0	999	07/01/2021	12/31/9999	1	204.22
65600	O1	MULTIPLE PUNCTURES OF ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65710	O1	KERATOPLASTY (CORNEAL TRANSPLA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65730	O1	KERATOPLASTY (CORNEAL TRANSPLA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65750	O1	KERATOPLASTY (CORNEAL TRANSPLA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65755	O1	KERTOPLASTY PENETRATING (IN PS	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65756	O1	KERATOPLASTY ENDOTHELIAL	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65757	O1	BACKBENCH CORNEAL ENDOTHELIAL	N		0	999	09/01/2012	12/31/9999	1	0.00
65760	O6	KERATOMILEUSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
65765	O6	KERATOPHAKIA	E		0	999	09/01/2012	12/31/9999	1	0.00
65767	O6	EPIKERATOPLASTY	E		0	999	09/01/2012	12/31/9999	1	0.00
65770	O1	KERATOPROSTHESIS	T		0	999	07/01/2021	12/31/9999	1	5,733.70
65771	O6	RADIAL KERATOTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
65772	O1	CORNEAL RELAXING INCISION FOR	T		0	999	07/01/2021	12/31/9999	1	632.73
65775	O1	CORNEAL WEDGE RESECTION FOR CO	T		0	999	07/01/2021	12/31/9999	1	1,565.04
65778	O1	COVER EYE W/MEMBRANE	T		0	999	07/01/2021	12/31/9999	1	632.73
65779	O1	COVER EYE W/MEMBRANE STENT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65780	O1	OCULAR RECONST TRANSPLANT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65781	O1	OCULR RECNSTR;LMBL STEM CELL ALLGFTOCULR	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65782	O1	OCULR RECNSTR;LIMBL CONJUNCT AUTOGFTOCULR	T		0	999	07/01/2021	12/31/9999	1	2,583.53
65785	O6	IMPLTJ NTRSTRML CRNL RNG SEG	E		0	999	01/01/2016	12/31/9999	1	0.00
65800	O1	PARACENTESIS ANTERIOR CHAMBE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65810	O1	PARACENTESIS ANTERIOR CHAMBE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65815	O1	PARACENTESIS ANTERIOR CHAMBE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65820	O1	GONIOTOMY	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65850	O1	TRABECULOTOMY AB EXTERNO	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65855	O1	TRABECULOPLASTY LASER SURG	T		0	999	07/01/2021	12/31/9999	1	393.82
65860	O1	SEVERING ADHESIONS OF ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	393.82
65865	O1	SEVERING ADHESIONS ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65870	O1	SEVERING ADHESIONS ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65875	O1	SEVERING ADHESIONS ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65880	O1	SEVERING ADHESIONS ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	3,062.10
65900	O1	REMOVE EYE LESION	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65920	O1	REMOVE IMPLANT OF EYE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
65930	O1	REMOVE BLOOD CLOT FROM EYE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66020	O1	INJECTION TREATMENT OF EYE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66030	O1	*INJECTION, ANTERIOR CHAMBER	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66130	O1	EXCISION LESION SCLERA	T		0	999	07/01/2021	12/31/9999	1	1,565.04
66150	O1	FISTULIZATION SCLERA FOR GLA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66155	O1	FISTULIZATION SCLERA FOR GLA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66160	O1	FISTULIZATION SCLERA FOR GLA	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66170	O1	FISTULIZATION OF SCLERA FOR GL	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66172	O1	FISTULIZATION OF SCLERA FOR GL	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66174	O1	TRANSUM DIL EYE CANAL	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66175	O1	TRNSLUM DIL EYE CANAL W/STNT	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66179	O1	AQUEOUS SHUNT EYE W/O GRAFT	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66180	O1	AQUEOUS SHUNT EYE W/GRAFT	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66183	O1	INSERT ANET AQUEOUS DRAIN DEV	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66184	O1	REVISION OF AQUEOUS SHUNT	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66185	O1	REVISE AQUEOUS SHUNT EYE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66225	O1	REPAIR SCLERAL STAPHYLOMA;	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66250	O1	REVISION OR REPAIR OPERATIVE	T		0	999	07/01/2021	12/31/9999	1	1,565.04
66500	O1	IRIDOTOMY BY STAB INCISION (	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66505	O1	IRIDOTOMY BY STAB INCISION (	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66600	O1	IRIDECTOMY, WITH CORNEOSCLER	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66605	O1	IRIDECTOMY, WITH CORNEOSCLER	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66625	O1	IRIDECTOMY, WITH CORNEOSCLER	T		0	999	07/01/2021	12/31/9999	1	1,625.07

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
66630	O1	IRIDECTOMY, WITH CORNEOSCLER	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66635	O1	IRIDECTOMY, WITH CORNEOSCLER	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66680	O1	REPAIR OF IRIS, CILIARY BODY	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66682	O1	SUTURE OF IRIS, CILIARY BODY	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66700	O1	CYCLODIATHERMY;	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66710	O1	CILIARY TRANSLSERAL THERAPY	T		0	999	07/01/2021	12/31/9999	1	1,565.04
66711	O1	INJECTION(S), ANESTHETIC AGENT(S) AND/OR	S		0	999	07/01/2021	12/31/9999	1	1,625.07
66720	O1	CYCLOCRYOTHERAPY;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
66740	O1	CYCLODIALYSIS;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
66761	O1	REVISION OF IRIS	T		0	999	07/01/2021	12/31/9999	1	393.82
66762	O1	IRIDOPLASTY BY PHOTOCOAGULATIO	T		0	999	07/01/2021	12/31/9999	1	393.82
66770	O1	DESTRUCTION OF CYST OR LESIO	T		0	999	07/01/2021	12/31/9999	1	393.82
66820	O1	DISCISSION OF SECONDARY MEMBRA	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66821	O1	DISCISSION OF SECONDARY MEMBRA	T		0	999	07/01/2021	12/31/9999	1	393.82
66825	O1	REPOSITIONING OF INTRAOCULAR L	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66830	O1	REMOVAL OF SECONDARY MEMBRANOU	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66840	O1	REMOVAL OF LENS MATERIAL;	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66850	O1	REMOVAL OF LENS MATERIAL;	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66852	O1	REMOVAL OF LENS MATERIAL; PARS	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66920	O1	REMOVAL OF LENS MATERIAL; INTR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66930	O1	EXTRACTION LENS WITH OR WITH	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66940	O1	REMOVAL OF LENS MATERIAL; EXTR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66982	O1	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66983	O1	INTRACAP CATARACT EXTRACTION W	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66984	O1	EXTRACAPSULAR CATARACT REMOVAL WITH INSE	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66985	O1	INSERTION OF INTRAOCULAR LENS	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66986	O1	EXCHANGE OF INTRAOCULAR LENS	T		0	999	07/01/2021	12/31/9999	1	1,625.07
66987	O1	CATARACT SURGERY, COMPLEX	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66988	O1	CATARACT SURGERY	T		0	999	07/01/2021	12/31/9999	1	3,062.10
66989	O1	XCPSL CTRC RMVL CPLX INSJ 1+	S		0	999	01/01/2022	12/31/9999	1	4,250.50
66990	O1	OPHTHALMIC ENDOSCOPE ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
66991	O1	XCAPSL CTRC RMVL INSJ 1+	S		0	999	01/01/2022	12/31/9999	1	4,250.50
66999	O1	UNLISTED PROCEDURE, ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67005	O1	REMOVAL OF VITREOUS, ANTERIO	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67010	O1	REMOVAL OF VITREOUS, ANTERIOR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67015	O1	ASPIRATION OR RELEASE OF VIT	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67025	O1	INJECTION OF VITREOUS SUBSTITU	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67027	O1	IMPLANT EYE DRUG SYSTEM	T		0	999	07/01/2021	12/31/9999	1	11,731.31
67028	O1	INTRAVITREAL INJECTION OF A PH	S		0	999	07/01/2021	12/31/9999	1	242.88
67030	O1	DISCISSION OF VITREOUS STRAN	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67031	O1	SEVERING OF VITREOUS STRANDS,	T		0	999	07/01/2021	12/31/9999	1	393.82
67036	O1	VITRECTOMY, MECHANICAL, PARS P	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67039	O1	VITRECTOMY, MECHANICAL, WITH F	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67040	O1	VITRECTOMY, MECHANICAL, PARS P	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67041	O1	VIT FOR MACULAR PUCKER	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67042	O1	VIT FOR MACULAR HOLE	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67043	O1	VIT FOR MEMBRANE DISSECT	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67101	O1	REPAIR RETINAL DETACH CRYOTHERAPY	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67105	O1	REP RETINAL DETACH PHOTOCOAGULATION	T		0	999	07/01/2021	12/31/9999	1	393.82
67107	O1	REPAIR DETACHED RETINA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67108	O1	REPAIR DETACHED RETINA	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67110	O1	REPAIR OF RETINAL DETACHMENT,	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67113	O1	REPAIR RETINAL DETACH CPLX	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67115	O1	RELEASE OF ENCIRCLING MATERIAL	T		0	999	07/01/2021	12/31/9999	1	3,062.10
67120	O1	REMOVAL IMPLANTED MATERIAL,	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67121	O1	REMOVAL OF IMPLANTED MATERIAL,	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67141	O1	PROPHYLAXIS OF RETINAL DETACHM	T		0	999	07/01/2021	12/31/9999	1	204.22
67145	O1	PROPHYLAXIS OF RETINAL DETACHM	T		0	999	07/01/2021	12/31/9999	1	393.82
67208	O1	TREATMENT OF RETINAL LESION	T		0	999	07/01/2021	12/31/9999	1	204.22
67210	O1	TREATMENT OF RETINAL LESION	T		0	999	07/01/2021	12/31/9999	1	393.82
67218	O1	DESTRUCTION OF LOCALIZED LES	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67220	O1	TREATMENT OF CHOROID LESION	T		0	999	07/01/2021	12/31/9999	1	393.82
67221	O1	OCULAR PHOTODYNAMIC THER	T		0	999	07/01/2021	12/31/9999	1	393.82
67225	O1	EYE PHOTODYNAMIC THER ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
67227	O1	DSTRJ EXTENSIVE RETINOPATHY	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67228	O1	TREATMENT X10SV RETINOPATHY	T		0	999	07/01/2021	12/31/9999	1	393.82
67229	O1	TR RETINAL LES PRETERM INF	T		0	999	07/01/2021	12/31/9999	1	393.82
67250	O1	SCLERAL REINFORCEMENT (SEPAR	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67255	O1	SCLERAL REINFORCEMENT (SEPAR	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67299	O1	UNLISTED PROCEDURE, POSTERIO	T		0	999	07/01/2021	12/31/9999	1	1,625.07
67311	O1	REVISE EYE MUSCLE	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67312	O1	STRABISMUS SURGERY, RECESSION	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67314	O1	STRABISMUS SURGERY, RECESSION	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67316	O1	STRABISMUS SURGERY, RECESSION	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67318	O1	REVISE EYE MUSCLE(S)	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67320	O1	REVISE EYE MUSCLE(S) ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
67331	O1	EYE SURGERY FOLLOW-UP ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
67332	O1	REREVISE EYE MUSCLES ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
67334	O1	REVISE EYE MUSCLE W/SUTURE	N		0	999	07/01/2014	12/31/9999	1	0.00
67335	O1	EYE SUTURE DURING SURGERY	N		0	999	07/01/2014	12/31/9999	1	0.00
67340	O1	REVISE EYE MUSCLE ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
67343	O1	RELEASE OF EXTENSIVE SCAR TISS	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67345	O1	CHEMODENERVATION OF EXTRAOCULA	T		0	999	07/01/2021	12/31/9999	1	204.22
67346	O1	BIOP EXTRAOCULAR MUS	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67399	O1	UNLISTED PROC EXTRAOCULAR MUSCLE	T		0	999	07/01/2021	12/31/9999	1	204.22
67400	O1	ORBITOTOMY WITHOUT BONE FLAP (	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67405	O1	ORBITOTOMY WITHOUT BONE FLAP	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67412	O1	ORBITOTOMY WITHOUT BONE FLAP	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67413	O1	ORBITOTOMY WITHOUT BONE FLAP	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67414	O1	ORBITOTOMY WITHOUT BONE FLAP (	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67415	O1	FINE NEEDLE ASPIRATION OF ORBI	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67420	O1	ORBITOTOMY WITH BONE FLAP OR W	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67430	O1	ORBITOTOMY WITH BONE FLAP, L	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67440	O1	ORBITOTOMY WITH BONE FLAP OR W	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67445	O1	ORBITOTOMY WITH BONE FLAP OR W	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67450	O1	ORBITOTOMY WITH BONE FLAP, L	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67500	O1	*RETROBULBAR INJECTION;	T		0	999	07/01/2021	12/31/9999	1	204.22

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
67505	O1	RETROBULBAR INJECTION;	T		0	999	07/01/2021	12/31/9999	1	204.22
67515	O1	INJECT/TREAT EYE SOCKET	T		0	999	07/01/2021	12/31/9999	1	204.22
67550	O1	ORBITAL IMPLANT (IMPLANT OUT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67560	O1	ORBITAL IMPLANT (IMPLANT OUT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67570	O1	OPTIC NERVE DECOMPRESSION (EG,	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67599	O1	UNLISTED PROCEDURE, ORBIT	T		0	999	07/01/2021	12/31/9999	1	204.22
67700	O1	*BLEPHAROTOMY, DRAINAGE ABSCE	T		0	999	07/01/2021	12/31/9999	2	204.22
67710	O1	*SEVERING TARSORRHAPHY	T		0	999	07/01/2021	12/31/9999	1	632.73
67715	O1	*CANTHOTOMY (SEPARATE PROCEDU	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67800	O1	EXCISION CHALAZION;	T		0	999	07/01/2021	12/31/9999	1	204.22
67801	O1	EXCISION CHALAZION;	T		0	999	07/01/2021	12/31/9999	1	632.73
67805	O1	EXCISION CHALAZION;	T		0	999	07/01/2021	12/31/9999	1	204.22
67808	O1	EXCISION CHALAZION;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67810	O1	*BIOPSY EYELID	T		0	999	07/01/2021	12/31/9999	2	204.22
67820	O1	*CORRECTION TRICHIASIS;	T		0	999	07/01/2021	12/31/9999	1	87.50
67825	O1	*CORRECTION TRICHIASIS;	T		0	999	07/01/2021	12/31/9999	1	204.22
67830	O1	CORRECTION TRICHIASIS;	T		0	999	07/01/2021	12/31/9999	1	632.73
67835	O1	CORRECTION TRICHIASIS;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67840	O1	*EXCISION OF LESION OF EYELID	T		0	999	07/01/2021	12/31/9999	3	632.73
67850	O1	*DESTRUCTION OF LESION OF LID	T		0	999	07/01/2021	12/31/9999	3	632.73
67875	O1	TEMPORARY CLOSURE OF EYELIDS B	T		0	999	07/01/2021	12/31/9999	1	632.73
67880	O1	CONSTRUCTION INTERMARGINAL A	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67882	O1	CONSTRUCTION INTERMARGINAL A	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67900	O1	REPAIR OF BROW PTOSIS (SUPRACI	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67901	O1	REPAIR EYELID DEFECT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67902	O1	REPAIR EYELID DEFECT	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67903	O1	REPAIR OF BLEPHAROPTOSIS; (TAR	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67904	O1	REPAIR OF BLEPHAROPTOSIS; (TAR	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67906	O1	REPAIR OF BLEPHAROPTOSIS; SUPE	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67908	O1	REPAIR OF BLEPHAROPTOSIS; CONJ	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67909	O1	REDUCTION OF OVERCORRECTION OF	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67911	O1	CORRECTION OF LID RETRACTION	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67912	O1	CORR LAGOPHTHALMOS IMPL UP EYELD CORR	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67914	O1	REPAIR ECTROPION;	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67915	O1	REPAIR ECTROPION;	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67916	O1	REPAIR ECTROPION; EXC TARSAL WEDGE REPAI	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67917	O1	REPAIR OF ECTROPION; EXTENSIVE REPAI	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67921	O1	REPAIR ENTROPION;	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67922	O1	REPAIR ENTROPION;	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67923	O1	REPAIR ENTROPION; EXC TARSAL WEDGE REPAI	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67924	O1	REPAIR OF ENTROPION; EXTENSIVE REPAI	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67930	O1	SUTURE RECENT WOUND, EYELID,	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67935	O1	SUTURE RECENT WOUND, EYELID,	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67938	O1	REMOVAL EMBEDDED FOREIGN BOD	T		0	999	07/01/2021	12/31/9999	2	204.22
67950	O1	CANTHOPLASTY (RECONSTRUCTION	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67961	O1	EXCISION AND REPAIR EYELID,	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67966	O1	EXCISION AND REPAIR EYELID,	T		0	999	07/01/2021	12/31/9999	2	1,565.04
67971	O1	RECONSTRUCTION EYELID FULL T	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67973	O1	RECONSTRUCTION EYELID FULL T	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67974	O1	RECONSTRUCTION EYELID FULL T	T		0	999	07/01/2021	12/31/9999	1	2,583.53
67975	O1	RECONSTRUCTION EYELID FULL T	T		0	999	07/01/2021	12/31/9999	1	1,565.04
67999	O1	UNLISTED PROCEDURE, EYELIDS	T		0	999	07/01/2021	12/31/9999	1	204.22
68020	O1	INCISION CONJUNCTIVA, DRAINAGE	T		0	999	07/01/2021	12/31/9999	1	632.73
68040	O1	EXPRESSION CONJUNCTIVAL FOLL	T		0	999	07/01/2021	12/31/9999	1	204.22
68100	O1	BIOPSY CONJUNCTIVA	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68110	O1	EXCISION LESION CONJUNCTIVA;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68115	O1	EXCISION LESION CONJUNCTIVA;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68130	O1	EXCISION LESION CONJUNCTIVA;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68135	O1	*DESTRUCTION LESION CONJUNCTI	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68200	O1	*SUBCONJUNCTIVAL INJECTION	T		0	999	07/01/2021	12/31/9999	1	211.21
68320	O1	CONJUNCTIVOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68325	O1	CONJUNCTIVOPLASTY;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68326	O1	CONJUNCTIVOPLASTY, RECONSTRU	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68328	O1	CONJUNCTIVOPLASTY, RECONSTRU	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68330	O1	REPAIR SYMBLEPHARON;	T		0	999	07/01/2021	12/31/9999	1	1,625.07
68335	O1	REPAIR SYMBLEPHARON;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68340	O1	REPAIR SYMBLEPHARON;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68360	O1	CONJUNCTIVAL FLAP;	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68362	O1	CONJUNCTIVAL FLAP;	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68371	O6	HARV CONJUNCT ALLOGFT LIVING DONR HARVE	E		0	999	02/10/2014	12/31/9999	1	0.00
68399	O1	UNLISTED PROCEDURE, CONJUNCT	T		0	999	07/01/2021	12/31/9999	1	204.22
68400	O1	INCISION, DRAINAGE LACRIMAL	T		0	999	07/01/2021	12/31/9999	1	632.73
68420	O1	INCISION, DRAINAGE LACRIMAL	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68440	O1	*SNIP INCISION LACRIMAL PUNCT	T		0	999	07/01/2021	12/31/9999	2	204.22
68500	O1	EXCISION OF LACRIMAL GLAND (	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68505	O1	EXCISION OF LACRIMAL GLAND (	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68510	O1	BIOPSY LACRIMAL GLAND	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68520	O1	EXCISION OF LACRIMAL SAC (DA	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68525	O1	BIOPSY OF LACRIMAL SAC	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68530	O1	REMOVAL OF FOREIGN BODY OR D	T		0	999	07/01/2021	12/31/9999	1	204.22
68540	O1	EXCISION OF LACRIMAL GLAND T	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68550	O1	EXCISION OF LACRIMAL GLAND T	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68700	O1	PLASTIC REPAIR CANALICULI	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68705	O1	CORRECTION EVERTED PUNCTUM,	T		0	999	07/01/2021	12/31/9999	2	204.22
68720	O1	DACRYOCYSTORHINOSTOMY (FISTU	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68745	O1	CONJUNCTIVORHINOSTOMY (FISTU	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68750	O1	CONJUNCTIVORHINOSTOMY (FISTU	T		0	999	07/01/2021	12/31/9999	1	2,583.53
68760	O1	CLOSURE OF THE LACRIMAL PUNCTU	T		0	999	07/01/2021	12/31/9999	4	204.22
68761	O1	CLOSURE OF THE LACRIMAL PUNCTU	T		0	999	07/01/2021	12/31/9999	4	204.22
68770	O1	CLOSURE LACRIMAL FISTULA (SE	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68801	O1	DILATE TEAR DUCT OPENING	T		0	999	07/01/2021	12/31/9999	4	211.21
68810	O1	PROBE NASOLACRIMAL DUCT	T		0	999	07/01/2021	12/31/9999	1	204.22
68811	O1	PROBE NASOLACRIMAL DUCT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68815	O1	PROBE NASOLACRIMAL DUCT	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68816	O1	PROBE NL DUCT W/BALLOON	T		0	999	07/01/2021	12/31/9999	1	1,565.04
68840	O1	*PROBING LACRIMAL CANALICULI,	T		0	999	07/01/2021	12/31/9999	1	204.22
68841	O1	INSJ RX ELUT IMPLT LAC CANAL	S		0	999	01/01/2022	12/31/9999	1	250.35

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
68850	O1	*INJECTION CONTRAST MEDIUM FO	N		0	999	09/01/2012	12/31/9999	1	0.00
68899	O1	UNLISTED PROCEDURE, LACRIMAL	T		0	999	07/01/2021	12/31/9999	1	204.22
69000	O1	*DRAINAGE EXTERNAL EAR, ABSCE	T		0	999	07/01/2021	12/31/9999	1	486.13
69005	O1	DRAINAGE EXTERNAL EAR, ABSCE	T		0	999	07/01/2021	12/31/9999	1	1,099.71
69020	O1	*DRAINAGE EXTERNAL AUDITORY C	T		0	999	07/01/2021	12/31/9999	1	486.13
69090	O6	EAR PIERCING	E		0	999	09/01/2012	12/31/9999	1	0.00
69100	O1	BIOPSY EXTERNAL EAR	T		0	999	07/01/2021	12/31/9999	3	165.39
69105	O1	BIOPSY EXTERNAL AUDITORY CAN	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69110	O1	EXCISION EXTERNAL EAR;	T		0	999	07/01/2021	12/31/9999	1	1,852.39
69120	O1	EXCISION EXTERNAL EAR;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69140	O1	EXCISION EXOSTOSIS(ES), EXTE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69145	O1	EXCISION SOFT TISSUE LESION,	T		0	999	07/01/2021	12/31/9999	1	1,852.39
69150	O1	RADICAL EXCISION EXTERNAL AU	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69155	O6	RADICAL EXCISION EXTERNAL AU	C		0	999	09/01/2012	12/31/9999	1	0.00
69200	O1	REMOVAL FOREIGN BODY FROM EX	T		0	999	07/01/2021	12/31/9999	1	87.50
69205	O1	REMOVAL FOREIGN BODY FROM EX	T		0	999	07/01/2021	12/31/9999	1	1,099.71
69209	O1	REMOVE IMPACTED EAR WAX UNI	T		0	999	07/01/2021	12/31/9999	1	43.50
69210	O1	REMOVAL IMPACTED CERUMEN (SE	T		0	999	07/01/2021	12/31/9999	1	43.50
69220	O1	DEBRIDEMENT, MASTOIDECTOMY CAV	T		0	999	07/01/2021	12/31/9999	1	140.33
69222	O1	DEBRIDEMENT, MASTOIDECTOMY CAV	T		0	999	07/01/2021	12/31/9999	1	353.56
69300	O1	OTOPLASTY PROTRUDING EAR, WI	T		5	999	07/01/2021	12/31/9999	1	2,138.76
69310	O1	REBUILD OUTER EAR CANAL	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69320	O1	RECONSTRUCTION EXTERNAL AUDI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69399	O1	UNLISTED PROCEDURE, EXTERNAL	T		0	999	07/01/2021	12/31/9999	1	165.39
69420	O1	*MYRINGOTOMY INCLUDING ASPIRA	T		0	999	07/01/2021	12/31/9999	1	165.39
69421	O1	MYRINGOTOMY INCLUDING ASPIRATI	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69424	O1	REMOVE VENTILATING TUBE	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69433	O1	TYMPANOSTOMY (REQUIRING INSERT	T		0	999	07/01/2021	12/31/9999	1	353.56
69436	O1	TYMPANOSTOMY (REQUIRING INSERT	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69440	O1	MIDDLE EAR EXPLORATION THROU	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69450	O1	TYMPANOLYSIS, TRANSCANAL	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69501	O1	TRANSMASTOID ANTROTOMY ("SI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69502	O1	MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69505	O1	MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69511	O1	MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69530	O1	PETROUS APICECTOMY INCLUDING	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69535	O6	RESECTION TEMPORAL BONE, EXT	C		0	999	09/01/2012	12/31/9999	1	0.00
69540	O1	EXCISION AURAL POLYP	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69550	O1	EXCISION AURAL GLOMUS TUMOR;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69552	O1	EXCISION AURAL GLOMUS TUMOR;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69554	O6	EXCISION AURAL GLOMUS TUMOR;	C		0	999	09/01/2012	12/31/9999	1	0.00
69601	O1	REVISION MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69602	O1	REVISION MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69603	O1	REVISION MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69604	O1	REVISION MASTOIDECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69610	O1	TYMPANIC MEMB REPR W/WO SITE PREP TYMPA	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69620	O1	MYRINGOPLASTY (SURGERY CONFI	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69631	O1	TYMPANOPLASTY WITHOUT MASTOI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69632	O1	TYMPANOPLASTY WITHOUT MASTOI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69633	O1	TYMPANOPLASTY WITHOUT MASTOI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69635	O1	TYMPANOPLASTY WITH ANTROTOMY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69636	O1	TYMPANOPLASTY WITH ANTROTOMY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69637	O1	TYMPANOPLASTY WITH ANTROTOMY	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69641	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69642	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69643	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69644	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69645	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69646	O1	TYMPANOPLASTY WITH MASTOIDE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69650	O1	STAPES MOBILIZATION	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69660	O1	STAPEDECTOMY OR STAPEDOTOMY WI	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69661	O1	STAPEDECTOMY WITH REESTABLIS	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69662	O1	REVISION OF STAPEDECTOMY OR ST	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69666	O1	REPAIR OVAL WINDOW FISTULA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69667	O1	REPAIR ROUND WINDOW FISTULA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69670	O1	MASTOID OBLITERATION (SEPARA	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69676	O1	TYMPANIC NEURECTOMY	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69700	O1	CLOSURE POSTAURICULAR FISTUL	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69705	O1	NPS SURG DILAT EUST TUBE UNI	T		0	999	01/01/2021	12/31/9999	1	3,975.25
69706	O1	NPS SURG DILAT EUST TUBE BI	T		0	999	01/01/2021	12/31/9999	1	3,975.25
69710	O6	IMPLANTATION OR REPLACEMENT OF	E		0	999	09/01/2012	12/31/9999	1	0.00
69711	O1	REMOVAL OR REPAIR OF ELECTROMA	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69714	O1	IMPLANT TEMPLE BONE W/STIMUL	T		5	999	07/01/2021	12/31/9999	1	9,625.20
69716	O1	IMPLTJ OI IMPLT SKL TC ESP	S		0	999	01/01/2022	12/31/9999	1	9,681.53
69717	O1	TEMPLE BONE IMPLANT REVISION	T		5	999	07/01/2021	12/31/9999	1	4,896.68
69719	O1	REVJ/RPLCMT OI IMPLT TC ESP	S		0	999	01/01/2022	12/31/9999	1	9,681.53
69720	O1	DECOMPRESSION FACIAL NERVE,	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69725	O1	DECOMPRESSION FACIAL NERVE,	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69726	O1	RMVL OI IMPLT SKL PERQ ESP	S		0	999	01/01/2022	12/31/9999	1	2,223.54
69727	O1	RMVL OI IMPLT SKL TC ESP	S		0	999	01/01/2022	12/31/9999	1	2,223.54
69740	O1	SUTURE FACIAL NERVE, INTRATE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69745	O1	SUTURE FACIAL NERVE, INTRATE	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69799	O1	UNLISTED PROCEDURE, MIDDLE E	T		0	999	07/01/2021	12/31/9999	1	165.39
69801	O1	INCISE INNER EAR	T		0	999	07/01/2021	12/31/9999	1	1,057.34
69805	O1	ENDOLYMPHATIC SAC OPERATION;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69806	O1	ENDOLYMPHATIC SAC OPERATION;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69905	O1	LABYRINTHECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69910	O1	LABYRINTHECTOMY;	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69915	O1	VESTIBULAR NERVE SECTION, TR	T		0	999	07/01/2021	12/31/9999	1	2,138.76
69930	O1	COCHLEAR DEVICE IMPLANTATION,	T		0	999	07/01/2021	12/31/9999	1	26,908.52
69949	O1	UNLISTED PROCEDURE, INNER EA	T		0	999	07/01/2021	12/31/9999	1	165.39
69950	O6	VESTIBULAR NERVE SECTION, TR	C		0	999	09/01/2012	12/31/9999	1	0.00
69955	O1	TOTAL FACIAL NERVE DECOMPRES	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69960	O1	DECOMPRESSION INTERNAL AUDIT	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69970	O1	REMOVAL OF TUMOR	T		0	999	07/01/2021	12/31/9999	1	3,975.25
69979	O1	UNLISTED PROCEDURE, TEMPORAL	T		0	999	07/01/2021	12/31/9999	1	165.39
69990	O1	MICROSURGERY ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
70010	01	CONTRAST X-RAY OF BRAIN	S		0	999	07/01/2021	12/31/9999	1	287.72
70015	01	CONTRAST X-RAY OF BRAIN	S		0	999	07/01/2021	12/31/9999	1	558.98
70030	01	X-RAY EYE FOR FOREIGN BODY	S		0	999	07/01/2021	12/31/9999	2	63.23
70100	01	X-RAY EXAM OF JAW	S		0	999	07/01/2021	12/31/9999	2	63.23
7010F	06	PT INFO INTO RECALL SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
70110	01	X-RAY EXAM OF JAW	S		0	999	07/01/2021	12/31/9999	2	85.17
70120	01	X-RAY EXAM OF MASTOIDS	S		0	999	07/01/2021	12/31/9999	1	85.17
70130	01	X-RAY EXAM OF MASTOIDS	S		0	999	07/01/2021	12/31/9999	1	85.17
70134	01	X-RAY EXAM OF MIDDLE EAR	S		0	999	07/01/2021	12/31/9999	1	377.42
70140	01	X-RAY EXAM OF FACIAL BONES	S		0	999	07/01/2021	12/31/9999	2	63.23
70150	01	X-RAY EXAM OF FACIAL BONES	S		0	999	07/01/2021	12/31/9999	1	85.17
70160	01	X-RAY EXAM OF NASAL BONES	S		0	999	07/01/2021	12/31/9999	1	63.23
70170	01	X-RAY EXAM OF TEAR DUCT	S		0	999	07/01/2021	12/31/9999	2	179.87
70190	01	X-RAY EXAM OF EYE SOCKETS	S		0	999	07/01/2021	12/31/9999	1	63.23
70200	01	X-RAY EXAM OF EYE SOCKETS	S		0	999	07/01/2021	12/31/9999	2	85.17
7020F	06	MAMM BRST IMG INTL DB ABN INPRT RT	E		0	999	09/01/2012	12/31/9999	1	0.00
70210	01	X-RAY EXAM OF SINUSES	S		0	999	07/01/2021	12/31/9999	1	63.23
70220	01	X-RAY EXAM OF SINUSES	S		0	999	07/01/2021	12/31/9999	1	63.23
70240	01	X-RAY EXAM, PITUITARY SADDLE	S		0	999	07/01/2021	12/31/9999	1	63.23
70250	01	RAD EXAM SKULL; LESS THAN 4 VIEWS RADIO	S		0	999	07/01/2021	12/31/9999	2	85.17
7025F	06	PT INFO REMINF SYS W/ DT NEXT MAMMO	E		0	999	09/01/2012	12/31/9999	1	0.00
70260	01	RAD EXAM SKULL; CMPL MINI 4 VIEWS RADIO	S		0	999	07/01/2021	12/31/9999	1	85.17
70300	01	X-RAY EXAM OF TEETH	S		0	999	07/01/2021	12/31/9999	1	63.23
70310	01	X-RAY EXAM OF TEETH	S		0	999	07/01/2021	12/31/9999	1	179.87
70320	01	FULL MOUTH X-RAY OF TEETH	S		0	999	07/01/2021	12/31/9999	1	179.87
70328	01	X-RAY EXAM OF JAW JOINT	S		0	999	07/01/2021	12/31/9999	1	63.23
70330	01	X-RAY EXAM OF JAW JOINTS	S		0	999	07/01/2021	12/31/9999	1	63.23
70332	01	X-RAY EXAM OF JAW JOINT	S		0	999	07/01/2021	12/31/9999	2	179.87
70336	01	MAGNETIC IMAGE, JAW JOINT	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
70350	01	X-RAY HEAD FOR ORTHODONTIA	S		0	999	07/01/2021	12/31/9999	1	63.23
70355	01	PANORAMIC X-RAY OF JAWS	S		0	999	07/01/2021	12/31/9999	1	63.23
70360	01	X-RAY EXAM OF NECK	S		0	999	07/01/2021	12/31/9999	2	63.23
70370	01	THROAT X-RAY & FLUOROSCOPY	S		0	999	07/01/2021	12/31/9999	1	63.23
70371	01	SPEECH EVALUATION, COMPLEX	S		0	999	07/01/2021	12/31/9999	1	179.87
70380	01	X-RAY EXAM OF SALIVARY GLAND	S		0	999	07/01/2021	12/31/9999	2	63.23
70390	01	X-RAY EXAM OF SALIVARY DUCT	S		0	999	07/01/2021	12/31/9999	2	179.87
70450	01	CT HEAD/BRAIN W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	3	85.17
70460	01	CT HEAD/BRAIN W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70470	01	CT HEAD/BRAIN W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
70480	01	CT ORBIT/EAR/FOSSA W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
70481	01	CT ORBIT/EAR/FOSSA W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70482	01	CT ORBIT/EAR/FOSSA W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70486	01	CT MAXILLOFACIAL W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
70487	01	CT MAXILLOFACIAL W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70488	01	CT MAXILLOFACIAL W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70490	01	CT SOFT TISSUE NECK W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
70491	01	CT SOFT TISSUE NECK W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70492	01	CT SFT TSJUE NCK W/O & W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
70496	01	CT HEAD W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
70498	01	CT NECK W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
70540	01	MRI ORBIT FACE &/OR NECK WO CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
70542	01	MRI ORBIT/FACE/NECK W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70543	01	MRI ORBT/FAC/NCK W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70544	01	MR ANGIOGRAPHY HEAD W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
70545	01	MR ANGIOGRAPHY HEAD W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70546	01	MR ANGIOGRAPH HEAD W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70547	01	MR ANGIOGRAPHY NECK W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
70548	01	MR ANGIOGRAPHY NECK W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70549	01	MR ANGIOGRAPH NECK W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
70551	01	MRI BRAIN W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
70552	01	MRI BRAIN W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
70553	01	MRI BRAIN W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
70554	01	MRI BRAIN FUNC INCL REP BODY PART MOVEME	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
70555	01	MRI BRAIN FUNC INCL REP BODY PART MOVEME	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
70557	01	MRI BRAIN DUR INTRACRAN; NO CONTRSTMRI B	S		0	999	07/01/2021	12/31/9999	1	377.42
70558	01	MRI BRAIN DUR INTRACRAN; W/CONTRST MRI B	S		0	999	07/01/2021	12/31/9999	1	139.56
70559	01	MRI BRAIN; NO CONTRST FLWED CONTRSTMRI B	S		0	999	07/01/2021	12/31/9999	1	139.56
71045	01	RADIOLOGIC EXAM, CHEST; SINGLE	S		0	999	07/01/2021	12/31/9999	4	63.23
71046	01	RADIOLOGIC EXAM, CHEST; 2	S		0	999	07/01/2021	12/31/9999	3	63.23
71047	01	RADIOLOGIC EXAM, CHEST; 3	S		0	999	07/01/2021	12/31/9999	2	63.23
71048	01	RADIOLOGIC EXAM, CHEST; 4 PLUS	S		0	999	07/01/2021	12/31/9999	1	85.17
71100	01	X-RAY EXAM OF RIBS	S		0	999	07/01/2021	12/31/9999	2	63.23
71101	01	X-RAY EXAM OF RIBS/CHEST	S		0	999	07/01/2021	12/31/9999	2	85.17
71110	01	X-RAY EXAM OF RIBS	S		0	999	07/01/2021	12/31/9999	1	85.17
71111	01	X-RAY EXAM OF RIBS/ CHEST	S		0	999	07/01/2021	12/31/9999	1	85.17
71120	01	X-RAY EXAM OF BREASTBONE	S		0	999	07/01/2021	12/31/9999	1	63.23
71130	01	X-RAY EXAM OF BREASTBONE	S		0	999	07/01/2021	12/31/9999	1	63.23
71250	01	CT THORAX W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	85.17
71260	01	CT THORAX W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
71270	01	CT THORAX W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
71271	01	CT THORAX LUNG CANCER SCR C-	S	Y	55	80	01/01/2021	12/31/9999	1	63.23
71275	01	CT CHEST W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
71550	01	MRI CHEST W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
71551	01	MRI CHEST W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	558.98
71552	01	MRI CHEST W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
71555	01	MRI ANGIO CHEST W OR W/O DYE	B	Y	0	999	07/01/2020	12/31/9999	1	306.42
72020	01	X-RAY EXAM OF SPINE	S		0	999	07/01/2021	12/31/9999	4	63.23
72040	01	X-RAY EXAM OF NECK SPINE	S		0	999	07/01/2021	12/31/9999	3	63.23
72050	01	X-RAY EXAM OF NECK SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72052	01	X-RAY EXAM OF NECK SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72070	01	X-RAY EXAM OF THORACIC SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72072	01	X-RAY EXAM OF THORACIC SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72074	01	X-RAY EXAM OF THORACIC SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72080	01	X-RAY EXAM THORACOLMB 2/> VW	S		0	999	07/01/2021	12/31/9999	1	63.23
72081	01	X-RAY EXAM ENTIRE SPI 1 VW	S		0	999	07/01/2021	12/31/9999	1	63.23
72082	01	X-RAY EXAM ENTIRE SPI 2/3 VW	S		0	999	07/01/2021	12/31/9999	1	85.17
72083	01	X-RAY EXAM ENTIRE SPI 4/5 VW	S		0	999	07/01/2021	12/31/9999	1	85.17

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
72084	O1	X-RAY EXAM ENTIRE SPI 6/> VW	S		0	999	07/01/2021	12/31/9999	1	85.17
72100	O1	X-RAY EXAM OF LOWER SPINE	S		0	999	07/01/2021	12/31/9999	2	85.17
72110	O1	X-RAY EXAM OF LOWER SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72114	O1	X-RAY EXAM OF LOWER SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72120	O1	X-RAY EXAM OF LOWER SPINE	S		0	999	07/01/2021	12/31/9999	1	85.17
72125	O1	CT NECK SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
72126	O1	CT NECK SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72127	O1	CT NECK SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72128	O1	CT CHEST SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
72129	O1	CT CHEST SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72130	O1	CT CHEST SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72131	O1	CT LUMBAR SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
72132	O1	CT LUMBAR SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72133	O1	CT LUMBAR SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72141	O1	MRI NECK SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
72142	O1	MRI NECK SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72146	O1	MRI CHEST SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
72147	O1	MRI CHEST SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72148	O1	MRI LUMBAR SPINE W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
72149	O1	MRI LUMBAR SPINE W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72156	O1	MRI NECK SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72157	O1	MRI CHEST SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72158	O1	MRI LUMBAR SPINE W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72159	O1	MR ANGIO SPINE W/O&W DYE	B	Y	0	999	07/01/2020	12/31/9999	1	317.78
72170	O1	X-RAY EXAM OF PELVIS	S		0	999	07/01/2021	12/31/9999	2	85.17
72190	O1	X-RAY EXAM OF PELVIS	S		0	999	07/01/2021	12/31/9999	1	85.17
72191	O1	CT PELVIS W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72192	O1	CT PELVIS W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
72193	O1	CT PELVIS W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72194	O1	CT PELVIS W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
72195	O1	MRI PELVIS W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
72196	O1	MRI PELVIS W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72197	O1	MRI PELVIS W/O & W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
72198	O1	MR ANGIO PELVIS W/O&W DYE	B	Y	0	999	07/01/2020	12/31/9999	1	307.77
72200	O1	X-RAY EXAM SACROILIAC JOINTS	S		0	999	07/01/2021	12/31/9999	2	85.17
72202	O1	X-RAY EXAM SACROILIAC JOINTS	S		0	999	07/01/2021	12/31/9999	1	85.17
72220	O1	X-RAY EXAM OF TAILBONE	S		0	999	07/01/2021	12/31/9999	1	63.23
72240	O1	CONTRAST X-RAY OF NECK SPINE	S		0	999	07/01/2021	12/31/9999	1	558.98
72255	O1	CONTRAST X-RAY, THORAX SPINE	S		0	999	07/01/2021	12/31/9999	1	558.98
72265	O1	CONTRAST X-RAY, LOWER SPINE	S		0	999	07/01/2021	12/31/9999	1	558.98
72270	O1	MYELOGRAPHY 2/MORE REGIONS RAD S&I MYELO	S		0	999	07/01/2021	12/31/9999	1	558.98
72285	O1	X-RAY C/T SPINE DISK	S		0	999	07/01/2021	12/31/9999	4	1,371.22
72295	O1	X-RAY OF LOWER SPINE DISK	S		0	999	07/01/2021	12/31/9999	5	1,371.22
73000	O1	X-RAY EXAM OF COLLAR BONE	S		0	999	07/01/2021	12/31/9999	2	63.23
73010	O1	X-RAY EXAM OF SHOULDER BLADE	S		0	999	07/01/2021	12/31/9999	2	85.17
73020	O1	X-RAY EXAM OF SHOULDER	S		0	999	07/01/2021	12/31/9999	2	63.23
73030	O1	X-RAY EXAM OF SHOULDER	S		0	999	07/01/2021	12/31/9999	4	63.23
73040	O1	CONTRAST X-RAY OF SHOULDER	S		0	999	07/01/2021	12/31/9999	2	287.72
73050	O1	X-RAY EXAM OF SHOULDERS	S		0	999	07/01/2021	12/31/9999	1	63.23
73060	O1	X-RAY EXAM OF HUMERUS	S		0	999	07/01/2021	12/31/9999	2	63.23
73070	O1	X-RAY EXAM OF ELBOW	S		0	999	07/01/2021	12/31/9999	2	63.23
73080	O1	X-RAY EXAM OF ELBOW	S		0	999	07/01/2021	12/31/9999	2	63.23
73085	O1	CONTRAST X-RAY OF ELBOW	S		0	999	07/01/2021	12/31/9999	2	287.72
73090	O1	X-RAY EXAM OF FOREARM	S		0	999	07/01/2021	12/31/9999	2	63.23
73092	O1	X-RAY EXAM OF ARM, INFANT	S		0	999	07/01/2021	12/31/9999	2	85.17
73100	O1	X-RAY EXAM OF WRIST	S		0	999	07/01/2021	12/31/9999	2	63.23
73110	O1	X-RAY EXAM OF WRIST	S		0	999	07/01/2021	12/31/9999	3	63.23
73115	O1	CONTRAST X-RAY OF WRIST	S		0	999	07/01/2021	12/31/9999	2	287.72
73120	O1	X-RAY EXAM OF HAND	S		0	999	07/01/2021	12/31/9999	2	85.17
73130	O1	X-RAY EXAM OF HAND	S		0	999	07/01/2021	12/31/9999	3	63.23
73140	O1	X-RAY EXAM OF FINGER(S)	S		0	999	07/01/2021	12/31/9999	3	63.23
73200	O1	CT UPPER EXTREMITY W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	85.17
73201	O1	CT UPPER EXTREMITY W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73202	O1	CT UPPR EXTREMITY W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
73206	O1	CT UPPER EXTREMITY W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
73218	O1	MRI UPPER EXTREMITY W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
73219	O1	MRI UPPER EXTREMITY W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73220	O1	MRI UPPR EXTREMITY W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73221	O1	MRI JOINT UPR EXTREM W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
73222	O1	MRI JOINT UPR EXTREM W/ DYE	S	Y	0	999	07/01/2021	12/31/9999	2	558.98
73223	O1	MRI JOINT UPR EXTR W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73225	O1	MR ANGIO UPR EXTR W/O&W DYE	B	Y	0	999	07/01/2020	12/31/9999	2	315.00
73501	O1	X-RAY EXAM HIP UNI 1 VIEW	S		0	999	07/01/2021	12/31/9999	2	63.23
73502	O1	X-RAY EXAM HIP UNI 2-3 VIEWS	S		0	999	07/01/2021	12/31/9999	2	63.23
73503	O1	X-RAY EXAM HIP UNI 4/> VIEWS	S		0	999	07/01/2021	12/31/9999	2	85.17
73521	O1	X-RAY EXAM HIPS BI 2 VIEWS	S		0	999	07/01/2021	12/31/9999	2	85.17
73522	O1	X-RAY EXAM HIPS BI 3-4 VIEWS	S		0	999	07/01/2021	12/31/9999	2	85.17
73523	O1	X-RAY EXAM HIPS BI 5/> VIEWS	S		0	999	07/01/2021	12/31/9999	2	85.17
73525	O1	CONTRAST X-RAY OF HIP	S		0	999	07/01/2021	12/31/9999	2	287.72
73551	O1	X-RAY EXAM OF FEMUR 1	S		0	999	07/01/2021	12/31/9999	2	63.23
73552	O1	X-RAY EXAM OF FEMUR 2/>	S		0	999	07/01/2021	12/31/9999	2	63.23
73560	O1	X-RAY EXAM OF KNEE, 1 OR 2	S		0	999	07/01/2021	12/31/9999	4	63.23
73562	O1	X-RAY EXAM OF KNEE, 3	S		0	999	07/01/2021	12/31/9999	3	63.23
73564	O1	X-RAY EXAM, KNEE, 4 OR MORE	S		0	999	07/01/2021	12/31/9999	4	85.17
73565	O1	X-RAY EXAM OF KNEES	S		0	999	07/01/2021	12/31/9999	1	63.23
73580	O1	CONTRAST X-RAY OF KNEE JOINT	S		0	999	07/01/2021	12/31/9999	2	287.72
73590	O1	X-RAY EXAM OF LOWER LEG	S		0	999	07/01/2021	12/31/9999	3	63.23
73592	O1	X-RAY EXAM OF LEG, INFANT	S		0	999	07/01/2021	12/31/9999	2	63.23
73600	O1	X-RAY EXAM OF ANKLE	S		0	999	07/01/2021	12/31/9999	2	63.23
73610	O1	X-RAY EXAM OF ANKLE	S		0	999	07/01/2021	12/31/9999	3	63.23
73615	O1	CONTRAST X-RAY OF ANKLE	S		0	999	07/01/2021	12/31/9999	2	287.72
73620	O1	X-RAY EXAM OF FOOT	S		0	999	07/01/2021	12/31/9999	2	63.23
73630	O1	X-RAY EXAM OF FOOT	S		0	999	07/01/2021	12/31/9999	3	63.23
73650	O1	X-RAY EXAM OF HEEL	S		0	999	07/01/2021	12/31/9999	2	63.23
73660	O1	X-RAY EXAM OF TOE(S)	S		0	999	07/01/2021	12/31/9999	2	63.23
73700	O1	CT LOWER EXTREMITY W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	85.17
73701	O1	CT LOWER EXTREMITY W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	139.56

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
73702	01	CT LWR EXTREMITY W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
73706	01	CT LOWER EXTREMITY W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	2	139.56
73718	01	MRI LOWER EXTREMITY W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
73719	01	MRI LOWER EXTREMITY W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73720	01	MRI LWR EXTREMITY W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73721	01	MRI JOINT OF LWR EXTRE W/O D	S	Y	0	999	07/01/2021	12/31/9999	3	179.87
73722	01	MRI JOINT OF LWR EXTR W/DYE	S	Y	0	999	07/01/2021	12/31/9999	2	558.98
73723	01	MRI JOINT LWR EXTR W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
73725	01	MR ANG LWR EXT W OR W/O DYE	B	Y	0	999	07/01/2020	12/31/9999	2	308.41
74018	01	RADIOLOGIC EXAM, AB, 1 VIEW	S		0	999	07/01/2021	12/31/9999	3	63.23
74019	01	RADIOLOGIC EXAM, AB 2 VIEWS	S		0	999	07/01/2021	12/31/9999	2	85.17
74021	01	RADIOLOGIC EXAM, AB 3 PLUS	S		0	999	07/01/2021	12/31/9999	2	85.17
74022	01	RADIOLOGIC EXAMINATION, COMPLETE ACUTE A	S		0	999	07/01/2021	12/31/9999	2	85.17
74150	01	CT ABDOMEN W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
74160	01	CT ABDOMEN W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
74170	01	CT ABDOMEN W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
74174	01	CTO ANGIO ABDOMEN PELVIS	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
74175	01	CT ABDOMEN W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
74176	01	CT ANGIO ABD & PELVIS	S	Y	0	999	07/01/2021	12/31/9999	2	179.87
74177	01	CT ANGIO ABD&PELV W/CONTRAST	S	Y	0	999	07/01/2021	12/31/9999	2	287.72
74178	01	CT ANGIO ABD & PELV 1+ REGNS	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
74181	01	MRI ABDOMEN W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
74182	01	MRI ABDOMEN W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
74183	01	MRI ABDOMEN W/O&W DYE	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
74185	01	MRI ANGIO, ABDOM W OR W/O DY	B	Y	0	999	07/01/2020	12/31/9999	1	309.16
74190	01	X-RAY EXAM OF PERITONEUM	S		0	999	07/01/2021	12/31/9999	1	377.42
74210	01	RADIOLOGIC EXAMINATION, PHARYNX AND/OR C	S		0	999	07/01/2021	12/31/9999	1	139.56
74220	01	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLU	S		0	999	07/01/2021	12/31/9999	1	139.56
74221	01	X-RAY XM ESOPHAGUS 2CNTRST	S		0	999	07/01/2021	12/31/9999	1	139.56
74230	01	RADIOLOGIC EXAMINATION, SWALLOWING FUNCT	S		0	999	07/01/2021	12/31/9999	1	139.56
74235	01	REMOVE ESOPHAGUS OBSTRUCTION	N		0	999	09/01/2012	12/31/9999	1	0.00
74240	01	RADIOLOGIC EXAMINATION, UPPER GASTROINTE	S		0	999	07/01/2021	12/31/9999	2	139.56
74246	01	RADIOLOGIC EXAMINATION, UPPER GASTROINTE	S		0	999	07/01/2021	12/31/9999	1	139.56
74248	01	X-RAY SM INT F-THRU STD	N		0	999	01/01/2020	12/31/9999	1	0.00
74250	01	RADIOLOGIC EXAMINATION, SMALL INTESTINE	S		0	999	07/01/2021	12/31/9999	1	139.56
74251	01	RADIOLOGIC EXAMINATION, SMALL INTESTINE	S		0	999	07/01/2021	12/31/9999	1	139.56
74261	01	CT COLONOGRAPHY, W/O DYE	S	Y	0	999	07/01/2021	12/31/9999	1	85.17
74262	01	CT COLONOGRAPHY, W/DYE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
74263	06	CT COLONOGRAPHY, SCREEN	E		0	999	09/01/2012	12/31/9999	1	0.00
74270	01	RADIOLOGIC EXAMINATION, COLON	S		0	999	07/01/2021	12/31/9999	1	139.56
74280	01	RADIOLOGIC EXAMINATION, COLON	S		0	999	07/01/2021	12/31/9999	1	139.56
74283	01	CONTRAST X-RAY EXAM OF COLON	S		0	999	07/01/2021	12/31/9999	1	139.56
74290	01	CONTRAST X-RAY, GALLBLADDER	S		0	999	07/01/2021	12/31/9999	1	139.56
74300	01	X-RAY BILE DUCTS/PANCREAS	N		0	999	09/01/2012	12/31/9999	1	0.00
74301	01	X-RAYS AT SURGERY ADD-ON	N		0	999	07/01/2020	12/31/9999	1	0.00
74328	01	XRAY BILE DUCT ENDOSCOPY	N		0	999	09/01/2012	12/31/9999	1	0.00
74329	01	X-RAY FOR PANCREAS ENDOSCOPY	N		0	999	09/01/2012	12/31/9999	1	0.00
74330	01	X-RAY BILE/PANC ENDOSCOPY	N		0	999	09/01/2012	12/31/9999	1	0.00
74340	01	X-RAY GUIDE FOR GI TUBE	N		0	999	09/01/2012	12/31/9999	1	0.00
74355	01	X-RAY GUIDE, INTESTINAL TUBE	N		0	999	09/01/2012	12/31/9999	1	0.00
74360	01	X-RAY GUIDE, GI DILATION	N		0	999	09/01/2012	12/31/9999	1	0.00
74363	01	X-RAY, BILE DUCT DILATION	N		0	999	09/01/2012	12/31/9999	2	0.00
74400	01	CONTRST X-RAY, URINARY TRACT	S		0	999	07/01/2021	12/31/9999	1	139.56
74410	01	CONTRST X-RAY, URINARY TRACT	S		0	999	07/01/2021	12/31/9999	1	139.56
74415	01	CONTRST X-RAY, URINARY TRACT	S		0	999	07/01/2021	12/31/9999	1	139.56
74420	01	CONTRST X-RAY, URINARY TRACT	S		0	999	07/01/2021	12/31/9999	2	287.72
74425	01	CONTRST X-RAY, URINARY TRACT	S		0	999	07/01/2021	12/31/9999	2	287.72
74430	01	CONTRAST X-RAY, BLADDER	S		0	999	07/01/2021	12/31/9999	1	287.72
74440	01	X-RAY, MALE GENITAL TRACT	S		0	999	07/01/2021	12/31/9999	1	179.87
74445	01	X-RAY EXAM OF PENIS	S		0	999	07/01/2021	12/31/9999	1	85.17
74450	01	X-RAY, URETHRA/BLADDER	S		0	999	07/01/2021	12/31/9999	1	179.87
74455	01	X-RAY, URETHRA/BLADDER	S		0	999	07/01/2021	12/31/9999	1	179.87
74470	01	X-RAY EXAM OF KIDNEY LESION	S		0	999	07/01/2021	12/31/9999	2	377.42
74485	01	X-RAY GUIDE, GU DILATION	S		0	999	07/01/2021	12/31/9999	2	1,401.39
74710	01	X-RAY MEASUREMENT OF PELVIS	S		0	999	07/01/2021	12/31/9999	1	63.23
74712	01	MRI FETAL SNGL/1ST GESTATION	S	Y	9	60	07/01/2021	12/31/9999	1	179.87
74713	01	MRI FETAL EA ADDL GESTATION	N	Y	9	60	01/01/2016	12/31/9999	1	0.00
74740	01	X-RAY, FEMALE GENITAL TRACT	S		0	999	07/01/2021	12/31/9999	1	179.87
74742	01	X-RAY, FALLOPIAN TUBE	N		0	999	09/01/2012	12/31/9999	2	0.00
74775	01	X-RAY EXAM OF PERINEUM	S		0	999	07/01/2021	12/31/9999	1	179.87
75557	01	CARDIA MRI FOR MORPH	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
75559	01	CARDIAC MRI W/STRESS IMG	S	Y	0	999	07/01/2021	12/31/9999	1	377.42
75561	01	CARDIA MRI FOR MORPH W & W/O CONTR	S	Y	0	999	07/01/2021	12/31/9999	1	287.72
75563	01	CARDIAC MRI W/STRESS IMG W & W/O CONTR	S	Y	0	999	07/01/2021	12/31/9999	1	558.98
75565	01	CARD MRI VEL FLW MAP ADD-ON	N	Y	0	999	09/01/2012	12/31/9999	1	0.00
75571	01	CT HRT W/O DYE W/CA TEST	S		0	999	07/01/2021	12/31/9999	1	63.23
75572	01	CT HRT W/3D IMAGE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
75573	01	CT HRT W/3D IMAGE, CONGEN	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
75574	01	CT ANGIO HRT W/3D IMAGE	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
75600	01	CONTRAST X-RAY EXAM OF AORTA	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75605	01	CONTRAST X-RAY EXAM OF AORTA	S		0	999	07/01/2021	12/31/9999	1	3,728.52
75625	01	CONTRAST X-RAY EXAM OF AORTA	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75630	01	X-RAY AORTA, LEG ARTERIES	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75635	01	CT ABD AORTA & BILAT ILOFEM W/CONTR	S	Y	0	999	07/01/2021	12/31/9999	1	139.56
75705	01	ARTERY X-RAYS, SPINE	S		0	999	07/01/2021	12/31/9999	20	3,728.52
75710	01	ARTERY X-RAYS, ARM/LEG	S		0	999	07/01/2021	12/31/9999	2	2,236.67
75716	01	ARTERY X-RAYS, ARMS/LEGS	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75726	01	ARTERY X-RAYS, ABDOMEN	S		0	999	07/01/2021	12/31/9999	3	3,728.52
75731	01	ARTERY X-RAYS, ADRENAL GLAND	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75733	01	ARTERY X-RAYS, ADRENALS	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75736	01	ARTERY X-RAYS, PELVIS	S		0	999	07/01/2021	12/31/9999	2	3,728.52
75741	01	ARTERY X-RAYS, LUNG	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75743	01	ARTERY X-RAYS, LUNGS	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75746	01	ARTERY X-RAYS, LUNG	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75756	01	ARTERY X-RAYS, CHEST	S		0	999	07/01/2021	12/31/9999	2	2,236.67
75774	01	ARTERY X-RAY, EACH VESSEL	N		0	999	09/01/2012	12/31/9999	3	0.00
75801	01	LYMPH VESSEL X-RAY, ARM/LEG	S		0	999	07/01/2021	12/31/9999	1	423.33

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
75803	01	LYMPH VESSEL X-RAY, ARMS/LEGS	S		0	999	07/01/2021	12/31/9999	1	1,099.04
75805	01	LYMPH VESSEL X-RAY, TRUNK	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75807	01	LYMPH VESSEL X-RAY, TRUNK	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75809	01	NONVASCULAR SHUNT, X-RAY	S		0	999	07/01/2021	12/31/9999	1	85.17
75810	01	VEIN X-RAY, SPLEEN/LIVER	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75820	01	VEIN X-RAY, ARM/LEG	S		0	999	07/01/2021	12/31/9999	2	1,099.04
75822	01	VEIN X-RAY, ARMS/LEGS	S		0	999	07/01/2021	12/31/9999	1	1,099.04
75825	01	VEIN X-RAY, TRUNK	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75827	01	VEIN X-RAY, CHEST	S		0	999	07/01/2021	12/31/9999	1	1,099.04
75831	01	VEIN X-RAY, KIDNEY	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75833	01	VEIN X-RAY, KIDNEYS	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75840	01	VEIN X-RAY, ADRENAL GLAND	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75842	01	VEIN X-RAY, ADRENAL GLANDS	S		0	999	07/01/2021	12/31/9999	1	3,728.52
75860	01	VENGRPH VNUS SINUS/JUG CATH RAD S&IVENOG	S		0	999	07/01/2021	12/31/9999	2	2,236.67
75870	01	VEIN X-RAY, SKULL	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75872	01	VEIN X-RAY, SKULL	S		0	999	07/01/2021	12/31/9999	1	423.33
75880	01	VEIN X-RAY, EYE SOCKET	S		0	999	07/01/2021	12/31/9999	1	423.33
75885	01	VEIN X-RAY, LIVER	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75887	01	VEIN X-RAY, LIVER	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75889	01	VEIN X-RAY, LIVER	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75891	01	VEIN X-RAY, LIVER	S		0	999	07/01/2021	12/31/9999	1	2,236.67
75893	01	VENOUS SAMPLING BY CATHETER	S		0	999	07/01/2021	12/31/9999	2	3,728.52
75894	01	X-RAYS, TRANSCATH THERAPY	N		0	999	09/01/2012	12/31/9999	2	0.00
75898	01	FOLLOW-UP ANGIOGRAPHY	S		0	999	07/01/2021	12/31/9999	2	2,236.67
75901	01	REMOVE CVA DEVICE OBSTRUCT	N		0	999	09/01/2012	12/31/9999	1	0.00
75902	01	REMOVE CVA LUMEN OBSTRUCT	N		0	999	09/01/2012	12/31/9999	2	0.00
75956	06	XRAY, ENDOVASC THOR AO REPR	C		0	999	09/01/2012	12/31/9999	1	0.00
75957	06	XRAY, ENDOVASC THOR AO REPR	C		0	999	09/01/2012	12/31/9999	1	0.00
75958	06	XRAY, PLACE PROX EXT THOR AO	C		0	999	09/01/2012	12/31/9999	1	0.00
75959	06	XRAY, PLACE DIST EXT THOR AO	C		0	999	09/01/2012	12/31/9999	1	0.00
75970	01	VASCULAR BIOPSY	N		0	999	07/01/2020	12/31/9999	1	0.00
75984	01	CHG PERCUT TUBE/DRAIN CATH	N		0	999	09/01/2012	12/31/9999	2	0.00
75989	01	ABSCCESS DRAINAGE UNDER X-RAY	N		0	999	09/01/2012	12/31/9999	2	0.00
76000	01	FLUOROSCOPE EXAMINATION	S		0	999	07/01/2021	12/31/9999	3	179.87
76010	01	X-RAY, NOSE TO RECTUM	S		0	999	07/01/2021	12/31/9999	2	63.23
76080	01	X-RAY EXAM OF FISTULA	S		0	999	07/01/2021	12/31/9999	3	377.42
76098	01	X-RAY EXAM, BREAST SPECIMEN	S		0	999	07/01/2021	12/31/9999	3	377.42
76100	01	X-RAY EXAM OF BODY SECTION	S		0	999	07/01/2021	12/31/9999	2	85.17
76120	01	CINE/VIDEO X-RAYS	S		0	999	07/01/2021	12/31/9999	1	85.17
76125	01	CINE/ VIDEO X-RAYS ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
76140	06	X-RAY CONSULTATION	E		0	999	09/01/2012	12/31/9999	1	0.00
76145	01	MED PHYSIC DOS EVAL RAD EXPS	S		0	999	01/01/2021	12/31/9999	1	99.16
76376	06	3D RENDER W/O POSTPROCESS	E	Y	0	999	10/01/2016	12/31/9999	1	0.00
76377	06	3D RENDERING W/POSTPROCESS	E	Y	0	999	10/01/2016	12/31/9999	1	0.00
76380	01	CAT SCAN FOLLOW-UP STUDY	S	Y	0	999	07/01/2021	12/31/9999	2	63.23
76390	01	MR SPECTROSCOPY	S	Y	0	999	07/01/2021	12/31/9999	1	63.23
76391	01	MR ELASTOGRAPHY	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
76496	01	FLUOROSCOPIC PROCEDURE	S		0	999	07/01/2021	12/31/9999	1	63.23
76497	01	CT PROCEDURE	S	Y	0	999	07/01/2021	12/31/9999	1	63.23
76498	01	MRI PROCEDURE	S	Y	0	999	07/01/2021	12/31/9999	1	63.23
76499	01	RADIOGRAPHIC PROCEDURE	S		0	999	07/01/2021	12/31/9999	1	63.23
76506	01	ECHODENCEPHALOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	85.17
76510	01	OPHTH US, B & QUANTA	S		0	999	07/01/2021	12/31/9999	2	87.50
76511	01	OPHTH US, QUANT A ONLY	S		0	999	07/01/2021	12/31/9999	2	85.17
76512	01	OPHTH US, B W/NON-QUANT A	S		0	999	07/01/2021	12/31/9999	2	85.17
76513	01	ECHO EXAM OF EYE, WATER BATH	S		0	999	07/01/2021	12/31/9999	2	85.17
76514	01	ECHO OPHTHALM CORNEAL PACHY UNI/BI	S		0	999	07/01/2021	12/31/9999	1	19.28
76516	01	ECHO EXAM OF EYE	S		0	999	07/01/2021	12/31/9999	1	85.17
76519	01	ECHO EXAM OF EYE	S		0	999	07/01/2021	12/31/9999	1	85.17
76529	01	ECHO EXAM OF EYE	S		0	999	07/01/2021	12/31/9999	2	63.23
76536	01	ULTRASOUND HEAD AND NECK REAL TIME	S		0	999	07/01/2021	12/31/9999	1	85.17
76604	01	ULTRASOUND CHEST REAL TIME	S		0	999	07/01/2021	12/31/9999	1	85.17
76641	01	ULTRASOUND BREAST COMPLETE	S		0	999	07/01/2021	12/31/9999	2	85.17
76642	01	ULTRASOUND BREAST LIMITED	S		0	999	07/01/2021	12/31/9999	2	63.23
76700	01	ULTRASOUND ABDOMINAL REAL TIME COMPLETE	S		0	999	07/01/2021	12/31/9999	1	85.17
76705	01	US EXAM, ABDOM, LIMITED	S		0	999	07/01/2021	12/31/9999	2	85.17
76706	01	ULTRASOUND; ABDOMINAL AROTA	S		65	999	07/01/2021	12/31/9999	1	85.17
76770	01	ULTRASOUND RETROPERITONEAL REAL TIME COM	S		0	999	07/01/2021	12/31/9999	1	85.17
76775	01	US EXAM ABDO BACK WALL, LIM	S		0	999	07/01/2021	12/31/9999	2	85.17
76776	01	ULTRASOUND TRANSPL KIDNEY REAL TIME	S		0	999	07/01/2021	12/31/9999	2	85.17
76800	01	US EXAM, SPINAL CANAL	S		0	999	07/01/2021	12/31/9999	1	85.17
76801	01	OB US < 14 WKS, SINGLE FETUS	S		9	60	07/01/2021	12/31/9999	1	85.17
76802	01	OB US < 14 WKS, ADDL FETUS	N		9	60	07/01/2020	12/31/9999	2	0.00
76805	01	OB US >/= 14 WKS, SNGL FETUS	S		0	999	07/01/2021	12/31/9999	1	85.17
76810	01	OB US >/= 14 WKS, ADDL FETUS	N		0	999	07/01/2020	12/31/9999	2	0.00
76811	01	OB US, DETAILED, SNGL FETUS	S		9	60	07/01/2021	12/31/9999	1	179.87
76812	01	OB US, DETAILED, ADDL FETUS	N		9	60	07/01/2020	12/31/9999	2	0.00
76813	01	ULTRASOUND PREG UTERUS 1ST TRIMES SNGL G	S		0	999	07/01/2021	12/31/9999	1	85.17
76814	01	ULTRASOUND PREG UTERUS EA ADDL GEST	N		0	999	07/01/2020	12/31/9999	2	0.00
76815	01	OB US, LIMITED, FETUS(S)	S		0	999	07/01/2021	12/31/9999	1	85.17
76816	01	OB US, FOLLOW-UP, PER FETUS	S		0	999	07/01/2021	12/31/9999	3	85.17
76817	01	TRANSVAGINAL US, OBSTETRIC	S		9	60	07/01/2021	12/31/9999	1	85.17
76818	01	FETAL BIOPHY PROFILE W/NST	S		0	999	07/01/2021	12/31/9999	3	85.17
76819	01	FETAL BIOPHYS PROFIL W/O NST	S		9	60	07/01/2021	12/31/9999	3	85.17
76820	01	UMBILICAL ARTERY ECHO	S		0	999	07/01/2021	12/31/9999	3	85.17
76821	01	MIDDLE CEREBRAL ARTERY ECHO	S		0	999	07/01/2021	12/31/9999	3	85.17
76825	01	ECHO EXAM OF FETAL HEART	S		0	999	07/01/2021	12/31/9999	3	377.42
76826	01	ECHO EXAM OF FETAL HEART	S		0	999	07/01/2021	12/31/9999	3	179.87
76827	01	ECHO EXAM OF FETAL HEART	S		0	999	07/01/2021	12/31/9999	3	85.17
76828	01	ECHO EXAM OF FETAL HEART	S		0	999	07/01/2021	12/31/9999	3	85.17
76830	01	US EXAM, TRANSVAGINAL	S		0	999	07/01/2021	12/31/9999	1	85.17
76831	01	SIS INCL COLOR DOPPLER WHEN PRFRMEDSIS I	S		0	999	07/01/2021	12/31/9999	1	179.87
76856	01	ULTRASOUND PELVIC (NON-OB) REAL TIME COM	S		0	999	07/01/2021	12/31/9999	1	85.17
76857	01	US EXAM, PELVIC, LIMITED	S		0	999	07/01/2021	12/31/9999	1	85.17
76870	01	US EXAM, SCROTUM	S		0	999	07/01/2021	12/31/9999	1	85.17
76872	01	ULTRASOUND TRANSRECTAL; ULTRA	S		0	999	07/01/2021	12/31/9999	1	85.17
76873	01	US TRNSREC; PROSTATE TX PLAN-SP US TR	S		0	999	07/01/2021	12/31/9999	1	85.17

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
76881	01	US XTR NON-VASC COMPLETE	S		0	999	07/01/2021	12/31/9999	2	85.17
76882	01	US XTR NON-VASC LMTD	S		0	999	07/01/2021	12/31/9999	2	85.17
76885	01	US EXAM INFANT HIPS, DYNAMIC	S		0	1	07/01/2021	12/31/9999	1	63.23
76886	01	US EXAM INFANT HIPS, STATIC	S		0	1	07/01/2021	12/31/9999	1	63.23
76932	01	ECHO GUIDE FOR HEART BIOPSY	N		0	999	09/01/2012	12/31/9999	1	0.00
76936	01	ECHO GUIDE FOR ARTERY REPAIR	S		0	999	07/01/2021	12/31/9999	1	206.69
76937	01	US GUID VASC ACSS SITE PERM REC&RPTUS GU	N		0	999	09/01/2012	12/31/9999	2	0.00
76940	01	ULTRASOUND GUID PARENCHYMAL TISS ABL	N		0	999	09/01/2012	12/31/9999	1	0.00
76941	01	ECHO GUIDE FOR TRANSFUSION	N		0	999	07/01/2020	12/31/9999	3	0.00
76942	01	ECHO GUIDE FOR BIOPSY	N		0	999	09/01/2012	12/31/9999	1	0.00
76945	01	ECHO GUIDE, VILLUS SAMPLING	N		0	999	09/01/2012	12/31/9999	1	0.00
76946	01	ECHO GUIDE FOR AMNIOCENTESIS	N		0	999	09/01/2012	12/31/9999	1	0.00
76948	06	ECHO GUIDE, OVA ASPIRATION	E		0	999	02/10/2014	12/31/9999	1	0.00
76965	01	ECHO GUIDANCE RADIOTHERAPY	N		0	999	09/01/2012	12/31/9999	2	0.00
76975	01	GI ENDOSCOPIC ULTRASOUND	S		0	999	07/01/2021	12/31/9999	1	179.87
76977	01	US BONE DENSITY MEASURE	S		0	999	07/01/2021	12/31/9999	1	85.17
76978	06	US TRGT DYN MBUBB 1ST LES	E		0	999	01/01/2019	12/31/9999	1	0.00
76979	06	US TRGT DYN MBUBB EA ADDL	E		0	999	01/01/2019	12/31/9999	1	0.00
76981	06	USE PARENCHYMA	E		0	999	01/01/2019	12/31/9999	1	0.00
76982	06	USE 1ST TARGET LESION	E		0	999	01/01/2019	12/31/9999	1	0.00
76983	06	USE EA ADDL TARGET LESION	E		0	999	01/01/2019	12/31/9999	1	0.00
76998	01	ULTRASONIC GUID INTRAOP	N		0	999	09/01/2012	12/31/9999	1	0.00
76999	01	ECHO EXAMINATION PROCEDURE	S		0	999	07/01/2021	12/31/9999	1	63.23
77001	01	FLUOR GUID CV ACCESS DEV PLACEMENT	N		0	999	09/01/2012	12/31/9999	1	0.00
77002	01	FLUOR GUID NEEDLE PLACEMENT	N		0	999	09/01/2012	12/31/9999	1	0.00
77003	01	FLUORGUIDE FOR SPINE INJECT	N		0	999	09/01/2012	12/31/9999	1	0.00
77011	01	CT GUID STEROTAC LOCAL	N		0	999	09/01/2012	12/31/9999	1	0.00
77012	01	CT GUID NEEDLE PLACE	N		0	999	09/01/2012	12/31/9999	1	0.00
77013	01	CT GUID PARENCHYMAL TISS ABL	N		0	999	09/01/2012	12/31/9999	1	0.00
77014	01	CT GUID PLACE RAD THPY FLDS	N		0	999	09/01/2012	12/31/9999	2	0.00
77021	01	MR GUID NEEDLE PLACE	N		0	999	09/01/2012	12/31/9999	1	0.00
77022	01	MR GUID PARENCHYMAL TISS ABL	N		0	999	09/01/2012	12/31/9999	1	0.00
77046	01	MRI BREAST C- UNILATERAL	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
77047	01	MRI BREAST C- BILATERAL	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
77048	01	MRI BREAST C-+ W/CAD UNI	B	Y	0	999	07/01/2020	12/31/9999	1	311.01
77049	01	MRI BREAST C-+ W/CAD BI	B	Y	0	999	07/01/2020	12/31/9999	1	318.82
77053	01	MAMMARY DUCTOGRAM SINGLE	S		0	999	07/01/2021	12/31/9999	2	179.87
77054	01	MAMMARY DUCTOGRAM MULTIPLE	S		0	999	07/01/2021	12/31/9999	2	179.87
77061	06	TOMOSYNTHESIS UNILATERAL	E		0	999	01/01/2015	12/31/9999	1	0.00
77062	06	TOMOSYNTHESIS BILATERAL	E		0	999	01/01/2015	12/31/9999	1	0.00
77063	06	SCREEN TOMOSYNTHESIS BILAT	E		0	999	01/01/2015	12/31/9999	1	0.00
77065	01	DIAGNOSTIC MAMMOGRAPHY CAD UNILATERAL	A		0	999	07/01/2020	12/31/9999	1	107.66
77066	01	DIAGNOSTIC MAMMOGRAPHY CAD BILATERAL	A		0	999	07/01/2020	12/31/9999	1	135.66
77067	01	SCREEN MAMMOGRAPHY 2 VIEW CAD BILATERAL	A		0	999	07/01/2020	12/31/9999	1	109.68
77071	01	JOINT RADIOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	63.23
77072	01	BONE AGE STUDIES	S		0	999	07/01/2021	12/31/9999	1	85.17
77073	01	BONE LENGTH STUDIES	S		0	999	07/01/2021	12/31/9999	1	85.17
77074	01	RAD EXAM OSSEOUS LIMITED	S		0	999	07/01/2021	12/31/9999	1	85.17
77075	01	RAD EXAM OSSEOUS COMPL	S		0	999	07/01/2021	12/31/9999	1	85.17
77076	01	RAD EXAM OSSEOUS INFANT	S		0	999	07/01/2021	12/31/9999	1	85.17
77077	01	JOINT SURVEY SINGLE 2+	S		0	999	07/01/2021	12/31/9999	1	85.17
77078	01	CT BONE MINERAL DENISTY AXIAL	S	Y	0	999	07/01/2021	12/31/9999	1	63.23
77080	01	DXA BONE DENS AXIAL	S		0	999	07/01/2021	12/31/9999	1	85.17
77081	01	DXA BONE DENS APPEND	S		0	999	07/01/2021	12/31/9999	1	63.23
77084	01	MRI BONE MAR BLOOD SPLY	S	Y	0	999	07/01/2021	12/31/9999	1	179.87
77085	06	DXA VERTEBRAL FRAC	E		0	999	01/01/2015	12/31/9999	1	0.00
77086	06	VERTEBRAL FRAC ASSESSMNT	E		0	999	01/01/2015	12/31/9999	1	0.00
77089	01	TBS DXA CAL W/I&R FX RISK	M		0	999	01/01/2022	12/31/9999	1	32.29
77090	01	TBS TECHL PREP&TRANSMIS DATA	S		0	999	01/01/2022	12/31/9999	1	63.51
77091	01	TBS TECHL CALCULATION ONLY	S		0	999	01/01/2022	12/31/9999	1	63.51
77092	01	TBS I&R FX RSK QHP	M		0	999	01/01/2022	12/31/9999	1	8.80
77261	01	RADIATION THERAPY PLANNING	B		0	999	07/01/2020	12/31/9999	1	60.89
77262	01	RADIATION THERAPY PLANNING	B		0	999	07/01/2020	12/31/9999	1	92.42
77263	01	RADIATION THERAPY PLANNING	B		0	999	07/01/2020	12/31/9999	1	144.23
77280	01	SET RADIATION THERAPY FIELD	S		0	999	07/01/2021	12/31/9999	2	99.16
77285	01	SET RADIATION THERAPY FIELD	S		0	999	07/01/2021	12/31/9999	1	264.71
77290	01	SET RADIATION THERAPY FIELD	S		0	999	07/01/2021	12/31/9999	1	264.71
77293	06	RESPIRATORY MOTION MGMT SIM	E		0	999	01/01/2014	12/31/9999	1	0.00
77295	01	SET RADIATION THERAPY FIELD	S		0	999	07/01/2021	12/31/9999	1	986.52
77299	01	RADIATION THERAPY PLANNING	S		0	999	07/01/2021	12/31/9999	1	99.16
77300	01	RADIATION THERAPY DOSE PLAN	S		0	999	07/01/2021	12/31/9999	10	99.16
77301	01	RADIOLTHERAPY DOS PLAN, IMRT	S		0	999	07/01/2021	12/31/9999	1	986.52
77306	01	TELETHERAPY ISODOSE SMPL	S		0	999	07/01/2021	12/31/9999	1	264.71
77307	01	TELETHERAPY ISODOSE CPLX	S		0	999	07/01/2021	12/31/9999	1	264.71
77316	01	BRACHYTHER SIMPLE	S		0	999	07/01/2021	12/31/9999	1	264.71
77317	01	BRACHYTHER INTERMEDIATE	S		0	999	07/01/2021	12/31/9999	1	264.71
77318	01	BRACHYTHER COMPLEX	S		0	999	07/01/2021	12/31/9999	1	264.71
77321	01	RADIATION THERAPY PORT PLAN	S		0	999	07/01/2021	12/31/9999	1	264.71
77331	01	SPECIAL RADIATION DOSIMETRY	S		0	999	07/01/2021	12/31/9999	3	99.16
77332	01	RADIATION TREATMENT AID(S)	S		0	999	07/01/2021	12/31/9999	4	99.16
77333	01	RADIATION TREATMENT AID(S)	S		0	999	07/01/2021	12/31/9999	2	99.16
77334	01	RADIATION TREATMENT AID(S)	S		0	999	07/01/2021	12/31/9999	10	264.71
77336	01	RADIATION PHYSICS CONSULT	S		0	999	07/01/2021	12/31/9999	1	99.16
77338	01	DESIGN MLC DEVICE FOR IMRT	S		0	999	07/01/2021	12/31/9999	1	264.71
77370	01	RADIATION PHYSICS CONSULT	S		0	999	07/01/2021	12/31/9999	1	99.16
77371	01	SRS, MULTISOURCE	S		0	999	07/01/2021	12/31/9999	1	6,075.18
77372	01	RAD TRT DEL CRANIAL-LINEAR ACC	S		0	999	07/01/2021	12/31/9999	1	6,075.18
77373	01	STEREOT BODY RAD DEL PER FRAC	S		0	999	07/01/2021	12/31/9999	1	1,355.09
77385	01	IMRT SIMPLE	S		0	999	07/01/2021	12/31/9999	2	424.06
77386	01	IMRT COMPLEX	S		0	999	07/01/2021	12/31/9999	2	424.06
77387	01	RAD TRMT DEL	N		0	999	01/01/2015	12/31/9999	1	0.00
77399	01	EXTERNAL RADIATION DOSIMETRY	S		0	999	07/01/2021	12/31/9999	1	99.16
77401	01	RAD TRMT DEL PER DAY	S		0	999	07/01/2021	12/31/9999	1	94.22
77402	01	RAD TRMT DEL SIMPLE	S		0	999	07/01/2021	12/31/9999	2	94.22
77407	01	RAD TRMT DEL INTERMED	S		0	999	07/01/2021	12/31/9999	2	188.90
77412	01	RAD TRMT DEL COMPLEX	S		0	999	07/01/2021	12/31/9999	2	188.90
77417	01	RADIOLOGY PORT IMAGES(S)	N		0	999	07/01/2020	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
77423	01	NEUTRON BEAM TX, COMPLEX	S		0	999	07/01/2021	12/31/9999	1	424.06
77424	01	INTRAOP RAD TRT X-RAY, SNGL SESS	S		0	999	07/01/2021	12/31/9999	1	6,075.18
77425	01	INTRAOP RAD TRT ELECTRN SNGL SESS	S		0	999	07/01/2021	12/31/9999	1	6,075.18
77427	01	RADIATION TX MANAGEMENT, X5	B		0	999	07/01/2020	12/31/9999	1	32.38
77431	01	RADIATION THERAPY MANAGEMENT	B		0	999	07/01/2020	12/31/9999	1	89.72
77432	01	STERO RAD TRT CRANIAL LESIONS	B		0	999	07/01/2020	12/31/9999	1	363.38
77435	01	STEREOT BODY RAD MGMT PER COURSE	N		0	999	09/01/2012	12/31/9999	1	0.00
77469	01	INTRAOP RAD TRT HEPAT SNGL SESS	B		0	999	07/01/2020	12/31/9999	1	271.22
77470	01	SPECIAL RADIATION TREATMENT	S		0	999	07/01/2021	12/31/9999	1	424.06
77499	06	RADIATION THERAPY MANAGEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
77520	01	PROTON TRMT, SIMPLE W/O COMP	S		0	999	07/01/2021	12/31/9999	2	424.06
77522	01	PROTON TRMT, SIMPLE W/COMP	S		9	60	07/01/2021	12/31/9999	2	1,014.45
77523	01	PROTON TRMT, INTERMEDIATE	S		0	999	07/01/2021	12/31/9999	2	1,014.45
77525	01	PROTON TREATMENT, COMPLEX	S		0	999	07/01/2021	12/31/9999	2	1,014.45
77600	01	HYPERTHERMIA TREATMENT	S		0	999	07/01/2021	12/31/9999	1	188.90
77605	01	HYPERTHERMIA TREATMENT	S		0	999	07/01/2021	12/31/9999	1	553.73
77610	01	HYPERTHERMIA TREATMENT	S		0	999	07/01/2021	12/31/9999	1	424.06
77615	01	HYPERTHERMIA TREATMENT	S		0	999	07/01/2021	12/31/9999	1	424.06
77620	01	HYPERTHERMIA TREATMENT	S		0	999	07/01/2021	12/31/9999	1	424.06
77750	01	INFUSE RADIOACTIVE MATERIALS	S		0	999	07/01/2021	12/31/9999	1	188.90
77761	01	APPLY INTRCAV RADIAT SIMPLE	S		0	999	07/01/2021	12/31/9999	1	424.06
77762	01	APPLY INTRCAV RADIAT INTERM	S		0	999	07/01/2021	12/31/9999	1	424.06
77763	01	APPLY INTRCAV RADIAT COMPL	S		0	999	07/01/2021	12/31/9999	1	553.73
77767	01	HDR RDNCL SKN SURF BRACHYTX	S		0	999	07/01/2021	12/31/9999	2	188.90
77768	01	HDR RDNCL SKN SURF BRACHYTX	S		0	999	07/01/2021	12/31/9999	2	188.90
77770	01	HDR RDNCL NTRSTL/ICAV BRCHTX	S		0	999	07/01/2021	12/31/9999	2	553.73
77771	01	HDR RDNCL NTRSTL/ICAV BRCHTX	S		0	999	07/01/2021	12/31/9999	2	553.73
77772	01	HDR RDNCL NTRSTL/ICAV BRCHTX	S		0	999	07/01/2021	12/31/9999	2	553.73
77778	01	APPLY INTERSTIT RADIAT COMPL	S		0	999	07/01/2021	12/31/9999	1	553.73
77789	01	LOW DOSE RATE RADIONUCLIDE	S		0	999	07/01/2021	12/31/9999	2	94.22
77790	01	RADIATION HANDLING	N		0	999	07/01/2020	12/31/9999	1	0.00
77799	01	RADIUM/RADIOISOTOPE THERAPY	S		0	999	07/01/2021	12/31/9999	1	94.22
78012	01	THYROID UPTAKE MEASUREMENT	S		0	999	07/01/2021	12/31/9999	1	294.75
78013	01	THYROID IMAGING W/BLOOD FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78014	01	THYROID IMAGING W/BLOOD FLOW SINGL/MULTI	S		0	999	07/01/2021	12/31/9999	1	294.75
78015	01	THYROID MET IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78016	01	THYROID MET IMAGING/STUDIES	S		0	999	07/01/2021	12/31/9999	1	294.75
78018	01	THYROID MET IMAGING, BODY	S		0	999	07/01/2021	12/31/9999	1	382.51
78020	01	THYROID MET UPTAKE	N		0	999	09/01/2012	12/31/9999	1	0.00
78070	01	PARATHYROID NUCLEAR IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78071	01	PARATHYRD PLANAF W/WO SUBTR	S		0	999	07/01/2021	12/31/9999	1	294.75
78072	01	PARATHYRD PLANAR W/SPECT & CT	S		0	999	07/01/2021	12/31/9999	1	382.51
78075	01	ADRENAL NUCLEAR IMAGING	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78099	01	ENDOCRINE NUCLEAR PROCEDURE	S		0	999	07/01/2021	12/31/9999	1	294.75
78102	01	BONE MARROW IMAGING, LTD	S		0	999	07/01/2021	12/31/9999	1	294.75
78103	01	BONE MARROW IMAGING, MULT	S		0	999	07/01/2021	12/31/9999	1	294.75
78104	01	BONE MARROW IMAGING, BODY	S		0	999	07/01/2021	12/31/9999	1	294.75
78110	01	PLASMA VOLUME, SINGLE	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78111	01	PLASMA VOLUME, MULTIPLE	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78120	01	RED CELL MASS, SINGLE	S		0	999	07/01/2021	12/31/9999	1	294.75
78121	01	RED CELL MASS, MULTIPLE	S		0	999	07/01/2021	12/31/9999	1	382.51
78122	01	BLOOD VOLUME	S		0	999	07/01/2021	12/31/9999	1	382.51
78130	01	RED CELL SURVIVAL STUDY	S		0	999	07/01/2021	12/31/9999	1	294.75
78140	01	RED CELL SEQUESTRATION	S		0	999	07/01/2021	12/31/9999	1	294.75
78185	01	SPLEEN IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78191	01	PLATELET SURVIVAL	S		0	999	07/01/2021	12/31/9999	1	294.75
78195	01	LYMPH SYSTEM IMAGING	S		0	999	07/01/2021	12/31/9999	1	382.51
78199	01	BLOODY/LYMPH NUCLEAR EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78201	01	LIVER IMAGING	S		0	999	07/01/2021	12/31/9999	1	382.51
78202	01	LIVER IMAGING WITH FLOW	S		0	999	07/01/2021	12/31/9999	1	382.51
78215	01	LIVER AND SPLEEN IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78216	01	LIVER & SPLEEN IMAGE/FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78226	01	HEPATOBIILIARY SYS IMAG	S		0	999	07/01/2021	12/31/9999	1	294.75
78227	01	HEPATOBIILIARY SYS IMAG QUANTATV	S		0	999	07/01/2021	12/31/9999	1	382.51
78230	01	SALIVARY GLAND IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78231	01	SERIAL SALIVARY IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78232	01	SALIVARY GLAND FUNCTION EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78258	01	ESOPHAGEAL MOTILITY STUDY	S		0	999	07/01/2021	12/31/9999	1	294.75
78261	01	GASTRIC MUCOSA IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78262	01	GASTROESOPHAGEAL REFLUX EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78264	01	GASTRIC EMPTYING IMAGING STUDY;	S		0	999	07/01/2021	12/31/9999	1	294.75
78265	01	GASTRIC EMPTYING IMAG STUDY	S		0	999	07/01/2021	12/31/9999	1	294.75
78266	01	GASTRIC EMPTYING IMAG STUDY	S		0	999	07/01/2021	12/31/9999	1	382.51
78267	01	BREATH TST ATTAIN/ANAL C-14	A		0	999	07/01/2019	12/31/9999	1	9.95
78268	01	BREATH TEST ANALYSIS, C-14	A		0	999	07/01/2019	12/31/9999	1	84.97
78278	01	ACUTE GI BLOOD LOSS IMAGING	S		0	999	07/01/2021	12/31/9999	2	294.75
78282	01	GI PROTEIN LOSS EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78290	01	MECKELSDIVERT EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78291	01	LEVEEN/SHUNT PATENCY EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78299	01	GI NUCLEAR PROCEDURE	S		0	999	07/01/2021	12/31/9999	1	294.75
78300	01	BONE IMAGING, LIMITED AREA	S		0	999	07/01/2021	12/31/9999	1	294.75
78305	01	BONE IMAGING, MULTIPLE AREAS	S		0	999	07/01/2021	12/31/9999	1	294.75
78306	01	BONE IMAGING, WHOLE BODY	S		0	999	07/01/2021	12/31/9999	1	294.75
78315	01	BONE IMAGING, 3 PHASE	S		0	999	07/01/2021	12/31/9999	1	294.75
78350	06	BONE MINERAL, SINGLE PHOTON	E		0	999	07/01/2013	12/31/9999	10	0.00
78351	06	BONE MINERAL, DUAL PHOTON	E		0	999	07/01/2013	12/31/9999	10	0.00
78399	01	MUSCULOSKELETAL NUCLEAR EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78414	01	NON-IMAGING HEART FUNCTION	S		0	999	07/01/2021	12/31/9999	1	382.51
78428	01	CARDIAC SHUNT IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78429	01	MYOCRD IMG PET 1 STD W/CT	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78430	01	MYOCRD IMG PET RST/STRS W/CT	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78431	01	MYOCRD IMG PET RST&STRS CT	S	Y	0	999	07/01/2020	12/31/9999	1	2,250.50
78432	01	MYOCRD IMG PET 2RTRACER	S	Y	0	999	07/01/2020	12/31/9999	1	2,750.50
78433	01	MYOCRD IMG PET 2RTRACER CT	S	Y	0	999	07/01/2020	12/31/9999	1	2,750.50
78434	01	AQMBF PET REST & RX STRESS	N	Y	0	999	01/01/2020	12/31/9999	1	0.00
78445	01	VASCULAR FLOW IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78451	01	HT MUSCLE IMAGE SPECT, SING	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
78452	O1	HT MUSCLE IMAGE SPECT, MULT	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72
78453	O1	HT MUSCLE IMAGE,PLANAR,SING	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72
78454	O1	HT MUSC IMAGE, PLANAR, MULT	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72
78456	O1	ACUTE VENOUS THROMBUS IMAGE	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78457	O1	VENOUS THROMBOSIS IMAGING	S		0	999	07/01/2021	12/31/9999	1	382.51
78458	O1	VEN THROMBOSIS IMAGES, BILAT	S		0	999	07/01/2021	12/31/9999	1	294.75
78459	O1	MYOCARDIAL IMAGING, PET EVALUATION	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72
78466	O1	HEART INFARCT IMAGE	S	Y	0	999	07/01/2021	12/31/9999	1	294.75
78468	O1	HEART INFARCT IMAGE (EF)	S	Y	0	999	07/01/2021	12/31/9999	1	382.51
78469	O1	HEART INFARCT IMAGE (3D)	S		0	999	07/01/2021	12/31/9999	1	382.51
78472	O1	GATED HEART, PLANAR, SINGLE	S	Y	0	999	07/01/2021	12/31/9999	1	294.75
78473	O1	GATED HEART, MULTIPLE	S	Y	0	999	07/01/2021	12/31/9999	1	294.75
78481	O1	HEART FIRST PASS, SINGLE	S	Y	0	999	07/01/2021	12/31/9999	1	382.51
78483	O1	HEART FIRST PASS, MULTIPLE	S	Y	0	999	07/01/2021	12/31/9999	1	382.51
78491	O1	MYOCARDIAL IMAGING, PET PERFUSION	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78492	O1	MYOCARDIAL IMAGING, PET PERFUSION	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78494	O1	HEART IMAGE, SPECT	S	Y	0	999	07/01/2021	12/31/9999	1	294.75
78496	O1	HEART FIRST PASS ADD-ON	N	Y	0	999	09/01/2012	12/31/9999	1	0.00
78499	O1	CARDIOVASCULAR NUCLEAR EXAM	S	Y	0	999	07/01/2021	12/31/9999	1	294.75
78579	O1	PULMON VENT IMAG	S		0	999	07/01/2021	12/31/9999	1	294.75
78580	O1	LUNG PERFUSION IMAGING	S		0	999	07/01/2021	12/31/9999	1	294.75
78582	O1	PULMON VENTPERF IMAG	S		0	999	07/01/2021	12/31/9999	1	382.51
78597	O1	QUANTIT DIFF PULMON PERF	S		0	999	07/01/2021	12/31/9999	1	294.75
78598	O1	QUANTIT DIFF PULMON PERF & VENT	S		0	999	07/01/2021	12/31/9999	1	382.51
78599	O1	RESPIRATORY NUCLEAR EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78600	O1	BRAIN IMG >4 STATIC VIEWS	S		0	999	07/01/2021	12/31/9999	1	294.75
78601	O1	BRAIN IMG >4 STATIC VIEWS W/VAS FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78605	O1	BRAIN IMG MIN 4 STATIC VIEWS	S		0	999	07/01/2021	12/31/9999	1	382.51
78606	O1	BRAIN IMG MIN 4 STATIC VIEWS W/VAS FLOW	S		0	999	07/01/2021	12/31/9999	1	382.51
78608	O1	BRAIN IMAGING (PET)	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78609	O6	BRAIN IMAGING (PET)	E		0	999	09/01/2012	12/31/9999	1	0.00
78610	O1	BRAIN FLOW IMAGING ONLY	S		0	999	07/01/2021	12/31/9999	1	382.51
78630	O1	CEREBROSPINAL FLUID SCAN	S		0	999	07/01/2021	12/31/9999	1	382.51
78635	O1	CSF VENTRICULOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	382.51
78645	O1	CSF SHUNT EVALUATION	S		0	999	07/01/2021	12/31/9999	1	382.51
78650	O1	CSF LEAKAGE IMAGING	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78660	O1	NUCLEAR EXAM OF TEAR FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78699	O1	NERVOUS SYSTEM NUCLEAR EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78700	O1	KIDNEY IMAGING MORPHOLOGY	S		0	999	07/01/2021	12/31/9999	1	294.75
78701	O1	KIDNEY IMAGING WITH FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78707	O1	KIDNEY IMAG ; SNGL STUDY WO PHARM	S		0	999	07/01/2021	12/31/9999	1	382.51
78708	O1	KIDNEY IMAG; SNGL STUDY W PHARM	S		0	999	07/01/2021	12/31/9999	1	382.51
78709	O1	KIDNEY IMAG; MULTI STUD W/WO PHARM	S		0	999	07/01/2021	12/31/9999	1	382.51
78725	O1	KIDNEY FUNCTION STUDY	S		0	999	07/01/2021	12/31/9999	1	294.75
78730	O1	URIN BLADDER RES STUDY	N		0	999	07/01/2014	12/31/9999	1	0.00
78740	O1	URETERAL REFLUX STUDY	S		0	999	07/01/2021	12/31/9999	1	294.75
78761	O1	TESTIC IMAG W VASC FLOW	S		0	999	07/01/2021	12/31/9999	1	294.75
78799	O1	GENITOURINARY NUCLEAR EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
78800	O1	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	S		0	999	07/01/2021	12/31/9999	1	294.75
78801	O1	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	S		0	999	07/01/2021	12/31/9999	1	294.75
78802	O1	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78803	O1	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78804	O1	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78808	O1	INJ RADIOPHARM PROBE STUDY IV	S		0	999	07/01/2021	12/31/9999	1	294.75
78811	O1	PET LIMITED AREA	S	Y	0	999	07/01/2021	12/31/9999	1	1,020.72
78812	O1	PET SKULL BASE-MIDTHIGH	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78813	O1	PET WHOLE BODY	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78814	O1	PET CONC CT LIMITED AREA	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78815	O1	PET CONC CT SKULL BASE-MIDTHIGH	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78816	O1	PET CONC CT WHOLE BODY	S	Y	0	999	07/01/2021	12/31/9999	1	1,157.03
78830	O1	RP LOCLZJ TUM SPECT W/CT 1	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78831	O1	RP LOCLZJ TUM SPECT 2 AREAS	S		0	999	07/01/2021	12/31/9999	1	1,020.72
78832	O1	RP LOCLZJ TUM SPECT W/CT 2	S		0	999	07/01/2021	12/31/9999	1	1,157.03
78835	O1	RP QUAN MEAS SINGLE AREA	N		0	999	01/01/2020	12/31/9999	1	0.00
78999	O1	NUCLEAR DIAGNOSTIC EXAM	S		0	999	07/01/2021	12/31/9999	1	294.75
79005	O1	NUCLEAR RX, ORAL ADMIN	S		0	999	07/01/2021	12/31/9999	1	195.11
79101	O1	NUCLEAR RX, IV ADMIN	S		0	999	07/01/2021	12/31/9999	1	195.11
79200	O1	NUCLEAR RX, INTRACAV ADMIN	S		0	999	07/01/2021	12/31/9999	1	195.11
79300	O1	NUCLR RX, INTERSTIT COLLOID	S		0	999	07/01/2021	12/31/9999	1	195.11
79403	O1	RADOPHARM TX MA IV INFUSION RADOP	S		0	999	07/01/2021	12/31/9999	1	195.11
79440	O1	NUCLEAR RX, INTRA-ARTICULAR	S		0	999	07/01/2021	12/31/9999	1	195.11
79445	O1	NUCLEAR RX, INTRA-ARTERIAL	S		0	999	07/01/2021	12/31/9999	1	195.11
79999	O1	NUCLEAR MEDICINE THERAPY	S		0	999	07/01/2021	12/31/9999	1	195.11
80047	O1	BASIC MET PANEL (CALCIUM IONIZED)	A		0	999	07/01/2020	12/31/9999	2	12.36
80048	O1	BASIC MET PANEL (CALCIUM TOT)	A		0	999	07/01/2020	12/31/9999	2	7.61
80050	O6	GENERAL HEALTH PANEL GENER	E		0	999	09/01/2012	12/31/9999	1	0.00
80051	O1	ELECTROLYTE PANEL	A		0	999	07/01/2020	12/31/9999	4	6.31
80053	O1	COMPREHEN METABOLIC PANEL	A		0	999	07/01/2020	12/31/9999	1	9.50
80055	O1	OBSTETRIC PANEL	A		9	60	07/01/2020	12/31/9999	1	43.03
80061	O1	LIPID PANEL THIS PANEL MUST IN	A		0	999	07/01/2020	12/31/9999	1	12.05
80069	O1	RENAL FUNCTION PANEL	A		0	999	07/01/2020	12/31/9999	1	7.81
80074	O1	ACUTE HEPATITIS PANEL ACUTE	A		0	999	07/01/2020	12/31/9999	1	42.87
80076	O1	HEPATIC FUNCTION PANEL	A		0	999	07/01/2020	12/31/9999	1	7.35
80081	O1	OBSTETRIC PANEL	A		9	60	07/01/2020	12/31/9999	1	67.37
80143	O1	DRUG ASSAY ACETAMINOPHEN	A		0	999	01/01/2021	12/31/9999	2	16.78
80145	O1	ADALIMUMAB	A		0	999	01/01/2020	12/31/9999	1	34.71
80150	O1	AMIKACIN	A		0	999	07/01/2020	12/31/9999	2	13.57
80151	O1	DRUG ASSAY AMIODARONE	A		0	999	01/01/2021	12/31/9999	1	16.78
80155	O1	CAFFINE DRUG ASSAY	A		0	999	07/01/2019	12/31/9999	1	34.71
80156	O1	ASSAY, CARBAMAZEPINE, TOTAL	A		0	999	07/01/2020	12/31/9999	2	13.11
80157	O1	ASSAY, CARBAMAZEPINE, FREE	A		0	999	07/01/2020	12/31/9999	2	11.93
80158	O1	CYCLOSPORINE	A		0	999	07/01/2020	12/31/9999	2	16.25
80159	O1	CLOZAPINE DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	2	18.14
80161	O1	ASY CARBAMAZEPIN 10,11-EPXID	A		0	999	01/01/2021	12/31/9999	1	16.78
80162	O1	DIGOXIN; TOTAL	A		0	999	07/01/2020	12/31/9999	2	11.95
80163	O1	DIGOXIN; FREE	A		0	999	07/01/2020	12/31/9999	1	11.95
80164	O1	VALPROIC ACID; TOTAL	A		0	999	07/01/2020	12/31/9999	2	12.19

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
80165	O1	VALPROIC ACID; FREE	A		0	999	07/01/2020	12/31/9999	1	12.19
80167	O1	DRUG ASSAY FELBAMATE	A		0	999	01/01/2021	12/31/9999	1	16.78
80168	O1	ETHOSUXIMIDE	A		0	999	07/01/2020	12/31/9999	2	14.71
80169	O1	EVEROLIMUS DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	2	12.36
80170	O1	GENTAMICIN	A		0	999	07/01/2020	12/31/9999	2	14.74
80171	O1	GABAPENTIN	A		0	999	07/01/2019	12/31/9999	1	19.50
80173	O1	ASSAY OF HALOPERIDOL	A		0	999	07/01/2020	12/31/9999	2	14.20
80175	O1	LAMOTRIGINE DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	1	11.93
80176	O1	LIDOCAINE	A		0	999	07/01/2020	12/31/9999	1	13.22
80177	O1	LEVETIRACETAM DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	1	11.93
80178	O1	LITHIUM	A		0	999	07/01/2020	12/31/9999	2	5.95
80179	O1	DRUG ASSAY SALICYLATE	A		0	999	01/01/2021	12/31/9999	2	16.78
80180	O1	MYCHOPHENOLATE DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	1	16.25
80181	O1	DRUG ASSAY FLECAINIDE	A		0	999	01/01/2021	12/31/9999	1	16.78
80183	O1	OXCARBAZEPINE DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	1	11.93
80184	O1	PHENOBARBITAL	A		0	999	07/01/2020	12/31/9999	2	13.77
80185	O1	PHENYTOIN; TOTAL	A		0	999	07/01/2020	12/31/9999	2	11.93
80186	O1	PHENYTOIN; FREE	A		0	999	07/01/2020	12/31/9999	2	12.38
80187	O1	POSACONAZOLE	A		0	999	01/01/2020	12/31/9999	1	24.40
80188	O1	PRIMIDONE	A		0	999	07/01/2020	12/31/9999	2	14.93
80189	O1	DRUG ASSAY ITRACONZAOLE	A		0	999	01/01/2021	12/31/9999	1	24.40
80190	O1	PROCAINAMIDE;	A		0	999	07/01/2020	12/31/9999	2	54.00
80192	O1	PROCAINAMIDE; WITH METABOLITES	A		0	999	07/01/2020	12/31/9999	2	15.08
80193	O1	DRUG ASSAY LEFLUNOMIDE	A		0	999	01/01/2021	12/31/9999	1	34.71
80194	O1	QUINIDINE	A		0	999	07/01/2020	12/31/9999	2	13.14
80195	O1	ASSAY OF SIROLIMUS	A		0	999	07/01/2020	12/31/9999	2	12.36
80197	O1	ASSAY FOR TACROLIMUS	A		0	999	07/01/2020	12/31/9999	2	12.36
80198	O1	THEOPHYLLINE	A		0	999	07/01/2020	12/31/9999	2	12.73
80199	O1	TIAGABINE DRUG ASSAY	A		0	999	07/01/2019	12/31/9999	1	24.40
80200	O1	ASSAY OF TOBRAMYCIN	A		0	999	07/01/2020	12/31/9999	2	14.52
80201	O1	ASSAY FOR TOPIRAMATE	A		0	999	07/01/2020	12/31/9999	2	10.73
80202	O1	VANCOMYCIN	A		0	999	07/01/2020	12/31/9999	2	12.19
80203	O1	ZONISAMIDE DRUG ASSAY	A		0	999	07/01/2020	12/31/9999	1	11.93
80204	O1	DRUG ASSAY METHOTREXATE	A		0	999	01/01/2021	12/31/9999	1	34.71
80210	O1	DRUG ASSAY RUFINAMIDE	A		0	999	01/01/2021	12/31/9999	1	24.40
80220	O1	DRUG ASY HYDROXYCHLOROQUINE	A		0	999	01/01/2022	12/31/9999	1	16.77
80230	O1	INFLIXIMAB	A		0	999	01/01/2020	12/31/9999	1	34.71
80235	O1	LACOSAMIDE	A		0	999	01/01/2020	12/31/9999	1	24.40
80280	O1	VEDOLIZUMAB	A		0	999	01/01/2020	12/31/9999	1	34.71
80285	O1	VORICONAZOLE	A		0	999	07/01/2020	12/31/9999	1	24.40
80299	O1	QUANT THERAP DRUG NES	A		0	999	07/01/2019	12/31/9999	3	16.78
80305	O1	DRUG TEST, ANY# CLASSES, DIRECT OPTICAL	A		0	999	07/01/2019	12/31/9999	1	11.34
80306	O1	DRUG TEST, ANY# CLASSES; ASSIST DIR OPTI	A		0	999	07/01/2019	12/31/9999	1	15.43
80307	O1	DRUG TEST, ANY# CLASSES, INSTRUMENT	A		0	999	07/01/2020	12/31/9999	1	55.93
80320	O6	ALCOHOLS	E		0	999	01/01/2015	12/31/9999	1	0.00
80321	O6	ALCOHOL BIOMARKERS 1-2	E		0	999	01/01/2015	12/31/9999	1	0.00
80322	O6	ALCOHOL BIOMARKERS 3+	E		0	999	01/01/2015	12/31/9999	1	0.00
80323	O6	ALKALOIDS, NOT OTHERWISE SPECIFIED	E		0	999	01/01/2015	12/31/9999	1	0.00
80324	O6	AMPHETAMINES; 1 OR 2	E		0	999	01/01/2015	12/31/9999	1	0.00
80325	O6	AMPHETAMINES; 3 OR 4	E		0	999	01/01/2015	12/31/9999	1	0.00
80326	O6	AMPHETAMINES; 5 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80327	O6	ANABOLIC STEROIDS; 1 OR 2	E		0	999	01/01/2015	12/31/9999	1	0.00
80328	O6	ANABOLIC STEROIDS; 3 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80329	O6	ANALGESCS, NON-OPIOID; 1 OR 2	E		0	999	01/01/2015	12/31/9999	1	0.00
80330	O6	ANALGESCS, NON-OPIOID; 3-5	E		0	999	01/01/2015	12/31/9999	1	0.00
80331	O6	ANALGESCS, NON-OPIOID; 6 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80332	O6	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 O	E		0	999	01/01/2015	12/31/9999	1	0.00
80333	O6	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	E		0	999	01/01/2015	12/31/9999	1	0.00
80334	O6	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 O	E		0	999	01/01/2015	12/31/9999	1	0.00
80335	O6	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC	E		0	999	01/01/2015	12/31/9999	1	0.00
80336	O6	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC	E		0	999	01/01/2015	12/31/9999	1	0.00
80337	O6	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC	E		0	999	01/01/2015	12/31/9999	1	0.00
80338	O6	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	E		0	999	01/01/2015	12/31/9999	1	0.00
80339	O6	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80340	O6	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80341	O6	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80342	O6	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80343	O6	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80344	O6	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;	E		0	999	01/01/2015	12/31/9999	1	0.00
80345	O6	BARBITURATES	E		0	999	01/01/2015	12/31/9999	1	0.00
80346	O6	BENZODIAZEPINES1-12	E		0	999	01/01/2015	12/31/9999	1	0.00
80347	O6	BENZODIAZEPINES; 13 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80348	O6	BUPRENORPHINE	E		0	999	01/01/2015	12/31/9999	1	0.00
80349	O6	CANNABIONOIDS, NATURAL	E		0	999	01/01/2015	12/31/9999	1	0.00
80350	O6	CANNABIONOIDS, SYNTHETIC; 1-3	E		0	999	01/01/2015	12/31/9999	1	0.00
80351	O6	CANNABIONOIDS, SYNTHETIC; 4-6	E		0	999	01/01/2015	12/31/9999	1	0.00
80352	O6	CANNABIONOIDS, SYNTHETIC; 7 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80353	O6	COCAINE	E		0	999	01/01/2015	12/31/9999	1	0.00
80354	O6	FENTANYL	E		0	999	01/01/2015	12/31/9999	1	0.00
80355	O6	GABAPENTIN, NON-BLOOD	E		0	999	01/01/2015	12/31/9999	1	0.00
80356	O6	HEROIN METABOLITE	E		0	999	01/01/2015	12/31/9999	1	0.00
80357	O6	KETAMINE OR NORKETAMINE	E		0	999	01/01/2015	12/31/9999	1	0.00
80358	O6	METHADONE	E		0	999	01/01/2015	12/31/9999	1	0.00
80359	O6	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, M	E		0	999	01/01/2015	12/31/9999	1	0.00
80360	O6	METHYLPHENIDATE	E		0	999	01/01/2015	12/31/9999	1	0.00
80361	O6	OPIATES, 1 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80362	O6	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	E		0	999	01/01/2015	12/31/9999	1	0.00
80363	O6	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	E		0	999	01/01/2015	12/31/9999	1	0.00
80364	O6	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80365	O6	OXYCODONE	E		0	999	01/01/2015	12/31/9999	1	0.00
80366	O6	PREGABALIN	E		0	999	01/01/2015	12/31/9999	1	0.00
80367	O6	PROPOXYPHENE	E		0	999	01/01/2015	12/31/9999	1	0.00
80368	O6	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)	E		0	999	01/01/2015	12/31/9999	1	0.00
80369	O6	SKELETAL MUSCLE RELAXANTS; 1 OR 2	E		0	999	01/01/2015	12/31/9999	1	0.00
80370	O6	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	E		0	999	01/01/2015	12/31/9999	1	0.00
80371	O6	STIMULANTS, SYNTHETIC	E		0	999	01/01/2015	12/31/9999	1	0.00
80372	O6	TAPENTADOL	E		0	999	01/01/2015	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
80373	O6	TRAMADOL	E		0	999	01/01/2015	12/31/9999	1	0.00
80374	O6	STEREISOMER (ENANTIOMER) ANALYSIS, SINGL	E		0	999	01/01/2015	12/31/9999	1	0.00
80375	O6	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA	E		0	999	01/01/2015	12/31/9999	1	0.00
80376	O6	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA	E		0	999	01/01/2015	12/31/9999	1	0.00
80377	O6	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA	E		0	999	01/01/2015	12/31/9999	1	0.00
80400	O1	ACTH STIMULATION PANEL; FOR AD	A		0	999	07/01/2020	12/31/9999	1	29.36
80402	O1	ACTH STIMULATION PANEL; FOR 21	A		0	999	07/01/2020	12/31/9999	1	78.26
80406	O6	ACTH STIMULATION PANEL; FOR 3	E		0	999	09/01/2012	12/31/9999	1	0.00
80408	O1	ALDOSTERONE SUPPRESSION EVALUA	A		0	999	07/01/2020	12/31/9999	1	112.95
80410	O1	CALCIUM-PENTAGASTRIN STIMULATI	A		0	999	07/01/2020	12/31/9999	1	72.33
80412	O1	CORTICOTROPIC RELEASING HORMON	A		0	999	07/01/2020	12/31/9999	1	721.46
80414	O1	CHORIONIC GONADOTROPHIN STIMUL	A		0	999	07/01/2020	12/31/9999	1	46.48
80415	O1	CHORIONIC GONADOTROPHIN STIMUL	A		0	999	07/01/2020	12/31/9999	1	50.30
80416	O1	RENIN STIMULATION PANEL	A		0	999	07/01/2019	12/31/9999	1	188.39
80417	O1	RENIN STIMULATION PANEL	A		0	999	07/01/2020	12/31/9999	1	39.59
80418	O1	COMBINED RAPID ANTERIOR PITUIT	A		0	999	07/01/2020	12/31/9999	1	521.53
80420	O1	DEXAMETHASONE SUPPRESSION PANE	A		0	999	07/01/2020	12/31/9999	1	145.69
80422	O1	GLUCAGON TOLERANCE PANEL; FOR	A		0	999	07/01/2020	12/31/9999	1	41.46
80424	O1	GLUCAGON TOLERANCE PANEL; FOR	A		0	999	07/01/2020	12/31/9999	1	45.45
80426	O1	GONADOTROPIN RELEASING HORMONE	A		0	999	07/01/2020	12/31/9999	1	133.57
80428	O1	GROWTH HORMONE STIMULATION PAN	A		0	999	07/01/2020	12/31/9999	1	60.03
80430	O1	GROWTH HORMONE SUPPRESSION PAN	A		0	999	07/01/2020	12/31/9999	1	116.40
80432	O1	INSULIN-INDUCED C-PEPTIDE SUPP	A		0	999	07/01/2020	12/31/9999	1	149.05
80434	O1	INSULIN TOLERANCE PANEL; FOR A	A		0	999	07/01/2020	12/31/9999	1	256.53
80435	O1	INSULIN TOLERANCE PANEL; FOR G	A		0	999	07/01/2020	12/31/9999	1	92.70
80436	O1	METYPAPONE PANEL	A		0	999	07/01/2020	12/31/9999	1	82.04
80438	O1	THYROTROPIN RELEASING HORMONE	A		0	999	07/01/2020	12/31/9999	1	45.37
80439	O1	THYROTROPIN RELEASING HORMONE	A		0	999	07/01/2020	12/31/9999	1	60.49
80503	O1	PATH CLIN CONSLTJ SF 5-20	S		0	999	01/01/2022	12/31/9999	1	39.02
80504	O1	PATH CLIN CONSLTJ MOD 21-40	S		0	999	01/01/2022	12/31/9999	1	117.10
80505	O1	PATH CLIN CONSLTJ HIGH 41-60	S		0	999	01/01/2022	12/31/9999	1	117.10
80506	O1	PATH CLIN CONSLTJ PROLNG SVC	N		0	999	01/01/2022	12/31/9999	1	0.00
81000	O1	URINALYSIS, BY DIP STICK OR TA	A		0	999	07/01/2020	12/31/9999	2	3.62
81001	O1	URINALYSIS, AUTO, W/SCOPE	A		0	999	07/01/2020	12/31/9999	2	2.85
81002	O1	URINALYSIS, BY DIP STICK OR TA	A		0	999	07/01/2020	12/31/9999	2	3.13
81003	O1	URINALYSIS, BY DIP STICK OR TA	A		0	999	07/01/2020	12/31/9999	2	2.03
81005	O1	URINALYSIS; QUALITATIVE OR SEM	A		0	999	07/01/2020	12/31/9999	2	1.95
81007	O1	URINE SCREEN FOR BACTERIA	A		0	999	07/01/2019	12/31/9999	1	26.98
81015	O1	URINALYSIS;	A		0	999	07/01/2020	12/31/9999	2	2.75
81020	O1	URINALYSIS;	A		0	999	07/01/2019	12/31/9999	1	4.23
81025	O1	URINE PREGNANCY TEST, BY VISUA	A		9	60	07/01/2019	12/31/9999	1	7.75
81050	O1	VOLUME MEASUREMENT FOR TIMED C	A		0	999	07/01/2020	12/31/9999	2	3.28
81099	O6	UNLISTED URINALYSIS PROCEDUR	E		0	999	09/01/2012	12/31/9999	1	0.00
81105	O6	HPA-1 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81106	O6	HPA-2 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81107	O6	HPA-3 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81108	O6	HPA-4 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81109	O6	HPA-5 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81110	O6	HPA-6 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81111	O6	HPA-9 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81112	O6	HPA-15 GENOTYPE	E		0	999	01/01/2018	12/31/9999	1	0.00
81120	O6	IDH1 COM VARIANTS	E		0	999	01/01/2018	12/31/9999	1	0.00
81121	O1	IDH2, COM VARIANTS	A		0	999	07/01/2019	12/31/9999	1	266.21
81161	O1	ARTHRODESIS PRESACRAL L5-S1	A		0	24	07/01/2019	12/31/9999	1	251.10
81162	O1	BRCA1&2 SEQ & FULL DUP/DEL	A		18	80	07/01/2020	12/31/9999	1	1,642.39
81163	O1	BRCA1&2 GENE FULL SEQ ALYS	A		18	80	07/01/2021	12/31/9999	1	421.20
81164	O1	BRCA1&2 GEN FUL DUP/DEL ALYS	A		18	80	07/01/2019	12/31/9999	1	525.81
81165	O6	BRCA1 GENE FULL SEQ ALYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81166	O6	BRCA1 GENE FULL DUP/DEL ALYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81167	O6	BRCA2 GENE FULL DUP/DEL ALYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81168	O1	CCND1/IGH TRANSLOCATION ALYS	A		0	999	01/01/2021	12/31/9999	1	186.58
81170	O1	ABL1 GENE	A		40	80	07/01/2019	12/31/9999	1	270.00
81171	O6	AFF2 GENE DETC ABNOR ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81172	O6	AFF2 GENE CHARAC ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81173	O6	AR GENE FULL GENE SEQUENCE	E		0	999	01/01/2019	12/31/9999	1	0.00
81174	O6	AR GENE KNOWN FAMIL VARIANT	E		0	999	01/01/2019	12/31/9999	1	0.00
81175	O6	ASXL1 GENE ANA; FULL	E		0	999	01/01/2018	12/31/9999	1	0.00
81176	O6	ASXL1 GENE ANA; TARGETED	E		0	999	01/01/2018	12/31/9999	1	0.00
81177	O6	ATN1 GENE DETC ABNOR ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81178	O6	ATXN1 GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81179	O6	ATXN2 GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81180	O6	ATXN3 GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81181	O6	ATXN7 GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81182	O6	ATXN805 GEN DETC ABNOR ALLEL	E		0	999	01/01/2019	12/31/9999	1	0.00
81183	O6	ATXN10 GENE DETC ABNOR ALLEL	E		0	999	01/01/2019	12/31/9999	1	0.00
81184	O6	CACNA1A GEN DETC ABNOR ALLEL	E		0	999	01/01/2019	12/31/9999	1	0.00
81185	O6	CACNA1A GENE FULL GENE SEQ	E		0	999	01/01/2019	12/31/9999	1	0.00
81186	O6	CACNA1A GEN KNOWN FAMIL VRNT	E		0	999	01/01/2019	12/31/9999	1	0.00
81187	O6	CNBP GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81188	O6	CSTB GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81189	O6	CSTB GENE FULL GENE SEQUENCE	E		0	999	01/01/2019	12/31/9999	1	0.00
81190	O6	CSTB GENE KNOWN FAMIL VRNT	E		0	999	01/01/2019	12/31/9999	1	0.00
81191	O1	NTRK1 TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	186.58
81192	O1	NTRK2 TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	186.58
81193	O1	NTRK3 TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	186.58
81194	O1	NTRK TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	466.45
81200	O1	ASPA	A		0	999	07/01/2019	12/31/9999	1	42.53
81201	O1	APC GENE FULL SEQUENCE	A		0	999	07/01/2019	12/31/9999	1	702.00
81202	O1	APC GENE KNOWN FAM VARIANTS	A		0	999	07/01/2019	12/31/9999	1	252.00
81203	O1	APC GENE DUP/DELET VARIANTS	A		0	39	07/01/2019	12/31/9999	1	180.00
81204	O6	AR GENE CHARAC ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81205	O1	BCKDHB	A		0	999	07/01/2019	12/31/9999	1	85.49
81206	O1	BCR/ABL1 (T(9;22)) MAJOR	A		0	999	07/01/2020	12/31/9999	1	147.56
81207	O1	BCR/ABL1 (T(9;22)) MINOR	A		0	999	07/01/2020	12/31/9999	1	130.36
81208	O1	BCR/ABL1 (T(9;22)) OTHER	A		0	999	07/01/2019	12/31/9999	1	193.16
81209	O1	BLM	A		0	999	07/01/2019	12/31/9999	1	35.38
81210	O6	BRAF GENE ANALYSIS, V600 VARIANT(S)	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81212	O6	BRCA1, BRCA2 VARIANTS	E		0	999	09/01/2012	12/31/9999	1	0.00
81215	O6	BRCA1 KNOWN FAMILIAL VARIANT	E		0	999	09/01/2012	12/31/9999	1	0.00
81216	O6	BRCA2 FULL SEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
81217	O6	BRCA2 KNOWN FAMILIAL VARIANT	E		0	999	09/01/2012	12/31/9999	1	0.00
81218	O1	CEBPA GENE FULL SEQUENCE	A		0	80	07/01/2020	12/31/9999	1	217.71
81219	O6	CALR GENE COM VARIANTS	E		0	999	01/01/2016	12/31/9999	1	0.00
81220	O1	CFTR COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	500.94
81221	O1	CFTR KNOWN FAMILIAL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	87.50
81222	O1	CFTR DUPL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	391.56
81223	O1	CFTR FULL GENE SEQ	A		0	999	07/01/2019	12/31/9999	1	449.10
81224	O1	CFTR GENE ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	151.88
81225	O1	CYP2C19 COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	262.22
81226	O1	CYP2D6 COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	405.82
81227	O1	CYP2C9 COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	157.33
81228	O6	CYTOGENOMIC MICROARRAY ANALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
81229	O1	CYTOGENOMIC MICROARRAY ANALYSIS	A		0	20	07/01/2019	12/31/9999	1	1,044.00
81230	O6	CYP3A4 GENE ANA	E		0	999	01/01/2018	12/31/9999	1	0.00
81231	O6	CYP3A5 GENE ANA	E		0	999	01/01/2018	12/31/9999	1	0.00
81232	O6	DPYD GENE ANA	E		0	999	01/01/2018	12/31/9999	1	0.00
81233	O6	BTX GENE COMMON VARIANTS	E		0	999	01/01/2019	12/31/9999	1	0.00
81234	O6	DMPK GENE DETC ABNOR ALLELE	E		0	999	01/01/2019	12/31/9999	1	0.00
81235	O1	EGFR GENE COM VARIANTS	A		0	999	07/01/2020	12/31/9999	1	292.12
81236	O6	EZH2 GENE FULL GENE SEQUENCE	E		0	999	01/01/2019	12/31/9999	1	0.00
81237	O6	EZH2 GENE COMMON VARIANTS	E		0	999	01/01/2019	12/31/9999	1	0.00
81238	O6	F9 FULL GENE SEQ	E		0	999	01/01/2018	12/31/9999	1	0.00
81239	O6	DMPK GENE CHARAC ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81240	O1	F2 A VARIANT	A		0	999	07/01/2019	12/31/9999	1	59.12
81241	O1	F5 LEIDEN VARIANT	A		0	999	07/01/2019	12/31/9999	1	66.03
81242	O1	FANCC	A		0	999	07/01/2019	12/31/9999	1	32.96
81243	O1	FMR1 ALLELES	A		0	20	07/01/2019	12/31/9999	1	51.34
81244	O1	FMR1	A		0	20	07/01/2019	12/31/9999	1	40.40
81245	O1	FLT3 GENE ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	148.96
81246	O1	FLT3 GENE ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	74.70
81247	O6	G6PD GENE ANA, COMMON	E		0	999	01/01/2018	12/31/9999	1	0.00
81248	O6	G6PD GENE ANA, FAMILIAL	E		0	999	01/01/2018	12/31/9999	1	0.00
81249	O6	G6PD GENE ANA, FULL GENE	E		0	999	01/01/2018	12/31/9999	1	0.00
81250	O1	G6PC	A		0	999	07/01/2019	12/31/9999	1	52.64
81251	O1	GBA	A		0	999	07/01/2019	12/31/9999	1	42.53
81252	O1	GJB2 GENE FULL SEQUENCE	A		0	43	07/01/2019	12/31/9999	1	91.01
81253	O1	GJB2 GENE KNOWN VARIANTS	A		0	43	07/01/2019	12/31/9999	1	55.37
81254	O1	GJB6 GENE COM VARIANTS	A		0	43	07/01/2019	12/31/9999	1	31.50
81255	O1	HEXA	A		0	43	07/01/2019	12/31/9999	1	46.31
81256	O1	HFE	A		0	999	07/01/2020	12/31/9999	1	58.82
81257	O1	HBA1/HBA2	A		0	999	07/01/2019	12/31/9999	1	92.03
81258	O6	HBA1/HBA2; FAMILIAL	E		0	999	01/01/2018	12/31/9999	1	0.00
81259	O6	HBA1/HBA2; FULL GENE	E		0	999	01/01/2018	12/31/9999	1	0.00
81260	O1	IKBKAP	A		0	999	07/01/2019	12/31/9999	1	35.38
81261	O1	IGH@ AMPLIFIED	A		0	999	07/01/2020	12/31/9999	1	178.19
81262	O1	IGH@ DIRECT PROBE	A		0	999	07/01/2019	12/31/9999	1	61.70
81263	O1	IGH@ VARIABLE	A		0	999	07/01/2020	12/31/9999	1	265.07
81264	O1	IGK@	A		0	999	07/01/2019	12/31/9999	1	155.46
81265	O1	STR MARKERS SPECIMEN	A		0	999	07/01/2020	12/31/9999	1	209.76
81266	O1	STR MARKERS SPECIMEN EA ADD	A		0	999	07/01/2020	12/31/9999	2	274.33
81267	O1	CHIMERISM W/O CELL	A		0	999	07/01/2020	12/31/9999	1	186.71
81268	O1	CHIMERISM ANAL W/CELL SELECT	A		0	999	07/01/2020	12/31/9999	4	234.71
81269	O6	HBA1/HBA2; DUP/DEL	E		0	999	01/01/2018	12/31/9999	1	0.00
81270	O1	JAK2	A		0	999	07/01/2020	12/31/9999	1	82.49
81271	O6	HTT GENE DETC ABNOR ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81272	O1	KIT GENE TARGETED SEQ ANALYS	A		18	80	07/01/2019	12/31/9999	1	296.56
81273	O1	KIT GENE ANALYS D816 VARIANT	A		18	80	07/01/2019	12/31/9999	1	112.38
81274	O6	HTT GENE CHARAC ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81275	O1	KRAS GENE ANALYSIS; VARIANTS IN EXON 2	A		0	999	07/01/2019	12/31/9999	1	173.93
81276	O1	KRAS GENE ADDL VARIANTS	A		18	80	07/01/2019	12/31/9999	1	173.93
81277	O1	CYTOGENOMIC NEO MICRORA ALYS	A		0	999	01/01/2020	12/31/9999	1	1,044.00
81278	O1	NTRK1 TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	186.58
81279	O1	NTRK2 TRANSLOCATION ANALYSIS	A		0	999	01/01/2021	12/31/9999	1	166.68
81283	O1	IFNL3 GENE ANA	A		0	999	07/01/2019	12/31/9999	1	66.03
81284	O6	FXN GENE DETC ABNOR ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81285	O6	FXN GENE CHARAC ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81286	O6	FXN GENE FULL GENE SEQUENCE	E		0	999	01/01/2019	12/31/9999	1	0.00
81287	O1	MGMT GENE PRMTR MTHYLTN ALYS	A		0	999	07/01/2019	12/31/9999	1	112.18
81288	O1	MLH1 GENE ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	173.09
81289	O6	FXN GENE KNOWN FAMIL VARIANT	E		0	999	01/01/2019	12/31/9999	1	0.00
81290	O1	MCOLN1	A		0	999	07/01/2019	12/31/9999	1	35.38
81291	O6	MTHFR	E		0	999	09/01/2012	12/31/9999	1	0.00
81292	O1	MLH1 FULL SEQ	A		0	999	07/01/2019	12/31/9999	1	607.86
81293	O1	MLH1 KNOW FAM VARIANTS	A		0	999	07/01/2019	12/31/9999	1	297.90
81294	O1	MLH1 DUPL/DEL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	182.16
81295	O6	MSH2 FULL SEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
81296	O6	MSH2 KNOWN FAM VARIANTS	E		0	999	09/01/2012	12/31/9999	1	0.00
81297	O6	MSH2 DUP/DEL VARIANTS	E		0	999	09/01/2012	12/31/9999	1	0.00
81298	O1	MSH6 FULL SEQ	A		0	999	07/01/2019	12/31/9999	1	577.67
81299	O1	MSH6 KNOWN FAM VARIANTS	A		0	49	07/01/2019	12/31/9999	1	277.20
81300	O1	MSH6 DUP/DEL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	214.20
81301	O1	MICROSATELLITE INSTABILITY	A		0	999	07/01/2019	12/31/9999	1	313.70
81302	O1	MECP2 FULLSEQ ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	475.08
81303	O1	MECP2 KNOWN FAM VARIANT	A		0	999	07/01/2019	12/31/9999	1	108.00
81304	O1	MECP2 DUP/DEL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	135.00
81305	O6	MYD88 GENE P.LEU265PRO VRNT	E		0	999	01/01/2019	12/31/9999	1	0.00
81306	O1	NUDT15 GENE COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	262.22
81307	O6	PALB2 GENE FULL GENE SEQ	E		0	999	01/01/2020	12/31/9999	1	0.00
81308	O6	PALB2 GENE KNOWN FAMIL VRNT	E		0	999	01/01/2020	12/31/9999	1	0.00
81309	O6	PIK3CA GENE TRGT SEQ ALYS	E		0	999	01/01/2020	12/31/9999	1	0.00
81310	O1	NPM1 EXON 12VARIANTS	A		0	999	07/01/2019	12/31/9999	1	221.87
81311	O1	NRAS GENE VARIANTS EXON 2&3	A		18	80	07/01/2019	12/31/9999	1	266.21
81312	O6	PABPN1 GENE DETC ABNOR ALLEL	E		0	999	01/01/2019	12/31/9999	1	0.00
81313	O1	PCA3/CLK3 RATIO	A		50	75	07/01/2019	12/31/9999	1	229.55

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81314	O1	PDGFRA GENE	A		18	80	07/01/2019	12/31/9999	1	296.56
81315	O1	PML/RARALPHA COMMON	A		0	999	07/01/2020	12/31/9999	1	186.58
81316	O1	PML/RARALPHA SINGLE	A		0	999	07/01/2020	12/31/9999	1	186.58
81317	O1	PMS2 FULL SEQ	A		0	999	07/01/2019	12/31/9999	1	608.85
81318	O1	PMS2 KNOWN FAM VARIANTS	A		0	999	07/01/2019	12/31/9999	1	297.90
81319	O1	PMS2 DUP/DEL VARIANTS	A		0	999	07/01/2019	12/31/9999	1	183.15
81320	O1	PLCG2 GENE COMMON VARIANTS	A		0	999	07/01/2019	12/31/9999	1	262.22
81321	O1	PTEN GENE FULL SEQUENCE	A		0	999	07/01/2019	12/31/9999	1	540.00
81322	O1	PTEN GEN KNOWN FAM VARIANT	A		0	999	07/01/2020	12/31/9999	1	41.94
81323	O1	PTEN GENE DUOP/DELET VARIANT	A		0	999	07/01/2019	12/31/9999	1	270.00
81324	O1	PMP22 GENE DUP/DELET	A		0	39	07/01/2019	12/31/9999	1	682.52
81325	O1	PMP22 GENE FULL SEQUENCE	A		0	39	07/01/2019	12/31/9999	1	692.62
81326	O1	PMP22 GENE KNOWN FAM VARIANT	A		0	39	07/01/2020	12/31/9999	1	41.94
81327	O1	PMP22 TOOTH SEPT9 METHYLATION ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	172.80
81328	O6	SLC01B1, GENE ANA	E		0	999	01/01/2018	12/31/9999	1	0.00
81329	O6	SMN1 GENE DOS/DELETION ALYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81330	O1	SMPD1	A		0	999	07/01/2019	12/31/9999	1	42.30
81331	O1	SNRPN/UBE3A	A		0	20	07/01/2019	12/31/9999	1	45.96
81332	O1	SERPINA1	A		0	999	07/01/2020	12/31/9999	1	39.29
81333	O6	TGFBI GENE COMMON VARIANTS	E		0	999	01/01/2019	12/31/9999	1	0.00
81334	O1	RUNX1 GENE ANA	A		0	999	07/01/2019	12/31/9999	1	296.56
81335	O1	TPMT, GENE ANA	A		0	999	07/01/2019	12/31/9999	1	157.33
81336	O6	SMN1 GENE FULL GENE SEQUENCE	E		0	999	01/01/2019	12/31/9999	1	0.00
81337	O6	SMN1 GEN NOWN FAMIL SEQ VRNT	E		0	999	01/01/2019	12/31/9999	1	0.00
81338	O1	MPL GENE COMMON VARIANTS	A		0	999	01/01/2021	12/31/9999	1	165.30
81339	O1	MPL GENE SEQ ALYS EXON 10	A		0	999	01/01/2021	12/31/9999	1	166.68
81340	O1	TRB@ CLONAL POPULATION	A		0	999	07/01/2020	12/31/9999	1	188.03
81341	O1	TRB@ DIRECT PROBE	A		0	999	07/01/2020	12/31/9999	1	44.63
81342	O1	TRG@ EVAL ABNORMAL	A		0	999	07/01/2020	12/31/9999	1	181.35
81343	O6	PPP2R2B GEN DETC ABNOR ALLEL	E		0	999	01/01/2019	12/31/9999	1	0.00
81344	O6	TBP GENE DETC ABNOR ALLELES	E		0	999	01/01/2019	12/31/9999	1	0.00
81345	O6	TERT GENE TARGETED SEQ ALYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81346	O1	TYMS, GENE ANA	A		0	999	07/01/2019	12/31/9999	1	157.33
81347	O1	SF3B1 GENE COMMON VARIANTS	A		0	999	01/01/2021	12/31/9999	1	173.93
81348	O1	SRSF2 GENE COMMON VARIANTS	A		0	999	01/01/2021	12/31/9999	1	157.86
81349	O6	CYTOG ALYS CHRML ABNR LW-PS	E		0	999	01/01/2022	12/31/9999	1	0.00
81350	O1	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FA	A		0	999	07/01/2019	12/31/9999	1	210.60
81351	O1	TP53 GENE FULL GENE SEQUENCE	A		0	999	01/01/2021	12/31/9999	1	577.67
81352	O1	TP53 GENE TRGT SEQUENCE ALYS	A		0	999	01/01/2021	12/31/9999	1	296.56
81353	O1	TP53 GENE KNOWN FAMIL VRNT	A		0	999	01/01/2021	12/31/9999	1	277.20
81355	O1	VKORC1 GENE ANALYSIS	A		0	999	07/01/2019	12/31/9999	1	79.38
81357	O1	U2AF1 GENE COMMON VARIANTS	A		0	999	01/01/2021	12/31/9999	1	173.93
81360	O1	ZRSR2 GENE COMMON VARIANTS	A		0	999	01/01/2021	12/31/9999	1	173.93
81361	O1	HBB, COMMON	A		0	999	07/01/2019	12/31/9999	1	157.33
81362	O6	HBB; KNOWN	E		0	999	01/01/2018	12/31/9999	1	0.00
81363	O6	HBB; DUP/DEL	E		0	999	01/01/2018	12/31/9999	1	0.00
81364	O6	HBB; FULL GENE SEQ	E		0	999	01/01/2018	12/31/9999	1	0.00
81370	O1	HLA HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB	A		0	999	07/01/2020	12/31/9999	1	361.91
81371	O1	HLA-A, -B,AND -DRB1/3/4/5	A		0	999	07/01/2019	12/31/9999	1	364.07
81372	O1	HLA CMPLT HLA-A, -B, AND -C	A		0	999	07/01/2019	12/31/9999	1	363.23
81373	O1	HLAONE LOCUS HLA-A, -B, OR -C EA	A		0	999	07/01/2019	12/31/9999	2	114.69
81374	O1	HLA CLASS I LOW RES ONE EA	A		0	999	07/01/2020	12/31/9999	1	66.90
81375	O1	HLA DRB1/3/4/5AND -DQB1	A		0	999	07/01/2020	12/31/9999	2	198.67
81376	O1	HLA ONE LOC DRB1/3/4/5 -DQB1,-DQA1 -DPB	A		0	999	07/01/2020	12/31/9999	5	110.00
81377	O1	HLA CLASS II LOW RES EA	A		0	999	07/01/2020	12/31/9999	2	85.27
81378	O1	HLA HIGH RES HLA-A, -B, -C, AND -DRB1	A		0	999	07/01/2020	12/31/9999	1	311.01
81379	O1	HLA HIGH RES CMPL HLA-A -B -C	A		0	999	07/01/2020	12/31/9999	1	301.84
81380	O1	HLA ONE LOCHLA-A, -B, OR -C), EA	A		0	999	07/01/2020	12/31/9999	2	159.53
81381	O1	HLA CLASS I TYPING, HIGH RES EA	A		0	999	07/01/2020	12/31/9999	3	152.91
81382	O1	HLA-DRB1, -DRB3, -DRB4, -DRB5,-DQB1, -D	A		0	999	07/01/2020	12/31/9999	6	111.31
81383	O1	HLA CLASS II TYPING, HIGH RES EA	A		0	999	07/01/2020	12/31/9999	2	98.22
81400	O6	MOLECULAR PATHOLOGY LEVEL 1	E		0	999	09/01/2012	12/31/9999	1	0.00
81401	O6	MOLECULAR PATHOLOGY LEVEL 2	E		0	999	09/01/2012	12/31/9999	1	0.00
81402	O6	MOLECULAR PATHOLOGY LEVER 3	E		0	999	09/01/2012	12/31/9999	1	0.00
81403	O6	MOLECULAR PATHOLOGY LEVEL 4	E		0	999	09/01/2012	12/31/9999	1	0.00
81404	O6	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5	E		0	999	09/01/2012	12/31/9999	1	0.00
81405	O6	MOLECULAR PATHOLOGY LEVEL 6	E		0	999	09/01/2012	12/31/9999	1	0.00
81406	O6	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7	E		0	999	09/01/2012	12/31/9999	1	0.00
81407	O6	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8	E		0	999	09/01/2012	12/31/9999	1	0.00
81408	O6	MOLECULAR PATH LEVEL 9	E		0	999	09/01/2012	12/31/9999	1	0.00
81410	O6	AORTIC DYSFUNCTION	E		0	999	01/01/2015	12/31/9999	1	0.00
81411	O6	AORTIC DYSFUNCTION	E		0	999	01/01/2015	12/31/9999	1	0.00
81412	O6	ASHKENAZI JEWISH ASSOC DIS	E		0	999	01/01/2016	12/31/9999	1	0.00
81413	O1	CARDIAC ION CHANNELOPATHIES	A		0	999	07/01/2020	12/31/9999	1	526.41
81414	O1	CRDIC ION CHANNELOPATHIES	A		0	999	07/01/2020	12/31/9999	1	526.41
81415	O6	EXOME SEQUENCE ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81416	O6	EXOME SEQUENCE ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81417	O6	EXOME SEQUENCE ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81419	O1	EPILEPSY GEN SEQ ALYS PANEL	A		0	999	01/01/2021	12/31/9999	1	2,203.70
81420	O1	FETAL CHROM ANEUPLOIDY	A		0	999	07/01/2019	12/31/9999	1	683.15
81422	O1	FETAL CHROMOSOMAL MICRODELETION	A		0	999	07/01/2019	12/31/9999	1	683.15
81425	O6	GENOME SEQ ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81426	O6	GENOME SEQ ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81427	O6	GENOME SEQ ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
81430	O6	HEARING LOSS GENOMIC SEQ	E		0	999	01/01/2015	12/31/9999	1	0.00
81431	O6	HEARING LOSS GENOMIC SEQ	E		0	999	01/01/2015	12/31/9999	1	0.00
81432	O6	HRDTRY BRST CA-RLATD DSORDRS	E		18	80	01/01/2016	12/31/9999	1	0.00
81433	O6	HRDTRY BRST CA-RLATD DSORDRS	E		18	80	01/01/2016	12/31/9999	1	0.00
81434	O1	HEREDITARY RETINAL DISORDERS	A		18	80	07/01/2019	12/31/9999	1	538.12
81435	O6	HEREDITARY COLON CA DSORDRS	E		0	999	01/01/2015	12/31/9999	1	0.00
81436	O6	HEREDITARY COLON CA DSORDRS	E		0	999	01/01/2015	12/31/9999	1	0.00
81437	O6	HEREDTRY NURONDCRN TUM DSRDR	E		18	80	01/01/2016	12/31/9999	1	0.00
81438	O6	HEREDTRY NURONDCRN TUM DSRDR	E		18	80	01/01/2016	12/31/9999	1	0.00
81439	O1	HEREDITARYCARDIOMYOPATHY GNMC SEQ PANEL	A		0	999	07/01/2020	12/31/9999	1	526.41
81440	O6	MITOCHONDR GENE PANEL	E		0	999	01/01/2015	12/31/9999	1	0.00
81442	O1	NOONAN SPECTRUM DISORDERS	A		0	18	07/01/2019	12/31/9999	1	1,929.24
81443	O6	GENETIC TSTG SEVERE INH COND	E		0	999	01/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
81445	O6	TARGETED GENOMIC SEQ ANALYS	E		0	999	01/01/2015	12/31/9999	1	0.00
81448	O6	HEREDITARY PERI NEURO	E		0	999	01/01/2018	12/31/9999	1	0.00
81450	O6	TARGETED GENOMIC SEQ ANALYS	E		0	999	01/01/2015	12/31/9999	1	0.00
81455	O6	TARGETED GENOMIC SEQ ANALYS	E		0	999	01/01/2015	12/31/9999	1	0.00
81460	O6	WHOLE MITOCHONDRIAL GENOME	E		0	999	01/01/2015	12/31/9999	1	0.00
81465	O6	WHOLE MITOCHONDRIAL GENOME	E		0	999	01/01/2015	12/31/9999	1	0.00
81470	O6	XLID GENOMIC SEQUENCE	E		0	999	01/01/2015	12/31/9999	1	0.00
81471	O6	XLID GENOMIC DUPLICATION	E		0	999	01/01/2015	12/31/9999	1	0.00
81479	O6	UNLISTED MOLECULAR PATHOLOGY PROC	E		0	999	01/01/2013	12/31/9999	2	0.00
81490	O6	AUTOIMMUNE RHEUMATOID ARTHR	E		0	999	01/01/2016	12/31/9999	1	0.00
81493	O6	COR ARTERY DISEASE MRNA	E		0	999	01/01/2016	12/31/9999	1	0.00
81500	O6	ONCO (OVAR) TWO PROTEINS	E		0	999	01/01/2013	12/31/9999	2	0.00
81503	O6	ONCO (OVAR) FIVE PROTEINS	E		0	999	01/01/2013	12/31/9999	2	0.00
81504	O1	ONCOLOGY PROF >2000 GENES	A		0	999	07/01/2019	12/31/9999	1	468.00
81506	O6	ENDO ASSAY SEVEN ANAL	E		0	999	01/01/2013	12/31/9999	2	0.00
81507	O1	FETAL ANEUPLOIDY	A		0	999	07/01/2019	12/31/9999	1	715.50
81508	O6	FTL CGEN ABNOR TWO PROTEINS	E		0	999	01/01/2013	12/31/9999	2	0.00
81509	O6	FTL CGEN ABNOR 3 PROTEINS	E		0	999	01/01/2013	12/31/9999	2	0.00
81510	O6	FTL CGEN ABNOR THREE ANAL	E		0	999	01/01/2013	12/31/9999	2	0.00
81511	O6	FTL CGEN ABNOR FOUR ANAL	E		0	999	01/01/2013	12/31/9999	2	0.00
81512	O6	FTL CGEN ABNOR FIVE ANAL	E		0	999	01/01/2013	12/31/9999	2	0.00
81513	O1	NFCT DS BV RNA VAG FLU ALG	A		0	999	01/01/2021	12/31/9999	1	128.37
81514	O1	NFCT DS BV&VAGINITIS DNA ALG	A		0	999	01/01/2021	12/31/9999	1	236.69
81518	O1	ONC BRST MRNA 11 GENES	A		18	80	07/01/2019	12/31/9999	1	3,485.70
81519	O1	ONCOLOGY (BREAST), MRNA	A		0	999	07/01/2019	12/31/9999	1	3,485.70
81520	O6	ONCOLOGY, GENE EXPR, 58 GENES	E		0	999	01/01/2018	12/31/9999	2	0.00
81521	O6	ONCOLOGY, MICROARRAY GENE EXPR, 70 GENES	E		0	999	01/01/2018	12/31/9999	2	0.00
81522	O6	ONC BREAST MRNA 12 GENES	E		0	999	01/01/2020	12/31/9999	1	0.00
81523	O6	ONC BRST MRNA 70 CNT 31 GENE	E		0	999	01/01/2022	12/31/9999	1	0.00
81525	O6	ONCOLOGY COLON MRNA	E		18	80	01/01/2016	12/31/9999	1	0.00
81528	O1	ONCOLOGY COLORECTAL SCR	A		50	80	07/01/2019	12/31/9999	1	457.98
81529	O1	ONC CUTAN MLNMA MRNA 31 GENE	A		0	999	01/01/2021	12/31/9999	1	6,473.70
81535	O6	ONCOLOGY GYNECOLOGIC	E		0	999	01/01/2016	12/31/9999	1	0.00
81536	O6	ONCOLOGY GYNECOLOGIC	E		0	999	01/01/2016	12/31/9999	1	0.00
81538	O1	ONCOLOGY LUNG	A		40	80	07/01/2019	12/31/9999	1	2,583.90
81539	O1	ONCLGY, BIOCHEM ASSY OF 4 PRTNs,	A		0	999	07/01/2019	12/31/9999	1	684.00
81540	O6	ONCOLOGY TUM UNKNOWN ORIGIN	E		0	999	01/01/2016	12/31/9999	1	0.00
81541	O6	ONCOLOGY, GENE EXPR, 46 GENES	E		0	999	01/01/2018	12/31/9999	1	0.00
81542	O6	ONC PROSTATE MRNA 22 CNT GEN	E		0	999	01/01/2020	12/31/9999	1	0.00
81546	O1	ONC THYR MRNA 10,196 GEN ALG	A		0	999	01/01/2021	12/31/9999	1	3,240.00
81551	O6	ONCOLOGY, PRO METH PROFILE, 3 GENES	E		0	999	01/01/2018	12/31/9999	1	0.00
81552	O6	ONC UVEAL MLNMA MRNA 15 GENE	E		0	999	01/01/2020	12/31/9999	1	0.00
81554	O1	PULM DS IPF MRNA 190 GEN ALG	A		0	999	01/01/2021	12/31/9999	1	4,950.00
81560	O6	TRNSPL PD LVR&BWL CD154+CLL	E		0	999	01/01/2022	12/31/9999	1	0.00
81595	O6	CARDIOLOGY HRT TRNSPL MRNA	E		0	999	01/01/2016	12/31/9999	1	0.00
81596	O6	NFCT DS CHRNC HCV 6 ASSAYS	E		0	999	01/01/2019	12/31/9999	1	0.00
81599	O6	UNLISTED MULTIANALYTE ASSAY	E		0	999	01/01/2013	12/31/9999	2	0.00
82009	O1	ACETONE OR OTHER KETONE BODIES	A		0	999	07/01/2020	12/31/9999	3	4.07
82010	O1	ACETONE;	A		0	999	07/01/2020	12/31/9999	3	7.35
82013	O1	ACETYLCHOLINESTERASE	A		0	999	07/01/2020	12/31/9999	1	11.06
82016	O1	ACYLCARNITINES, QUAL	A		0	999	07/01/2020	12/31/9999	1	14.84
82017	O1	ACYLCARNITINES, QUANT	A		0	999	07/01/2020	12/31/9999	1	15.18
82024	O1	ADRENOCORTICOTROPIC HORMONE (A	A		0	999	07/01/2020	12/31/9999	4	34.76
82030	O1	ADENOSINE; 5'-MONOPHOSPHATE, C	A		0	999	07/01/2020	12/31/9999	1	23.22
82040	O1	ALBUMIN;	A		0	999	07/01/2020	12/31/9999	1	4.46
82042	O1	ASSAY OF URINE ALBUMIN	A		0	999	07/01/2020	12/31/9999	2	7.00
82043	O1	ALBUMIN; URINE, MICROALBUMIN,	A		0	999	07/01/2020	12/31/9999	1	5.20
82044	O1	ALBUMIN; URINE, MICROALBUMIN,	A		0	999	07/01/2019	12/31/9999	1	5.61
82045	O1	ALBUMIN, ISCHEMIA MODIFIED	A		0	999	07/01/2020	12/31/9999	1	30.55
82075	O1	ALCOHOL (ETHANOL); BREATH	A		0	999	07/01/2020	12/31/9999	2	27.00
82077	O1	ASSAY SPEC XCP UR&BREATH IA	A		0	999	01/01/2021	12/31/9999	1	17.27
82085	O1	ALDOLASE	A		0	999	07/01/2020	12/31/9999	1	8.74
82088	O1	ALDOSTERONE;	A		0	999	07/01/2020	12/31/9999	2	36.68
82103	O1	ALPHA-1-ANTITRYPSIN; TOTAL	A		0	999	07/01/2020	12/31/9999	1	12.10
82104	O1	ALPHA-1-ANTITRYPSIN; PHENOTYPE	A		0	999	07/01/2020	12/31/9999	1	13.01
82105	O1	ALPHA-FETOPROTEIN; SERUM	A		0	999	07/01/2020	12/31/9999	1	15.09
82106	O1	ALPHA-FETOPROTEIN; AMNIOTIC FL	A		9	60	07/01/2020	12/31/9999	2	15.30
82107	O1	ALPHA-FETOPROTEIN AFP-L3	A		0	999	07/01/2020	12/31/9999	1	57.97
82108	O1	ALUMINUM	A		0	999	07/01/2020	12/31/9999	1	22.93
82120	O1	AMINES, VAGINAL FLUID QUAL	A		0	999	07/01/2019	12/31/9999	1	5.39
82127	O1	AMINO ACID, SINGLE QUAL	A		0	999	07/01/2020	12/31/9999	1	12.76
82128	O1	AMINO ACIDS, MULT QUAL	A		0	999	07/01/2020	12/31/9999	2	12.48
82131	O1	AMINO ACIDS, SINGLE QUANT	A		0	999	07/01/2020	12/31/9999	2	20.68
82135	O1	AMINOLEVULINIC ACID, DELTA (	A		0	999	07/01/2020	12/31/9999	1	14.81
82136	O1	AMINO ACIDS, QUANT, 2-5	A		0	999	07/01/2019	12/31/9999	2	17.65
82139	O1	AMINO ACIDS, QUAN, 6 OR MORE	A		0	999	07/01/2020	12/31/9999	2	15.18
82140	O1	AMMONIA	A		0	999	07/01/2020	12/31/9999	2	13.11
82143	O1	AMNIOTIC FLUID SCAN (SPECTROPH	A		9	60	07/01/2020	12/31/9999	2	8.42
82150	O1	AMYLASE	A		0	999	07/01/2020	12/31/9999	4	5.83
82154	O6	ANDROSTANEDIOL GLUCURONIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
82157	O1	ANDROSTENEDIONE	A		0	999	07/01/2020	12/31/9999	1	26.35
82160	O1	ANDROSTERONE	A		0	999	07/01/2020	12/31/9999	1	23.00
82163	O1	ANGIOTENSIN II	A		0	999	07/01/2020	12/31/9999	1	18.47
82164	O1	ANGIOTENSIN I - CONVERTING ENZ	A		0	999	07/01/2020	12/31/9999	1	13.14
82172	O1	APOLIPOPROTEIN, EACH	A		0	999	07/01/2020	12/31/9999	2	18.98
82175	O1	ARSENIC	A		0	999	07/01/2020	12/31/9999	2	17.07
82180	O1	ASCORBIC ACID (VITAMIN C), B	A		0	999	07/01/2020	12/31/9999	1	8.90
82190	O1	ATOMIC ABSORPTION SPECTROSCOPY	A		0	999	07/01/2020	12/31/9999	2	14.31
82232	O1	BETA-2 MICROGLOBULIN	A		0	999	07/01/2020	12/31/9999	2	14.56
82239	O1	BILE ACIDS; TOTAL	A		0	999	07/01/2020	12/31/9999	1	15.41
82240	O1	BILE ACIDS; CHOLYGLYCINE	A		0	999	07/01/2020	12/31/9999	1	23.92
82247	O1	BILIRUBIN, TOTAL	A		0	999	07/01/2020	12/31/9999	2	4.52
82248	O1	BILIRUBIN, DIRECT	A		0	999	07/01/2020	12/31/9999	2	4.52
82252	O1	BILIRUBIN;	A		0	999	07/01/2020	12/31/9999	1	4.10
82261	O1	ASSAY OF BIOTINIDASE	A		0	999	07/01/2020	12/31/9999	1	15.18
82270	O1	OCCULT BLOOD, OTHER SOURCES	A		0	999	07/01/2019	12/31/9999	1	3.94
82271	O1	OCCULT BLOOD, FECES, SINGLE	A		0	999	07/01/2020	12/31/9999	3	4.79

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
82272	O1	BLOOD OCCULT BY PEROXIDASE	A		0	999	07/01/2019	12/31/9999	1	3.81
82274	O1	ASSAY TEST FOR BLOOD, FECAL	A		0	999	07/01/2020	12/31/9999	1	14.33
82286	O1	BRADYKININ	A		0	999	07/01/2020	12/31/9999	1	4.64
82300	O1	CADMIUM	A		0	999	07/01/2020	12/31/9999	1	21.28
82306	O1	VITAMIN D, 25 HYDROXY	A		0	999	07/01/2020	12/31/9999	1	26.64
82308	O1	CALCITONIN	A		0	999	07/01/2020	12/31/9999	1	24.11
82310	O1	CALCIUM; TOTAL	A		0	999	07/01/2020	12/31/9999	4	4.64
82330	O1	CALCIUM; IONIZED	A		0	999	07/01/2020	12/31/9999	4	12.31
82331	O1	CALCIUM, BLOOD;	A		0	999	07/01/2019	12/31/9999	1	12.01
82340	O1	CALCIUM; URINE QUANTITATIVE, T	A		0	999	07/01/2020	12/31/9999	1	5.43
82355	O1	CALCULUS ANALYSIS, QUAL	A		0	999	07/01/2020	12/31/9999	2	10.42
82360	O1	CALCULUS (STONE); QUANTITATIVE	A		0	999	07/01/2020	12/31/9999	2	11.58
82365	O1	CALCULUS (STONE), QUANTITATI	A		0	999	07/01/2020	12/31/9999	2	11.61
82370	O1	CALCULUS (STONE), QUANTITATI	A		0	999	07/01/2020	12/31/9999	2	11.27
82373	O1	ASSAY, C-D TRANSFER MEASURE	A		0	999	07/01/2020	12/31/9999	1	16.25
82374	O1	CARBON DIOXIDE (BICARBONATE)	A		0	999	07/01/2020	12/31/9999	2	4.39
82375	O1	CARBON MONOXIDE, (CARBOXYHEM	A		0	999	07/01/2020	12/31/9999	4	11.09
82376	O1	CARBON MONOXIDE, (CARBOXYHEM	A		0	999	07/01/2020	12/31/9999	2	12.66
82378	O1	CARCINOEMBRYONIC ANTIGEN (CEA)	A		0	999	07/01/2020	12/31/9999	1	17.06
82379	O1	ASSAY OF CARNITINE	A		0	999	07/01/2020	12/31/9999	1	15.18
82380	O1	CAROTENE	A		0	999	07/01/2020	12/31/9999	1	8.30
82382	O1	CATECHOLAMINES; TOTAL URINE	A		0	999	07/01/2019	12/31/9999	1	24.57
82383	O1	CATECHOLAMINES (DOPAMINE, NO	A		0	999	07/01/2019	12/31/9999	1	26.17
82384	O1	CATECHOLAMINES (DOPAMINE, NO	A		0	999	07/01/2020	12/31/9999	2	22.73
82387	O1	CATHEPSIN-D	A		0	999	07/01/2020	12/31/9999	1	16.25
82390	O1	CERULOPLASMIN	A		0	999	07/01/2020	12/31/9999	1	9.67
82397	O1	CHEMILUMINESCENT ASSAY	A		0	999	07/01/2020	12/31/9999	4	12.71
82415	O1	CHLORAMPHENICOL	A		0	999	07/01/2020	12/31/9999	1	11.40
82435	O1	CHLORIDE; BLOOD	A		0	999	07/01/2020	12/31/9999	2	4.14
82436	O1	CHLORIDE; URINE	A		0	999	07/01/2019	12/31/9999	1	5.18
82438	O1	CHLORIDE; OTHER SOURCE	A		0	999	07/01/2020	12/31/9999	1	4.50
82441	O1	CHLORINATED HYDROCARBONS, SC	A		0	999	07/01/2020	12/31/9999	1	5.41
82465	O1	ASSAY, BLD/SERUM CHOLESTEROL	A		0	999	07/01/2020	12/31/9999	1	3.92
82480	O1	CHOLINESTERASE;	A		0	999	07/01/2020	12/31/9999	2	7.08
82482	O1	CHOLINESTERASE;	A		0	999	07/01/2019	12/31/9999	1	8.83
82485	O1	CHONDROITIN B SULFATE, QUANT	A		0	999	07/01/2020	12/31/9999	1	18.59
82495	O1	CHROMIUM	A		0	999	07/01/2020	12/31/9999	1	18.25
82507	O1	CITRIC ACID	A		0	999	07/01/2020	12/31/9999	1	25.02
82523	O1	COLLAGEN CROSSLINKS	A		0	999	07/01/2020	12/31/9999	1	16.81
82525	O1	COPPER	A		0	999	07/01/2020	12/31/9999	2	11.17
82528	O1	CORTICOSTERONE	A		0	999	07/01/2020	12/31/9999	1	20.27
82530	O1	CORTISOL; FREE	A		0	999	07/01/2020	12/31/9999	4	15.04
82533	O1	CORTISOL; TOTAL	A		0	999	07/01/2020	12/31/9999	5	14.67
82540	O1	CREATINE	A		0	999	07/01/2020	12/31/9999	1	4.18
82542	O1	COL CHROMOTOGRAPHY QUAL/QUAN	A		0	999	07/01/2020	12/31/9999	6	21.68
82550	O1	CREATINE KINASE (CK), (CPK); T	A		0	999	07/01/2020	12/31/9999	3	5.86
82552	O1	CREATINE PHOSPHOKINASE (CPK)	A		0	999	07/01/2020	12/31/9999	3	12.05
82553	O1	CREATINE KINASE (CK), (CPK); M	A		0	999	07/01/2020	12/31/9999	3	10.40
82554	O1	CREATINE KINASE (CK), (CPK); I	A		0	999	07/01/2020	12/31/9999	2	10.68
82565	O1	CREATININE; BLOOD	A		0	999	07/01/2020	12/31/9999	2	4.61
82570	O1	CREATININE; OTHER SOURCE	A		0	999	07/01/2020	12/31/9999	3	4.66
82575	O1	CREATININE;	A		0	999	07/01/2020	12/31/9999	1	8.51
82585	O1	CRYOFIBRINOGEN	A		0	999	07/01/2019	12/31/9999	1	12.73
82595	O1	ASSAY OF CRYOGLOBULIN	A		0	999	07/01/2020	12/31/9999	1	5.82
82600	O1	CYANIDE	A		0	999	07/01/2020	12/31/9999	1	17.46
82607	O1	CYANOCOBALAMIN (VITAMIN B-12);	A		0	999	07/01/2020	12/31/9999	1	13.57
82608	O1	CYANOCOBALAMIN (VITAMIN B-12);	A		0	999	07/01/2020	12/31/9999	1	12.89
82610	O1	CYSTATIN C	A		0	999	07/01/2019	12/31/9999	1	16.67
82615	O1	CYSTINE AND HOMOCYSTINE, URI	A		0	999	07/01/2019	12/31/9999	1	8.60
82626	O1	DEHYDROEPIANDROSTERONE (DHEA)	A		0	999	07/01/2020	12/31/9999	1	22.74
82627	O1	DEHYDROEPIANDROSTERONE-SULFATE	A		0	999	07/01/2020	12/31/9999	1	20.01
82633	O1	DESOXYCORTICOSTERONE, 11-	A		0	999	07/01/2020	12/31/9999	1	27.88
82634	O1	DEOXYCORTISOL, 11-	A		0	999	07/01/2020	12/31/9999	1	26.35
82638	O1	DIBUCAINE NUMBER	A		0	999	07/01/2020	12/31/9999	1	11.03
82642	O1	DIHYDROTESTOSTERONE	A		0	999	07/01/2020	12/31/9999	1	26.35
82652	O1	VIT D 1, 25-DIHYDROXY	A		0	999	07/01/2020	12/31/9999	1	34.65
82653	O6	EL-1 FECAL QUANTITATIVE	E		0	999	01/01/2022	12/31/9999	1	0.00
82656	O1	PANCREATIC ELASTASE, FECAL	A		0	999	07/01/2020	12/31/9999	1	10.38
82657	O1	ENZYME CELL ACTIVITY	A		0	999	07/01/2019	12/31/9999	2	19.95
82658	O1	ENZYME CELL ACTIVITY, RA	A		0	999	07/01/2019	12/31/9999	2	39.63
82664	O1	ELECTROPHORETIC TECHNIQUE, N	A		0	999	07/01/2020	12/31/9999	2	55.35
82668	O1	ERYTHROPOIETIN	A		0	999	07/01/2020	12/31/9999	1	16.91
82670	O1	ESTRADIOL	A		0	999	07/01/2020	12/31/9999	2	25.15
82671	O1	ESTROGENS;	A		0	999	07/01/2020	12/31/9999	1	29.07
82672	O1	ESTROGENS;	A		0	999	07/01/2020	12/31/9999	1	19.53
82677	O1	ESTRIOL	A		0	999	07/01/2020	12/31/9999	1	21.76
82679	O1	ESTRONE	A		0	999	07/01/2020	12/31/9999	1	22.46
82681	O1	ASSAY DIR MEAS FR ESTRADIOL	A		0	999	01/01/2021	12/31/9999	1	25.15
82693	O1	ETHYLENE GLYCOL	A		0	999	07/01/2020	12/31/9999	2	13.41
82696	O1	ETIOCHOLANOLONE	A		0	999	07/01/2019	12/31/9999	1	23.62
82705	O1	FAT OR LIPIDS, FECES; QUALITAT	A		0	999	07/01/2020	12/31/9999	1	4.59
82710	O1	FAT OR LIPIDS, FECES; QUANTITA	A		0	999	07/01/2020	12/31/9999	1	15.12
82715	O1	FAT DIFFERENTIAL, FECES, QUANT	A		0	999	07/01/2020	12/31/9999	3	20.67
82725	O1	FATTY ACIDS, NONESTERIFIED	A		0	999	07/01/2019	12/31/9999	1	16.89
82726	O1	LONG CHAIN FATTY ACIDS	A		0	999	07/01/2020	12/31/9999	1	17.78
82728	O1	FERRITIN	A		0	999	07/01/2020	12/31/9999	1	12.27
82731	O1	ASSAY OF FETAL FIBRONECTIN	A		0	999	07/01/2020	12/31/9999	1	57.97
82735	O1	FLUORIDE	A		0	999	07/01/2020	12/31/9999	1	16.69
82746	O1	FOLIC ACID; SERUM	A		0	999	07/01/2020	12/31/9999	1	13.23
82747	O1	FOLIC ACID; RBC	A		0	999	07/01/2020	12/31/9999	1	15.89
82757	O1	FRUCTOSE, SEMEN	A		14	999	07/01/2020	12/31/9999	1	15.61
82759	O1	GALACTOKINASE, RBC	A		0	999	07/01/2020	12/31/9999	1	19.33
82760	O1	GALACTOSE	A		0	999	07/01/2020	12/31/9999	1	10.08
82775	O1	GALACTOSE-1-PHOSPHATE URIDYL	A		0	999	07/01/2020	12/31/9999	1	18.96
82776	O1	GALACTOSE-1-PHOSPHATE URIDYL	A		0	999	07/01/2019	12/31/9999	1	10.57
82777	O1	GALECTIN-3	A		0	999	07/01/2019	12/31/9999	1	39.83
82784	O1	ASSAY, IGA/IGD/IGG/IGM EACH	A		0	999	07/01/2020	12/31/9999	6	8.37

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
82785	O1	ASSAY OF IGE	A		0	999	07/01/2020	12/31/9999	1	14.81
82787	O1	IGG 1, 2, 3 OR 4, EACH	A		0	999	07/01/2020	12/31/9999	4	7.22
82800	O1	GASES, BLOOD; PH ONLY	A		0	999	07/01/2020	12/31/9999	2	9.90
82803	O1	GASES, BLOOD, ANY COMBINATION	A		0	999	07/01/2019	12/31/9999	1	23.46
82805	O1	GASES, BLOOD, ANY COMBINATION	A		0	999	07/01/2020	12/31/9999	3	70.89
82810	O1	GASES, BLOOD, O2 SATURATION ON	A		0	999	07/01/2020	12/31/9999	4	8.79
82820	O1	HEMOGLOBIN-OXYGEN AFFINITY (PO	A		0	999	07/01/2019	12/31/9999	1	12.01
82930	O1	GASTRIC ANALY W/PH EA SPEC	A		0	999	07/01/2020	12/31/9999	1	6.04
82938	O1	GASTRIN AFTER SECRETIN STIMULA	A		0	999	07/01/2020	12/31/9999	1	15.92
82941	O1	GASTRIN	A		0	999	07/01/2020	12/31/9999	1	15.87
82943	O1	GLUCAGON	A		0	999	07/01/2020	12/31/9999	1	12.86
82945	O1	GLUCOSE OTHER FLUID	A		0	999	07/01/2020	12/31/9999	4	3.54
82946	O1	GLUCAGON TOLERANCE TEST	A		0	999	07/01/2019	12/31/9999	1	15.99
82947	O1	ASSAY, GLUCOSE, BLOOD QUANT	A		0	999	07/01/2020	12/31/9999	5	3.54
82948	O1	GLUCOSE; BLOOD, REAGENT STRIP	A		0	999	07/01/2019	12/31/9999	1	4.54
82950	O1	GLUCOSE;	A		0	999	07/01/2020	12/31/9999	3	4.28
82951	O1	GLUCOSE;	A		0	999	07/01/2020	12/31/9999	1	11.58
82952	O1	GLUCOSE;	A		0	999	07/01/2020	12/31/9999	3	3.53
82955	O1	GLUCOSE-6-PHOSPHATE DEHYDROGEN	A		0	999	07/01/2020	12/31/9999	1	8.73
82960	O1	GLUCOSE-6-PHOSPHATE DEHYDROG	A		0	999	07/01/2020	12/31/9999	1	5.45
82962	O1	GLUCOSE, BLOOD, BY GLUCOSE MON	A		0	999	07/01/2019	12/31/9999	1	2.95
82963	O1	GLUCOSIDASE, BETA	A		0	999	07/01/2020	12/31/9999	1	19.33
82965	O6	GLUTAMATE DEHYDROGENASE	E		0	999	09/01/2012	12/31/9999	1	0.00
82977	O1	GLUTAMYLTRANSFERASE, GAMMA (GG	A		0	999	07/01/2020	12/31/9999	1	6.48
82978	O1	GLUTATHIONE	A		0	999	07/01/2020	12/31/9999	1	13.91
82979	O1	GLUTATHIONE REDUCTASE, RBC	A		0	999	07/01/2020	12/31/9999	1	8.50
82985	O1	GLYCATED PROTEIN	A		0	999	07/01/2019	12/31/9999	1	15.08
83001	O1	GONADOTROPIN; FOLLICLE STIMULA	A		0	999	07/01/2020	12/31/9999	1	16.72
83002	O1	GONADOTROPIN; LUTEINIZING HORM	A		0	999	07/01/2020	12/31/9999	1	16.67
83003	O1	GROWTH HORMONE, HUMAN (HGH) (S	A		0	999	07/01/2020	12/31/9999	5	15.00
83006	O1	GROWTH STIM GENE 2	A		0	999	07/01/2019	12/31/9999	1	68.04
83009	O1	H PYLORI (C-13), BLOOD	A		0	999	07/01/2020	12/31/9999	1	60.62
83010	O1	HAPTOGLOBIN; QUANTITATIVE	A		0	999	07/01/2020	12/31/9999	1	11.32
83012	O1	HAPTOGLOBIN; PHENOTYPES	A		0	999	07/01/2019	12/31/9999	1	24.20
83013	O1	H PYLORI (C-13), BREATH	A		0	999	07/01/2020	12/31/9999	1	60.62
83014	O1	H PYLORI DRUG ADMIN	A		0	999	07/01/2020	12/31/9999	1	7.07
83015	O1	HEAVY METAL QUALITATIVE ANY # ANALYTES	A		0	999	07/01/2020	12/31/9999	1	18.85
83018	O1	HEAVY METAL QUANTITATIVE EA NOS	A		0	999	07/01/2020	12/31/9999	4	19.76
83020	O1	HEMOGLOBIN ELECTROPHORESIS	A		0	999	07/01/2020	12/31/9999	2	11.58
83021	O1	HEMOGLOBIN CHROMOTOGRAPHY	A		0	999	07/01/2020	12/31/9999	2	16.25
83026	O1	HEMOGLOBIN; BY COPPER SULFATE	A		0	999	07/01/2019	12/31/9999	1	3.61
83030	O1	HEMOGLOBIN;	A		0	999	07/01/2019	12/31/9999	1	9.67
83033	O1	FETAL HEMOGLOBIN ASSAY, QUAL	A		0	999	07/01/2019	12/31/9999	1	7.20
83036	O1	GLYCOSYLATED HEMOGLOBIN TEST	A		0	999	07/01/2020	12/31/9999	1	8.74
83037	O1	GLYCOSYLATED HB, HOME DEVICE	A		0	999	07/01/2020	12/31/9999	1	8.74
83045	O1	HEMOGLOBIN;	A		0	999	07/01/2019	12/31/9999	1	5.84
83050	O1	HEMOGLOBIN;	A		0	999	07/01/2020	12/31/9999	2	7.38
83051	O1	HEMOGLOBIN;	A		0	999	07/01/2020	12/31/9999	1	6.58
83060	O1	HEMOGLOBIN;	A		0	999	07/01/2020	12/31/9999	1	7.92
83065	O1	HEMOGLOBIN;	A		0	999	07/01/2019	12/31/9999	1	8.10
83068	O1	HEMOGLOBIN;	A		0	999	07/01/2019	12/31/9999	1	8.52
83069	O1	HEMOGLOBIN; URINE	A		0	999	07/01/2020	12/31/9999	1	3.56
83070	O1	HEMOSIDERIN; QUALITATIVE	A		0	999	07/01/2020	12/31/9999	1	4.28
83080	O1	ASSAY OF B HEXOSAMINIDASE	A		0	999	07/01/2020	12/31/9999	2	15.18
83088	O1	HISTAMINE	A		0	999	07/01/2020	12/31/9999	1	26.58
83090	O1	ASSAY OF HOMOCYSTINE	A		0	999	07/01/2020	12/31/9999	2	16.13
83150	O1	HOMOVANILLIC ACID (HVA)	A		0	999	07/01/2019	12/31/9999	1	20.17
83491	O1	HYDROXYCORTICOSTEROIDS, 17- (1	A		0	999	07/01/2020	12/31/9999	1	16.11
83497	O1	HYDROXYINDOLACETIC ACID, 5-(HI	A		0	999	07/01/2020	12/31/9999	1	11.61
83498	O1	HYDROXYPROGESTERONE, 17-D	A		0	999	07/01/2020	12/31/9999	2	24.45
83500	O1	HYDROXYPROLINE; FREE	A		0	999	07/01/2020	12/31/9999	1	20.39
83505	O1	HYDROXYPROLINE; TOTAL	A		0	999	07/01/2020	12/31/9999	1	21.87
83516	O1	IMMUNOASSAY, NONANTIBODY	A		0	999	07/01/2020	12/31/9999	5	10.38
83518	O1	IMMUNOASSAY, DIPSTICK	A		0	999	07/01/2020	12/31/9999	1	8.68
83519	O1	RIA NONANTIBODY	A		0	999	07/01/2020	12/31/9999	5	16.56
83520	O1	IMMUNOASSAY QUANT NOS NONAB	A		0	999	07/01/2020	12/31/9999	9	15.54
83521	O6	IG LIGHT CHAINS FREE EACH	E		0	999	01/01/2022	12/31/9999	1	0.00
83525	O1	INSULIN; TOTAL	A		0	999	07/01/2020	12/31/9999	4	10.29
83527	O6	INSULIN; FREE	E		0	999	09/01/2012	12/31/9999	1	0.00
83528	O1	INTRINSIC FACTOR	A		0	999	07/01/2019	12/31/9999	1	17.84
83529	O6	ASAY OF INTERLEUKIN-6 (IL-6)	E		0	999	01/01/2022	12/31/9999	1	0.00
83540	O1	IRON	A		0	999	07/01/2020	12/31/9999	2	5.82
83550	O1	IRON BINDING CAPACITY	A		0	999	07/01/2020	12/31/9999	1	7.87
83570	O1	ISOCITRIC DEHYDROGENASE (IDH)	A		0	999	07/01/2020	12/31/9999	1	7.97
83582	O1	KETOGENIC STEROIDS; FRACTIONAT	A		0	999	07/01/2020	12/31/9999	1	13.92
83586	O1	KETOSTEROIDS, 17- (17-KS); TOT	A		0	999	07/01/2020	12/31/9999	1	11.52
83593	O1	KETOSTEROIDS, 17- (17-KS); FRA	A		0	999	07/01/2020	12/31/9999	1	25.65
83605	O1	LACTATE (LACTIC ACID)	A		0	999	07/01/2020	12/31/9999	2	10.41
83615	O1	LACTATE DEHYDROGENASE (LD), (L	A		0	999	07/01/2020	12/31/9999	3	5.44
83625	O1	LACTATE DEHYDROGENASE (LD), (L	A		0	999	07/01/2020	12/31/9999	1	11.51
83630	O1	LACTOFERRIN, FECAL (QUAL)	A		0	999	07/01/2020	12/31/9999	1	17.73
83631	O1	LACTOFERRIN, F ECAL (QUANT)	A		0	999	07/01/2020	12/31/9999	1	17.67
83632	O1	LACTOGEN, HUMAN PLACENTAL (HPL	A		9	60	07/01/2020	12/31/9999	1	18.20
83633	O1	LACTOSE, URINE; QUALITATIVE	A		0	999	07/01/2019	12/31/9999	1	10.13
83655	O1	LEAD	A		0	999	07/01/2020	12/31/9999	2	10.90
83661	O1	L/S RATIO, FETAL LUNG	A		9	60	07/01/2020	12/31/9999	3	19.79
83662	O1	LECITHIN-SPHINGOMYELIN RATIO (	A		0	999	07/01/2020	12/31/9999	4	17.02
83663	O1	FLUORO POLARIZE, FETAL LUNG	A		0	999	07/01/2020	12/31/9999	3	17.02
83664	O1	LAMELLAR BDY, FETAL LUNG	A		0	999	07/01/2020	12/31/9999	3	17.39
83670	O1	LEUCINE AMINOPEPTIDASE (LAP)	A		0	999	07/01/2020	12/31/9999	1	8.83
83690	O1	LIPASE	A		0	999	07/01/2020	12/31/9999	2	6.20
83695	O1	ASSAY OF LIPOPROTEIN(A)	A		0	999	07/01/2020	12/31/9999	1	12.89
83698	O1	LIPOPROT-ASSOC PHOSPHOLIPASE	A		0	999	07/01/2019	12/31/9999	1	41.68
83700	O1	LIPOPRO BLD, E LECTROPHORETIC	A		0	999	07/01/2020	12/31/9999	1	10.13
83701	O1	LIPOPROTEIN BLD, HR FRACTION	A		0	999	07/01/2019	12/31/9999	1	30.47
83704	O1	LIPOPROTEIN BLOOD QUANTITATION	A		0	999	07/01/2020	12/31/9999	1	30.77
83718	O1	LIPOPROTEIN, DIRECT MEASUREMEN	A		0	999	07/01/2020	12/31/9999	1	7.37

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
83719	O1	BLOOD LIPOPROTEIN ASSAY	A		0	999	07/01/2020	12/31/9999	1	11.48
83721	O1	BLOOD LIPOPROTEIN ASSAY	A		0	999	07/01/2020	12/31/9999	1	9.45
83722	O1	LIPOPRTN DIR MEAS SD LDL CHL	A		0	999	07/01/2020	12/31/9999	1	30.77
83727	O1	LUTEINIZING RELEASING FACTOR (	A		0	999	07/01/2020	12/31/9999	1	15.47
83735	O1	MAGNESIUM	A		0	999	07/01/2020	12/31/9999	4	6.03
83775	O1	MALATE DEHYDROGENASE	A		0	999	07/01/2020	12/31/9999	1	6.63
83785	O1	MANGANESE	A		0	999	07/01/2020	12/31/9999	1	23.99
83789	O1	MASS SPECTROMETRY QUAL/QUAN	A		0	999	07/01/2019	12/31/9999	2	21.70
83825	O1	MERCURY, QUANTITATIVE	A		0	999	07/01/2020	12/31/9999	2	14.63
83835	O1	METANEPHRINES	A		0	999	07/01/2020	12/31/9999	2	15.25
83857	O1	METHEMALBUMIN	A		0	999	07/01/2020	12/31/9999	1	9.67
83861	O1	MICROFLUID ANALY TEARS	A		0	999	07/01/2019	12/31/9999	2	20.23
83864	O1	MUCOPOLYSACCHARIDES, ACID; QUA	A		0	999	07/01/2019	12/31/9999	1	25.65
83872	O1	MUCIN, SYNOVIAL FLUID (ROPES	A		0	999	07/01/2020	12/31/9999	2	5.27
83873	O1	ASSAY OF CSF PROTEIN	A		0	999	07/01/2020	12/31/9999	1	15.48
83874	O1	MYOGLOBIN	A		0	999	07/01/2020	12/31/9999	4	11.63
83876	O1	MYELOPEROXIDAS (MPO)	A		0	999	07/01/2019	12/31/9999	1	45.77
83880	O1	NATRIURETIC PEPTIDE	A		0	999	07/01/2019	12/31/9999	1	35.33
83883	O1	NEPHELOMETRY, EACH ANALYTE NOT	A		0	999	07/01/2020	12/31/9999	4	12.24
83885	O1	NICKEL	A		0	999	07/01/2020	12/31/9999	2	22.06
83915	O1	NUCLEOTIDASE 5'-	A		0	999	07/01/2020	12/31/9999	1	10.04
83916	O1	OLIGOCLONAL BANDS	A		0	999	07/01/2020	12/31/9999	2	24.65
83918	O1	ORGANIC ACIDS, TOTAL, QUANT	A		0	999	07/01/2020	12/31/9999	2	21.24
83919	O1	ORGANIC ACIDS, QUAL, EACH	A		0	999	07/01/2020	12/31/9999	1	14.81
83921	O1	ORGANIC ACID, SINGLE, QUANT	A		0	999	07/01/2020	12/31/9999	2	19.09
83930	O1	OSMOLALITY;	A		0	999	07/01/2020	12/31/9999	2	5.95
83935	O1	OSMOLALITY;	A		0	999	07/01/2020	12/31/9999	2	6.14
83937	O6	OSTEOCALCIN (BONE GIA PROTEIN)	E		0	999	09/01/2012	12/31/9999	1	0.00
83945	O1	OXALATE	A		0	999	07/01/2020	12/31/9999	2	13.01
83950	O1	ONCOPROTEIN, HER-2/NEU	A		0	999	07/01/2020	12/31/9999	1	57.97
83951	O1	ONCOPROTEIN	A		0	999	07/01/2020	12/31/9999	1	57.97
83970	O1	PARATHORMONE (PARATHYROID HORM	A		0	999	07/01/2020	12/31/9999	4	37.15
83986	O1	ASSAY PH BODY FLUID NOS	A		0	999	07/01/2020	12/31/9999	2	3.22
83987	O6	EXHALED BREATH CONDENSATE	E		0	999	09/01/2012	12/31/9999	1	0.00
83992	O1	PHENCYCLIDINE (PCP)	B		0	999	07/01/2020	12/31/9999	2	15.12
83993	O1	CALPROTECTIN, FECAL	A		0	999	07/01/2020	12/31/9999	1	17.67
84030	O1	PHENYLALANINE (PKU), BLOOD	A		0	999	07/01/2020	12/31/9999	1	4.95
84035	O1	PHENYLKETONES, QUALITATIVE	A		0	999	07/01/2020	12/31/9999	1	3.58
84060	O1	PHOSPHATASE, ACID; TOTAL	A		0	999	07/01/2020	12/31/9999	1	6.88
84066	O1	PHOSPHATASE, ACID; PROSTATIC	A		0	999	07/01/2020	12/31/9999	1	8.69
84075	O1	PHOSPHATASE, ALKALINE;	A		0	999	07/01/2020	12/31/9999	2	4.66
84078	O1	PHOSPHATASE, ALKALINE, BLOOD	A		0	999	07/01/2019	12/31/9999	1	7.43
84080	O1	PHOSPHATASE, ALKALINE; ISOENZY	A		0	999	07/01/2020	12/31/9999	1	13.30
84081	O1	PHOSPHATIDYLGLYCEROL	A		0	999	07/01/2020	12/31/9999	1	14.87
84085	O1	PHOSPHOGLUCONATE, 6-, DEHYDR	A		0	999	07/01/2020	12/31/9999	1	8.50
84087	O1	PHOSPHOHEXOSE ISOMERASE	A		0	999	07/01/2020	12/31/9999	1	9.66
84100	O1	PHOSPHORUS INORGANIC (PHOSPHAT	A		0	999	07/01/2020	12/31/9999	2	4.27
84105	O1	PHOSPHORUS (PHOSPHATE);	A		0	999	07/01/2019	12/31/9999	1	5.20
84106	O1	PORPHOBILINOGEN, URINE;	A		0	999	07/01/2019	12/31/9999	1	5.24
84110	O1	PORPHOBILINOGEN, URINE;	A		0	999	07/01/2020	12/31/9999	1	7.60
84112	O6	PLACENTA ALPHA MICRO IG C/V	E		0	999	09/01/2012	12/31/9999	1	0.00
84119	O1	PORPHYRINS, URINE; QUALITATIVE	A		0	999	07/01/2019	12/31/9999	1	12.02
84120	O1	PORPHYRINS, URINE; QUANTITATIO	A		0	999	07/01/2020	12/31/9999	1	13.24
84126	O1	PORPHYRINS, FECES; QUANTITATIV	A		0	999	07/01/2019	12/31/9999	1	35.20
84132	O1	POTASSIUM; SERUM	A		0	999	07/01/2020	12/31/9999	3	4.28
84133	O1	POTASSIUM;	A		0	999	07/01/2020	12/31/9999	2	4.26
84134	O1	PREALBUMIN	A		0	999	07/01/2020	12/31/9999	1	13.13
84135	O1	PREGNANEDIOL	A		0	999	07/01/2019	12/31/9999	1	19.14
84138	O1	PREGNANETRIOL	A		0	999	07/01/2019	12/31/9999	1	18.95
84140	O6	PREGNENOLONE	E		0	999	09/01/2012	12/31/9999	1	0.00
84143	O6	17-HYDROXYPREGNENOLONE	E		0	999	09/01/2012	12/31/9999	1	0.00
84144	O1	PROGESTERONE	A		0	999	07/01/2020	12/31/9999	1	18.77
84145	O6	PROCALCITONIN (PCT)	E		0	999	09/01/2012	12/31/9999	1	0.00
84146	O1	PROLACTIN	A		0	999	07/01/2020	12/31/9999	3	17.44
84150	O1	PROSTAGLANDIN, EACH	A		0	999	07/01/2020	12/31/9999	2	37.59
84152	O1	ASSAY OF PSA, COMPLEXED	A		0	999	07/01/2020	12/31/9999	1	16.55
84153	O1	PSA TOTAL	A		0	999	07/01/2020	12/31/9999	1	16.55
84154	O1	ASSAY OF PSA, FREE	A		0	999	07/01/2020	12/31/9999	1	16.55
84155	O1	PROTEIN TOT NO REFRACTOMETRY; SERUMPROTE	A		0	999	07/01/2020	12/31/9999	1	3.30
84156	O1	PROT TOTAL NO REFRACTOMETRY; URINE PROTE	A		0	999	07/01/2020	12/31/9999	1	3.30
84157	O1	PROT TOT NO REFRACTOMETRY; OTH SRC PROTE	A		0	999	07/01/2020	12/31/9999	2	3.60
84160	O1	PROTEIN TOT REFRACTOMETRY ANY SRC PROTE	A		0	999	07/01/2020	12/31/9999	2	5.05
84163	O1	PAPPA, SERUM	A		0	60	07/01/2020	12/31/9999	1	13.55
84165	O1	PROTEIN E-PHORESIS, SERUM	A		0	999	07/01/2020	12/31/9999	1	9.67
84166	O6	PROTEIN E-PHORESIS/URINE/CSF	E		0	999	09/01/2012	12/31/9999	1	0.00
84181	O1	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE	A		0	999	07/01/2020	12/31/9999	3	15.33
84182	O1	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;	A		0	999	07/01/2020	12/31/9999	6	26.29
84202	O1	PROTOPORPHYRIN, RBC;	A		0	999	07/01/2020	12/31/9999	1	12.92
84203	O1	PROTOPORPHYRIN, RBC;	A		0	999	07/01/2019	12/31/9999	1	8.77
84206	O1	PROINSULIN	A		0	999	07/01/2019	12/31/9999	1	24.02
84207	O1	PYRIDOXAL PHOSPHATE (VITAMIN B	A		0	999	07/01/2020	12/31/9999	1	25.29
84210	O1	PYRUVATE	A		0	999	07/01/2019	12/31/9999	1	13.03
84220	O1	PYRUVATE KINASE	A		0	999	07/01/2020	12/31/9999	1	8.50
84228	O1	QUININE	A		0	999	07/01/2020	12/31/9999	1	10.47
84233	O1	RECEPTOR ASSAY; ESTROGEN	A		0	999	07/01/2019	12/31/9999	1	79.09
84234	O1	RECEPTOR ASSAY;	A		0	999	07/01/2020	12/31/9999	1	58.39
84235	O1	RECEPTOR ASSAY;	A		0	999	07/01/2019	12/31/9999	1	64.11
84238	O1	ASSAY, NONENDOCRINE RECEPTOR	A		0	999	07/01/2020	12/31/9999	3	32.91
84244	O1	RENIN	A		0	999	07/01/2020	12/31/9999	2	19.79
84252	O1	RIBOFLAVIN (VITAMIN B-2)	A		0	999	07/01/2020	12/31/9999	1	18.22
84255	O1	SELENIUM	A		0	999	07/01/2020	12/31/9999	2	22.98
84260	O1	SEROTONIN	A		0	999	07/01/2020	12/31/9999	1	27.88
84270	O1	SEX HORMONE BINDING GLOBULIN (	A		0	999	07/01/2020	12/31/9999	1	19.56
84275	O1	SIALIC ACID	A		0	999	07/01/2020	12/31/9999	1	12.10
84285	O1	SILICA	A		0	999	07/01/2020	12/31/9999	1	22.69
84295	O1	SODIUM; SERUM	A		0	999	07/01/2020	12/31/9999	2	4.33
84300	O1	SODIUM;	A		0	999	07/01/2020	12/31/9999	2	4.55

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
84302	01	ASSAY OF SWEAT SODIUM	A		0	999	07/01/2020	12/31/9999	1	4.37
84305	01	SOMATOMEDIN	A		0	999	07/01/2020	12/31/9999	1	19.13
84307	01	SOMATOSTATIN	A		0	999	07/01/2020	12/31/9999	1	16.45
84311	01	SPECTROPHOTOMETRY, ANALYTE NOT	A		0	999	07/01/2020	12/31/9999	2	7.29
84315	01	SPECIFIC GRAVITY (EXCEPT URI	A		0	999	07/01/2019	12/31/9999	1	2.95
84375	01	SUGARS, CHROMATOGRAPHIC, TLC O	A		0	999	07/01/2019	12/31/9999	1	35.10
84376	01	SUGARS, SINGLE, QUAL	A		0	999	07/01/2020	12/31/9999	1	4.95
84377	01	SUGARS; MX QUALITATIVE EA SPECIMEN SUGAR	A		0	999	07/01/2020	12/31/9999	1	4.95
84378	01	SUGARS SINGLE QUANT	A		0	999	07/01/2020	12/31/9999	2	10.38
84379	01	SUGARS MULTIPLE QUANT	A		0	999	07/01/2020	12/31/9999	1	10.38
84392	01	SULFATE, URINE	A		0	999	07/01/2019	12/31/9999	1	4.94
84402	01	TESTOSTERONE; FREE	A		0	999	07/01/2020	12/31/9999	1	22.92
84403	01	TESTOSTERONE; TOTAL	A		0	999	07/01/2020	12/31/9999	2	23.23
84410	01	TESTOSTERONE FREE DIRECT MEASURE	A		0	999	07/01/2020	12/31/9999	1	46.15
84425	01	THIAMINE (VITAMIN B-1)	A		0	999	07/01/2020	12/31/9999	1	19.11
84430	01	THIOCYANATE	A		0	999	07/01/2020	12/31/9999	1	10.47
84431	01	THROMBOXANE, URINE	A		0	999	07/01/2019	12/31/9999	1	31.60
84432	01	THYROGLOBULIN	A		0	999	07/01/2020	12/31/9999	1	14.45
84436	01	THYROXINE; TOTAL	A		0	999	07/01/2020	12/31/9999	1	6.18
84437	01	THYROXINE; REQUIRING ELUTION (	A		0	999	07/01/2020	12/31/9999	1	5.82
84439	01	THYROXINE; FREE	A		0	999	07/01/2020	12/31/9999	1	8.12
84442	01	THYROXINE BINDING GLOBULIN (	A		0	999	07/01/2020	12/31/9999	1	13.30
84443	01	THYROID STIMULATING HORMONE (T	A		0	999	07/01/2020	12/31/9999	4	15.12
84445	01	ASSAY OF TSI	A		0	999	07/01/2020	12/31/9999	1	45.77
84446	01	TOCOPHEROL ALPHA (VITAMIN E)	A		0	999	07/01/2020	12/31/9999	1	12.76
84449	06	TRANSCORTIN (CORTISOL BINDING	E		0	999	09/01/2012	12/31/9999	1	0.00
84450	01	TRANSFERASE; ASPARTATE AMINO (	A		0	999	07/01/2020	12/31/9999	1	4.66
84460	01	TRANSFERASE; ALANINE AMINO (AL	A		0	999	07/01/2020	12/31/9999	1	4.77
84466	01	TRANSFERRIN	A		0	999	07/01/2020	12/31/9999	1	11.48
84478	01	TRIGLYCERIDES	A		0	999	07/01/2020	12/31/9999	1	5.17
84479	01	ASSAY THYROID (T-3 OR T-4)	A		0	999	07/01/2020	12/31/9999	1	5.82
84480	01	ASSAY TRIIODOTHYRONINE (T-3)	A		0	999	07/01/2020	12/31/9999	1	12.76
84481	01	TRIDOTHYRONINE (T-3); FREE	A		0	999	07/01/2020	12/31/9999	1	15.25
84482	01	TRIDOTHYRONINE (T-3); REVERSE	A		0	999	07/01/2020	12/31/9999	1	14.18
84484	01	TROPONIN, QUANT	A		0	999	07/01/2020	12/31/9999	4	11.22
84485	01	TRYPSIN, DUODENAL FLUID	A		0	999	07/01/2020	12/31/9999	1	6.48
84488	01	TRYPSIN; FECES, QUALITATIVE	A		0	999	07/01/2020	12/31/9999	1	6.57
84490	01	TRYPSIN; FECES, QUANTITATIVE,	A		0	999	07/01/2019	12/31/9999	1	8.94
84510	01	TYROSINE	A		0	999	07/01/2020	12/31/9999	1	9.57
84512	01	TROPONIN, QUAL	A		0	999	07/01/2020	12/31/9999	3	9.08
84520	01	UREA NITROGEN; QUANTITATIVE	A		0	999	07/01/2020	12/31/9999	2	3.56
84525	01	UREA NITROGEN; SEMIQUANTITATIV	A		0	999	07/01/2019	12/31/9999	1	4.62
84540	01	UREA NITROGEN, URINE	A		0	999	07/01/2020	12/31/9999	2	5.00
84545	01	UREA NITROGEN, CLEARANCE	A		0	999	07/01/2020	12/31/9999	1	6.48
84550	01	URIC ACID; BLOOD	A		0	999	07/01/2020	12/31/9999	1	4.07
84560	01	URIC ACID; OTHER SOURCE	A		0	999	07/01/2020	12/31/9999	2	4.57
84577	01	UROBILINOGEN, FECES, QUANTITAT	A		0	999	07/01/2020	12/31/9999	1	15.12
84578	01	UROBILINOGEN, URINE; QUALITATI	A		0	999	07/01/2019	12/31/9999	1	4.02
84580	01	UROBILINOGEN, URINE; QUANTITAT	A		0	999	07/01/2019	12/31/9999	1	8.60
84583	01	UROBILINOGEN, URINE; SEMIQUANT	A		0	999	07/01/2019	12/31/9999	1	5.45
84585	01	VANILLYMANDELIC ACID (VMA),	A		0	999	07/01/2020	12/31/9999	1	13.95
84586	06	VASOACTIVE INTESTINAL PEPTIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
84588	01	VASOPRESSIN (ANTIDIURETIC HORM	A		0	999	07/01/2020	12/31/9999	1	30.55
84590	01	VITAMIN A	A		0	999	07/01/2020	12/31/9999	1	10.45
84591	01	ASSAY OF NOS VITAMIN	A		0	999	07/01/2019	12/31/9999	1	15.35
84597	01	VITAMIN K	A		0	999	07/01/2020	12/31/9999	1	12.35
84600	01	VOLATILES	A		0	999	07/01/2020	12/31/9999	2	15.40
84620	01	XYLOSE TOLERANCE TEST, BLOOD	A		0	999	07/01/2020	12/31/9999	1	11.62
84630	01	ZINC	A		0	999	07/01/2020	12/31/9999	2	10.25
84681	01	C-PEPTIDE	A		0	999	07/01/2020	12/31/9999	1	18.73
84702	01	GONADOTROPIN, CHORIONIC (HCG);	A		0	999	07/01/2020	12/31/9999	2	13.55
84703	01	GONADOTROPIN, CHORIONIC (HCG);	A		0	999	07/01/2020	12/31/9999	1	6.77
84704	01	HCG FREE BETA CHAIN	A		0	999	07/01/2020	12/31/9999	1	13.76
84830	01	OVULATION TESTS, BY VISUAL COL	A		9	60	07/01/2019	12/31/9999	1	11.43
84999	06	UNLISTED CHEMISTRY PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
85002	01	BLEEDING TIME	A		0	999	07/01/2020	12/31/9999	1	4.34
85004	01	AUTOMATED DIFF WBC COUNT	A		0	999	07/01/2020	12/31/9999	2	5.82
85007	01	BL SMEAR W/DIFF WBC COUNT	A		0	999	07/01/2020	12/31/9999	1	3.42
85008	01	BL SMEAR W/O DIFF WBC COUNT	A		0	999	07/01/2020	12/31/9999	1	3.09
85009	01	MANUAL DIFF WBC COUNT B-COAT	A		0	999	07/01/2019	12/31/9999	1	4.56
85013	01	BLOOD COUNT; SPUN MICROHEMATOC	A		0	999	07/01/2019	12/31/9999	1	6.30
85014	01	HEMATOCRIT	A		0	999	07/01/2020	12/31/9999	4	2.13
85018	01	HEMOGLOBIN	A		0	999	07/01/2020	12/31/9999	4	2.13
85025	01	COMPLETE CBC W/AUTO DIFF WBC	A		0	999	07/01/2020	12/31/9999	4	6.99
85027	01	COMPLETE CBC, AUTOMATED	A		0	999	07/01/2020	12/31/9999	4	5.82
85032	01	MANUAL CELL COUNT, EACH	A		0	999	07/01/2020	12/31/9999	2	3.88
85041	01	AUTOMATED RBC COUNT	A		0	999	07/01/2020	12/31/9999	1	2.72
85044	01	MANUAL RETICULOCYTE COUNT	A		0	999	07/01/2020	12/31/9999	1	3.88
85045	01	AUTOMATED RETICULOCYTE COUNT	A		0	999	07/01/2020	12/31/9999	1	3.59
85046	01	RETICYTE/HGB CONCENTRATE	A		0	999	07/01/2020	12/31/9999	1	5.01
85048	01	AUTOMATED LEUKOCYTE COUNT	A		0	999	07/01/2020	12/31/9999	2	2.29
85049	01	AUTOMATED PLATELET COUNT	A		0	999	07/01/2020	12/31/9999	2	4.03
85055	01	RETICULATED PLATELET ASSAY RETIC	A		0	999	07/01/2019	12/31/9999	1	32.17
85060	01	BLOOD SMEAR, PERIPHERAL, INTER	B		0	999	07/01/2020	12/31/9999	1	20.92
85097	01	BONE MARROW INTERPRETATION	A		0	999	07/01/2021	12/31/9999	2	512.85
85130	01	CHROMOGENIC SUBSTRATE ASSAY	A		0	999	07/01/2020	12/31/9999	1	10.70
85170	01	CLOT RETRACTION	A		0	999	07/01/2019	12/31/9999	1	14.67
85175	01	CLOT LYSIS TIME, WHOLE BLOOD	A		0	999	07/01/2019	12/31/9999	1	18.33
85210	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	11.68
85220	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	15.89
85230	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	16.11
85240	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	16.11
85244	01	CLOTTING; FACTOR VIII RELATED	A		0	999	07/01/2020	12/31/9999	1	18.38
85245	01	CLOTTING; FACTOR VIII, VW FACT	A		0	999	07/01/2020	12/31/9999	2	20.65
85246	01	CLOTTING; FACTOR VIII, VW FACT	A		0	999	07/01/2020	12/31/9999	2	20.65
85247	01	CLOTTING; FACTOR VIII, VON WIL	A		0	999	07/01/2020	12/31/9999	2	20.65
85250	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	17.14

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
85260	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	16.11
85270	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	16.11
85280	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	17.42
85290	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	2	14.71
85291	01	CLOTTING;	A		0	999	07/01/2020	12/31/9999	1	8.20
85292	01	CLOTTING; PREKALLIKREIN ASSAY	A		0	999	07/01/2020	12/31/9999	1	17.04
85293	01	CLOTTING; HIGH MOLECULAR WEIGH	A		0	999	07/01/2020	12/31/9999	1	17.04
85300	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	2	10.67
85301	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	1	9.73
85302	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	1	10.81
85303	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	2	12.46
85305	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	2	10.45
85306	01	CLOTTING INHIBITORS OR ANTICOA	A		0	999	07/01/2020	12/31/9999	2	13.79
85307	01	ASSAY ACTIVATED PROTEIN C	A		0	999	07/01/2020	12/31/9999	2	13.79
85335	01	FACTOR INHIBITOR TEST	A		0	999	07/01/2020	12/31/9999	2	11.58
85337	01	THROMBOMODULIN	A		0	999	07/01/2019	12/31/9999	1	15.54
85345	01	COAGULATION TIME;	A		0	999	07/01/2020	12/31/9999	1	4.22
85347	01	COAGULATION TIME;	A		0	999	07/01/2020	12/31/9999	9	3.85
85348	01	COAGULATION TIME;	A		0	999	07/01/2020	12/31/9999	2	4.04
85360	01	EUGLOBULIN LYSIS	A		0	999	07/01/2020	12/31/9999	1	7.57
85362	01	FIBRIN(OGEN) DEGRADATION (SPLI	A		0	999	07/01/2020	12/31/9999	2	6.20
85366	01	FIBRIN(OGEN) DEGRADATION (SPLI	A		0	999	07/01/2019	12/31/9999	1	72.41
85370	01	FIBRIN(OGEN) DEGRADATION (SPLI	A		0	999	07/01/2020	12/31/9999	1	11.19
85378	01	FIBRIN DEGRADE, SEMIQUANT	A		0	999	07/01/2020	12/31/9999	2	8.75
85379	01	FIBRIN DEGRADATION PRODUCTS, D	A		0	999	07/01/2020	12/31/9999	2	9.16
85380	01	FIBRIN DEGRADATION, VTE	A		0	999	07/01/2020	12/31/9999	2	9.16
85384	01	FIBRINOGEN; ACTIVITY	A		0	999	07/01/2020	12/31/9999	2	8.75
85385	01	FIBRINOGEN; ANTIGEN	A		0	999	07/01/2019	12/31/9999	1	13.01
85390	01	FIBRINOLYSINS OR COAGULOPATHY	A		0	999	07/01/2020	12/31/9999	3	13.93
85396	01	COAG / FIBIN ASSAY WHOLE BLOOD; INCL INT	N		0	999	09/01/2012	12/31/9999	1	0.00
85397	01	COAG/FIBR FUNC ACTIVITY NOS	A		0	999	07/01/2020	12/31/9999	2	27.77
85400	01	FIBRINOLYTIC FACTORS AND INHIB	A		0	999	07/01/2020	12/31/9999	1	6.94
85410	01	FIBRINOLYTIC MECHANISMS;	A		0	999	07/01/2020	12/31/9999	1	6.94
85415	01	FIBRINOLYTIC FACTORS AND INHIB	A		0	999	07/01/2020	12/31/9999	2	15.47
85420	01	FIBRINOLYTIC MECHANISMS;	A		0	999	07/01/2020	12/31/9999	2	5.88
85421	01	FIBRINOLYTIC FACTORS AND INHIB	A		0	999	07/01/2020	12/31/9999	1	9.16
85441	01	HEINZ BODIES;	A		0	999	07/01/2020	12/31/9999	1	3.78
85445	01	HEINZ BODIES;	A		0	999	07/01/2020	12/31/9999	1	6.14
85460	01	HEMOGLOBIN, FETAL, DIFFERENTIA	A		0	999	07/01/2020	12/31/9999	1	6.96
85461	01	HEMOGLOBIN, FETAL	A		0	999	07/01/2020	12/31/9999	1	8.42
85475	01	HEMOLYSIN, ACID	A		0	999	07/01/2020	12/31/9999	1	7.98
85520	01	HEPARIN ASSAY	A		0	999	07/01/2020	12/31/9999	3	11.78
85525	01	HEPARIN NEUTRALIZATION	A		0	999	07/01/2020	12/31/9999	2	10.66
85530	01	HEPARIN-PROTAMINE TOLERANCE	A		0	999	07/01/2020	12/31/9999	1	11.78
85536	01	IRON STAIN PERIPHERAL BLOOD	A		0	999	07/01/2020	12/31/9999	1	6.19
85540	01	LEUKOCYTE ALKALINE PHOSPHATA	A		0	999	07/01/2020	12/31/9999	1	7.74
85547	01	MECHANICAL FRAGILITY, RBC	A		0	999	07/01/2020	12/31/9999	1	7.74
85549	01	MURAMIDASE	A		0	999	07/01/2020	12/31/9999	1	16.88
85555	01	OSMOTIC FRAGILITY, RBC; UNINCU	A		0	999	07/01/2019	12/31/9999	1	6.72
85557	01	OSMOTIC FRAGILITY, RBC; INCUBA	A		0	999	07/01/2020	12/31/9999	1	12.02
85576	01	PLATELET; AGGREGATION (IN VITR	A		0	999	07/01/2020	12/31/9999	7	22.42
85597	01	PLATELET NEUTRALIZATION	A		0	999	07/01/2020	12/31/9999	1	16.18
85598	01	HEXAGNAL PHOSPH PLTLT NEUTRL	A		0	999	07/01/2020	12/31/9999	1	16.18
85610	01	PROTHROMBIN TIME;	A		0	999	07/01/2020	12/31/9999	4	3.86
85611	01	PROTHROMBIN TIME; SUBSTITUTION	A		0	999	07/01/2020	12/31/9999	2	3.55
85612	01	RUSSELL VIPER VENOM TIME (INCL	A		0	999	07/01/2019	12/31/9999	1	15.74
85613	01	RUSSELL VIPER VENOM TIME (INCL	A		0	999	07/01/2020	12/31/9999	3	8.62
85635	01	REPTILASE TEST	A		0	999	07/01/2020	12/31/9999	1	8.87
85651	01	SEDIMENTATION RATE, ERYTHROCYT	A		0	999	07/01/2019	12/31/9999	1	3.84
85652	01	RBC SED RATE, AUTO	A		0	999	07/01/2020	12/31/9999	1	2.43
85660	01	SICKLING OF RBC, REDUCTION,	A		0	999	07/01/2020	12/31/9999	2	4.96
85670	01	THROMBIN TIME; PLASMA	A		0	999	07/01/2020	12/31/9999	2	5.19
85675	01	THROMBIN TIME; TITER	A		0	999	07/01/2020	12/31/9999	1	6.17
85705	01	THROMBOPLASTIN INHIBITION; TIS	A		0	999	07/01/2020	12/31/9999	1	8.67
85730	01	THROMBOPLASTIN TIME, PARTIAL	A		0	999	07/01/2020	12/31/9999	4	5.41
85732	01	THROMBOPLASTIN TIME, PARTIAL (	A		0	999	07/01/2020	12/31/9999	4	5.82
85810	01	VISCOSITY	A		0	999	07/01/2020	12/31/9999	2	10.50
85999	06	UNLISTED HEMATOLOGY PROCEDUR	E		0	999	09/01/2012	12/31/9999	1	0.00
86000	01	AGGLUTININS, FEBRILE (EG, BRUC	A		0	999	07/01/2020	12/31/9999	6	6.28
86001	01	ALLERGEN SPECIFIC IGG	A		0	999	07/01/2020	12/31/9999	20	7.04
86003	01	ALLERGEN SPECIFIC IGE; QUANTIT	A		0	999	07/01/2020	12/31/9999	40	4.70
86005	01	ALLERGEN SPECIFIC IGE; QUALITA	A		0	999	07/01/2020	12/31/9999	6	7.17
86008	06	ANTIBODY, NON-RBC, QUANTITATIV	E		0	999	01/01/2018	12/31/9999	20	0.00
86015	06	ACTIN ANTIBODY EACH	E		0	999	01/01/2022	12/31/9999	1	0.00
86021	01	ANTIBODY IDENTIFICATION;	A		0	999	07/01/2020	12/31/9999	1	13.55
86022	01	ANTIBODY IDENTIFICATION; PLATE	A		0	999	07/01/2020	12/31/9999	1	16.53
86023	01	ANTIBODY IDENTIFICATION; PLATE	A		0	999	07/01/2020	12/31/9999	3	11.21
86036	06	ANCA SCREEN EACH ANTIBODY	E		0	999	01/01/2022	12/31/9999	1	0.00
86037	06	ANCA TITER EACH ANTIBODY	E		0	999	01/01/2022	12/31/9999	1	0.00
86038	01	ANTINUCLEAR ANTIBODIES (ANA);	A		0	999	07/01/2020	12/31/9999	1	10.88
86039	01	ANTINUCLEAR ANTIBODIES (ANA);	A		0	999	07/01/2020	12/31/9999	1	10.04
86051	06	AQUAPORIN-4 ANTb ELISA	E		0	999	01/01/2022	12/31/9999	1	0.00
86052	06	AQUAPORIN-4 ANTb CBA EACH	E		0	999	01/01/2022	12/31/9999	1	0.00
86053	06	AQAPRN-4 ANTb FLO CYTMTRY EA	E		0	999	01/01/2022	12/31/9999	1	0.00
86060	01	ANTISTREPTOLYSIN 0;	A		0	999	07/01/2020	12/31/9999	1	6.57
86063	01	ANTISTREPTOLYSIN 0;	A		0	999	07/01/2020	12/31/9999	1	5.19
86077	01	BLOOD BANK PHYSICIAN SERVICES;	S		0	999	07/01/2021	12/31/9999	1	19.28
86078	01	BLOOD BANK PHYSICIAN SERVICES;	S		0	999	07/01/2021	12/31/9999	1	116.58
86079	01	BLOOD BANK PHYSICIAN SERVICES;	S		0	999	07/01/2021	12/31/9999	1	38.89
86140	01	C-REACTIVE PROTEIN	A		0	999	07/01/2020	12/31/9999	1	4.66
86141	01	C-REACTIVE PROTEIN, HS	A		0	999	07/01/2020	12/31/9999	1	11.66
86146	01	GLYCOPROTEIN ANTIBODY	A		0	999	07/01/2020	12/31/9999	3	22.91
86147	01	CARDIOLIPIN ANTIBODY	A		0	999	07/01/2020	12/31/9999	4	22.91
86148	01	PHOSPHOLIPID ANTIBODY	A		0	999	07/01/2020	12/31/9999	1	14.46
86152	06	CELL ENUMERATION & ID	E		0	999	01/01/2013	12/31/9999	2	0.00
86153	06	CELL ENUMERATION PHYS INTERP	E		0	999	01/01/2013	12/31/9999	2	0.00
86155	01	CHEMOTAXIS ASSAY, SPECIFY ME	A		0	999	07/01/2020	12/31/9999	1	14.39

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
86156	01	COLD AGGLUTININ; SCREEN	A		0	999	07/01/2019	12/31/9999	1	7.26
86157	01	COLD AGGLUTININ; TITER	A		0	999	07/01/2020	12/31/9999	1	7.25
86160	01	COMPLEMENT; ANTIGEN, EACH COMP	A		0	999	07/01/2020	12/31/9999	4	10.80
86161	01	COMPLEMENT; FUNCTIONAL ACTIVIT	A		0	999	07/01/2020	12/31/9999	2	10.80
86162	01	COMPLEMENT; TOTAL HEMOLYTIC (C	A		0	999	07/01/2020	12/31/9999	1	18.29
86171	01	COMPLEMENT FIXATION TESTS, E	A		0	999	07/01/2020	12/31/9999	2	9.01
86200	01	CCP ANTIBODY	A		0	999	07/01/2020	12/31/9999	1	11.66
86215	01	DEOXYRIBONUCLEASE, ANTIBODY	A		0	999	07/01/2020	12/31/9999	1	11.93
86225	01	DEOXYRIBONUCLEIC ACID (DNA) AN	A		0	999	07/01/2020	12/31/9999	1	12.37
86226	01	DEOXYRIBONUCLEIC ACID (DNA) AN	A		0	999	07/01/2020	12/31/9999	1	10.90
86231	06	EMA EACH IG CLASS	E		0	999	01/01/2022	12/31/9999	1	0.00
86235	01	EXTRACTABLE NUCLEAR ANTIGEN, A	A		0	999	07/01/2020	12/31/9999	10	16.14
86255	01	FLUORESCENT ANTIBODY; SCREEN	A		0	999	07/01/2020	12/31/9999	5	10.85
86256	01	FLUORESCENT ANTIBODY; TITER, E	A		0	999	07/01/2020	12/31/9999	9	10.85
86258	06	DGP ANTIBODY EACH IG CLASS	E		0	999	01/01/2022	12/31/9999	1	0.00
86277	01	GROWTH HORMONE, HUMAN (HGH), A	A		0	999	07/01/2020	12/31/9999	1	14.17
86280	01	HEMAGGLUTINATION INHIBITION TE	A		0	999	07/01/2020	12/31/9999	1	7.37
86294	01	IMMUNOASSAY, TUMOR QUAL	A		0	999	07/01/2019	12/31/9999	1	23.01
86300	01	HETEROPHILE ANTIBODIES;	A		0	999	07/01/2020	12/31/9999	2	18.73
86301	01	IMMUNOASSAY, TUMOR CA 19-9	A		0	999	07/01/2020	12/31/9999	1	18.73
86304	01	IMMUNOASSAY, TUMOR, CA 125	A		0	999	07/01/2020	12/31/9999	1	18.73
86305	06	HUMAN EPIDIDYMS PROTEIN 4	E		0	999	09/01/2012	12/31/9999	1	0.00
86308	01	HETEROPHILE ANTIBODIES; SCREEN	A		0	999	07/01/2020	12/31/9999	1	4.66
86309	01	HETEROPHILE ANTIBODIES; TITER	A		0	999	07/01/2020	12/31/9999	1	5.82
86310	01	HETEROPHILE ANTIBODIES; TITERS	A		0	999	07/01/2020	12/31/9999	1	6.63
86316	01	IMMUNOASSAY, TUMOR OTHER	A		0	999	07/01/2020	12/31/9999	2	18.73
86317	01	IMMUNOASSAY,INFECTIOUS AGENT	A		0	999	07/01/2020	12/31/9999	6	13.49
86318	01	IMMUNOASSAY TO INFECTIOUS AGEN	A		0	999	07/01/2020	12/31/9999	2	16.28
86320	01	IMMUNOELECTROPHORESIS; SERUM	A		0	999	07/01/2020	12/31/9999	1	26.93
86325	01	OTHER IMMUNOELECTROPHORESIS	A		0	999	07/01/2020	12/31/9999	2	20.82
86327	01	IMMUNOELECTROPHORESIS; CROSSED	A		0	999	07/01/2019	12/31/9999	1	26.93
86328	01	IMMU FOR INF AGT ANT, QUAL OR SEMI, SGLE	A		0	999	04/10/2020	12/31/9999	1	40.71
86329	01	IMMUNODIFFUSION, NOT ELSEWHERE	A		0	999	07/01/2020	12/31/9999	3	12.65
86331	01	IMMUNODIFFUSION;	A		0	999	07/01/2020	12/31/9999	12	10.78
86332	01	IMMUNE COMPLEX ASSAY	A		0	999	07/01/2020	12/31/9999	1	21.93
86334	01	IMMUNOFIX E-PHORESIS, SERUM	A		0	999	07/01/2020	12/31/9999	2	20.11
86335	01	IMMUNIFX E-PHORSIS/URINE/CSF	A		0	999	07/01/2020	12/31/9999	2	26.42
86336	01	INHIBIN A	A		0	999	07/01/2020	12/31/9999	1	14.03
86337	01	INSULIN ANTIBODIES	A		0	999	07/01/2020	12/31/9999	1	19.27
86340	01	INTRINSIC FACTOR ANTIBODIES	A		0	999	07/01/2020	12/31/9999	1	13.57
86341	06	ISLET CELL ANTIBODY	E		0	999	09/01/2012	12/31/9999	1	0.00
86343	01	LEUKOCYTE HISTAMINE RELEASE TE	A		0	999	07/01/2020	12/31/9999	1	11.21
86344	01	LEUKOCYTE PHAGOCYTOSIS	A		0	999	07/01/2019	12/31/9999	1	9.35
86352	06	CELL FUNCTION ASSAY W/STIM	E		0	999	09/01/2012	12/31/9999	1	0.00
86353	01	LYMPHOCYTE TRANSFORMATION, MIT	A		0	999	07/01/2020	12/31/9999	7	44.13
86355	01	B CELLS, TOTAL COUNT	A		0	999	07/01/2020	12/31/9999	1	33.96
86356	01	MONONUC CELL ANTIG QUANT NOS EA	A		0	999	07/01/2020	12/31/9999	7	24.10
86357	01	NK CELLS, TOTAL COUNT	A		0	999	07/01/2020	12/31/9999	1	33.96
86359	01	T CELLS; TOTAL COUNT	A		0	999	07/01/2020	12/31/9999	1	33.96
86360	01	T CELL ABSOLUTE COUNT/RATIO	A		0	999	07/01/2020	12/31/9999	1	42.28
86361	01	T CELL ABSOLUTE COUNT	A		0	999	07/01/2020	12/31/9999	1	24.10
86362	06	MOG-IGG1 ANTB CBA EACH	E		0	999	01/01/2022	12/31/9999	1	0.00
86363	06	MOG-IGG1 ANTB FLO CYTMTRY EA	E		0	999	01/01/2022	12/31/9999	1	0.00
86364	06	TISS TRNSGLTMNASE EA IG CLAS	E		0	999	01/01/2022	12/31/9999	1	0.00
86367	01	STEM CELLS, TOTAL COUNT	A		0	999	07/01/2020	12/31/9999	2	70.00
86376	01	MICROSOMAL ANTIBODIES (EG, THY	A		0	999	07/01/2020	12/31/9999	2	13.10
86381	06	MITOCHONDRIAL ANTIBODY EACH	E		0	999	01/01/2022	12/31/9999	1	0.00
86382	01	NEUTRALIZATION TEST, VIRAL	A		0	999	07/01/2020	12/31/9999	3	15.22
86384	01	NITROBLUE TETRAZOLIUM DYE TE	A		0	999	07/01/2019	12/31/9999	1	12.25
86386	06	NMP22 QUALITATIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
86403	01	PARTICLE AGGLUTINATION, ANTIBO	A		0	999	07/01/2020	12/31/9999	3	10.39
86406	01	PARTICLE AGGLUTINATION TEST	A		0	999	07/01/2020	12/31/9999	2	9.58
86408	01	NEUTRLZG ANTB SARSCOV2 SCR	A		0	999	08/10/2020	12/31/9999	1	37.92
86409	01	NEUTRLZG ANTB SARSCOV2 TITER	A		0	999	08/10/2020	12/31/9999	1	94.80
86413	01	COVID-19, ANTIBODY, QUANTITIVE	A		0	999	09/08/2020	12/31/9999	1	42.13
86430	01	RHEUMATOID FACTOR; QUALITATIVE	A		0	999	07/01/2020	12/31/9999	2	5.53
86431	01	RHEUMATOID FACTOR; QUANTITATIV	A		0	999	07/01/2020	12/31/9999	2	5.10
86480	01	TB TEST CELL IMMUN MEASURE	A		0	999	07/01/2020	12/31/9999	1	55.78
86481	01	TB AG RESPONSE T-CELL SUSP	A		0	999	07/01/2020	12/31/9999	1	90.00
86485	01	SKIN TEST; CANDIDA	S		0	999	07/01/2021	12/31/9999	1	19.28
86486	01	SKIN TEST CANDIDA UNL ANTIG EA	S		0	999	07/01/2021	12/31/9999	2	19.28
86490	01	SKIN TEST;	S		0	999	07/01/2021	12/31/9999	1	43.50
86510	01	SKIN TEST;	S		0	999	07/01/2021	12/31/9999	1	43.50
86580	01	SKIN TEST;	S		0	999	07/01/2021	12/31/9999	1	19.28
86590	01	STREPTOKINASE, ANTIBODY	A		0	999	07/01/2019	12/31/9999	1	11.39
86592	01	SYPHILIS TEST NON-TREP QUAL	A		0	999	07/01/2020	12/31/9999	2	3.84
86593	01	SYPHILIS TEST NON-TREP QUANT	A		0	999	07/01/2020	12/31/9999	2	3.96
86596	06	VOLTAGE-GTD CA CHNL ANTB EA	E		0	999	01/01/2022	12/31/9999	1	0.00
86602	01	ANTIBODY; ACTINOMYCES	A		0	999	07/01/2020	12/31/9999	3	9.16
86603	01	ANTIBODY; ADENOVIRUS	A		0	999	07/01/2020	12/31/9999	2	11.58
86606	01	ANTIBODY; ASPIRIGILLUS	A		0	999	07/01/2020	12/31/9999	3	13.55
86609	01	ANTIBODY; BACTERIUM, NOT ELSEW	A		0	999	07/01/2020	12/31/9999	14	11.59
86611	01	BARTONELLA ANTIBODY	A		0	999	07/01/2020	12/31/9999	4	9.16
86612	01	ANTIBODY; BLASTOMYCES	A		0	999	07/01/2020	12/31/9999	2	11.61
86615	01	ANTIBODY; BORDETELLA	A		0	999	07/01/2020	12/31/9999	6	11.87
86617	01	LYME DISEASE ANTIBODY	A		0	999	07/01/2020	12/31/9999	2	13.94
86618	01	ANTIBODY; BORELLIA BUFGDORFERI	A		0	999	07/01/2020	12/31/9999	2	15.33
86619	01	ANTIBODY; BORRELLIA (RELAPSING	A		0	999	07/01/2020	12/31/9999	2	12.04
86622	01	ANTIBODY; BRUCELLA	A		0	999	07/01/2020	12/31/9999	2	8.04
86625	01	ANTIBODY; CAMPYLOBACTER	A		0	999	07/01/2020	12/31/9999	1	11.81
86628	01	ANTIBODY; CANDIDA	A		0	999	07/01/2020	12/31/9999	3	10.81
86631	01	ANTIBODY; CHLAMYDIA	A		0	999	07/01/2020	12/31/9999	6	10.64
86632	01	ANTIBODY; CHLAMYDIA, IGM	A		0	999	07/01/2020	12/31/9999	3	11.41
86635	01	ANTIBODY; COCCIDIIDIDES	A		0	999	07/01/2020	12/31/9999	4	10.32
86638	01	ANTIBODY; COXIELLA BRUNETII (Q	A		0	999	07/01/2020	12/31/9999	6	10.91
86641	01	ANTIBODY; CRYPTOCOCCUS	A		0	999	07/01/2020	12/31/9999	2	12.97
86644	01	ANTIBODY; CYTOMEGALOVIRUS (CMV	A		0	999	07/01/2020	12/31/9999	2	12.95

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
86645	O1	ANTIBODY; CYTOMEGALOVIRUS (CMV	A		0	999	07/01/2020	12/31/9999	1	15.17
86648	O1	ANTIBODY; DIPHTHERIA	A		0	999	07/01/2020	12/31/9999	2	13.69
86651	O1	ANTIBODY; ENCEPHALITIS, CALIFO	A		0	999	07/01/2020	12/31/9999	2	11.87
86652	O1	ANTIBODY; ENCEPHALITIS, EASTER	A		0	999	07/01/2020	12/31/9999	2	11.87
86653	O1	ANTIBODY; ENCEPHALITIS, ST. LO	A		0	999	07/01/2020	12/31/9999	2	11.87
86654	O1	ANTIBODY; ENCEPHALITIS, WESTER	A		0	999	07/01/2020	12/31/9999	2	11.87
86658	O1	ANTIBODY; ENTEROVIRUS (EG, COX	A		0	999	07/01/2020	12/31/9999	12	11.73
86663	O1	ANTIBODY; EPSTEIN-BARR (EB) VI	A		0	999	07/01/2020	12/31/9999	2	11.81
86664	O1	ANTIBODY; EPSTEIN-BARR (EB) VI	A		0	999	07/01/2020	12/31/9999	2	13.76
86665	O1	ANTIBODY; EPSTEIN-BARR (EB) VI	A		0	999	07/01/2020	12/31/9999	2	16.33
86666	O1	EHRlichIA ANTIBODY	A		0	999	07/01/2020	12/31/9999	4	9.16
86668	O1	ANTIBODY; FRANCISELLA TULARENS	A		0	999	07/01/2020	12/31/9999	2	12.74
86671	O1	ANTIBODY; FUNGUS, NOT ELSEWHERE	A		0	999	07/01/2020	12/31/9999	3	11.03
86674	O1	ANTIBODY; GIARDIA LAMBLIA	A		0	999	07/01/2020	12/31/9999	3	13.25
86677	O1	ANTIBODY; HELICOBACTER PYLORI	A		0	999	07/01/2020	12/31/9999	3	15.17
86682	O1	ANTIBODY; HELMINTH, NOT ELSEWH	A		0	999	07/01/2020	12/31/9999	2	11.71
86684	O1	ANTIBODY; HAEMOPHILUS INFLUENZA ANTIB	A		0	999	07/01/2020	12/31/9999	2	14.26
86687	O1	ANTIBODY; HTLV I	A		0	999	07/01/2020	12/31/9999	1	8.18
86688	O1	ANTIBODY; HTLV-II	A		0	999	07/01/2020	12/31/9999	1	12.60
86689	O1	ANTIBODY; HTLV OR HIV ANTIBODY	A		0	999	07/01/2020	12/31/9999	2	17.42
86692	O1	ANTIBODY; HEPATITIS, DELTA AGE	A		0	999	07/01/2020	12/31/9999	2	15.44
86694	O1	ANTIBODY; HERPES SIMPLEX, NON-	A		0	999	07/01/2020	12/31/9999	2	12.95
86695	O1	ANTIBODY; HERPES SIMPLEX, TYPE	A		0	999	07/01/2020	12/31/9999	2	11.87
86696	O1	HERPES SIMPLEX TYPE 2	A		0	999	07/01/2020	12/31/9999	2	17.42
86698	O1	ANTIBODY; HISTOPLASMA	A		0	999	07/01/2020	12/31/9999	3	12.41
86701	O1	ANTIBODY; HIV-1	A		0	999	07/01/2020	12/31/9999	1	8.00
86702	O1	ANTIBODY; HIV-2	A		0	999	07/01/2020	12/31/9999	2	12.17
86703	O1	ANTIBODY; HIV-1 AND HIV-2, SIN	A		0	999	07/01/2020	12/31/9999	1	12.34
86704	O1	HEP B CORE ANTIBODY, TOTAL	A		0	999	07/01/2020	12/31/9999	1	10.85
86705	O1	HEP B CORE AB TEST, IGM	A		0	999	07/01/2020	12/31/9999	1	10.59
86706	O1	HEPATITIS B SURFACE AB TEST	A		0	999	07/01/2020	12/31/9999	2	9.67
86707	O1	HEPATITIS BE AB TEST	A		0	999	07/01/2020	12/31/9999	1	10.41
86708	O1	HEP A ANTIBODY, TOTAL	A		0	999	07/01/2020	12/31/9999	1	11.15
86709	O1	HEP A AB TEST, IGM	A		0	999	07/01/2020	12/31/9999	1	10.13
86710	O1	ANTIBODY; INFLUENZA VIRUS	A		0	999	07/01/2020	12/31/9999	4	12.20
86711	O6	JOHN CUNNINGHAM ANTIBODY	E		0	999	01/01/2013	12/31/9999	2	0.00
86713	O1	ANTIBODY; LEGIONELLA	A		0	999	07/01/2020	12/31/9999	3	13.77
86717	O1	ANTIBODY; LEISHMANIA	A		0	999	07/01/2020	12/31/9999	8	11.03
86720	O1	ANTIBODY; LEPTOSPIRA	A		0	999	07/01/2020	12/31/9999	2	14.58
86723	O1	ANTIBODY; LISTERIA MONOCYTOGEN	A		0	999	07/01/2020	12/31/9999	2	11.87
86727	O1	ANTIBODY; LYMPHOCYTIC CHORIOME	A		0	999	07/01/2020	12/31/9999	2	11.58
86732	O1	ANTIBODY; MUCORMYCOSIS	A		0	999	07/01/2020	12/31/9999	2	13.50
86735	O1	ANTIBODY; MUMPS	A		0	999	07/01/2020	12/31/9999	2	11.75
86738	O1	ANTIBODY; MYCOPLASMA	A		0	999	07/01/2020	12/31/9999	2	11.92
86741	O1	ANTIBODY; NEISSERIA MENINGITID	A		0	999	07/01/2020	12/31/9999	2	11.87
86744	O1	ANTIBODY; NOCARDIA	A		0	999	07/01/2020	12/31/9999	2	14.39
86747	O1	ANTIBODY; PARVOVIRUS	A		0	999	07/01/2020	12/31/9999	2	13.53
86750	O1	ANTIBODY; PLASMODIUM (MALARIA)	A		0	999	07/01/2020	12/31/9999	4	11.87
86753	O1	ANTIBODY; PROTOZOA, NOT ELSEWH	A		0	999	07/01/2020	12/31/9999	3	11.15
86756	O1	ANTIBODY; RESPIRATORY SYNCYTIA	A		0	999	07/01/2020	12/31/9999	2	14.30
86757	O1	RICKETTSIA ANTIBODY	A		0	999	07/01/2020	12/31/9999	6	17.42
86759	O1	ANTIBODY; ROTAVIRUS	A		0	999	07/01/2020	12/31/9999	2	16.41
86762	O1	ANTIBODY; RUBELLA	A		0	999	07/01/2020	12/31/9999	2	12.95
86765	O1	ANTIBODY; RUBEOLA	A		0	999	07/01/2020	12/31/9999	2	11.59
86768	O1	ANTIBODY; SALMONELLA	A		0	999	07/01/2020	12/31/9999	5	11.87
86769	O1	ANTIBODY, (SARS-COV-2) COVID-19	A		0	999	04/10/2020	12/31/9999	1	37.92
86771	O1	ANTIBODY; SHIGELLA	A		0	999	07/01/2020	12/31/9999	2	22.03
86774	O1	ANTIBODY; TETANUS	A		0	999	07/01/2020	12/31/9999	2	13.32
86777	O1	ANTIBODY; TOXOPLASMA	A		0	999	07/01/2020	12/31/9999	2	12.95
86778	O1	ANTIBODY; TOXOPLASMA, IGM	A		0	999	07/01/2020	12/31/9999	2	12.97
86780	O1	TREPONEMA PALLIDUM	A		0	999	07/01/2020	12/31/9999	2	11.92
86784	O1	ANTIBODY; TRICHINELLA	A		0	999	07/01/2020	12/31/9999	1	11.30
86787	O1	ANTIBODY; VARICELLA-ZOSTER	A		0	999	07/01/2020	12/31/9999	2	11.59
86788	O1	ANTIBODY WEST NILE VIRUS IGM	A		0	999	07/01/2020	12/31/9999	2	15.17
86789	O1	WEST NILE VIRUS	A		0	999	07/01/2020	12/31/9999	2	12.95
86790	O1	ANTIBODY; VIRUS, NOT ELSEWHERE	A		0	999	07/01/2020	12/31/9999	4	11.59
86793	O1	ANTIBODY; YERSINIA	A		0	999	07/01/2020	12/31/9999	2	11.87
86794	O1	ANTIBODY; ZIKA VIRUS, IGM	A		0	999	07/01/2020	12/31/9999	1	15.17
86800	O1	THYROGLOBULIN ANTIBODY	A		0	999	07/01/2020	12/31/9999	1	14.32
86803	O1	HEPATITIS C AB TEST	A		0	999	07/01/2020	12/31/9999	1	12.84
86804	O1	HEP C AB TEST, CONFIRM	A		0	999	07/01/2020	12/31/9999	1	13.94
86805	O1	LYMPHOCYTOTOXICITY ASSAY VISUA	A		0	999	07/01/2020	12/31/9999	12	170.56
86806	O1	LYMPHOCYTOTOXICITY ASSAY VISUA	A		0	999	07/01/2020	12/31/9999	2	42.83
86807	O1	SERUM SCREENING FOR CYTOTOXIC	A		0	999	07/01/2020	12/31/9999	2	70.79
86808	O1	SERUM SCREENING FOR CYTOTOXIC	A		0	999	07/01/2020	12/31/9999	1	26.71
86812	O1	HLA TYPING; A, B, OR C (EG, A1	A		0	999	07/01/2020	12/31/9999	1	23.23
86813	O1	HLA TYPING; A, B, OR C, MULTIP	A		0	999	07/01/2020	12/31/9999	1	52.20
86816	O1	HLA TYPING; DR/DQ, SINGLE ANTI	A		0	999	07/01/2020	12/31/9999	1	27.15
86817	O1	HLA TYPING; DR/DQ, MULTIPLE AN	A		0	999	07/01/2019	12/31/9999	1	95.53
86821	O1	HLA TYPING; LYMPHOCYTE CULTURE	A		0	999	07/01/2020	12/31/9999	1	32.90
86825	O1	HLA X-MATCH, NON-CYTOTOXIC	A		0	999	07/01/2019	12/31/9999	1	98.54
86826	O1	HLA X-MATCH, NON-CYT ADD-ON	A		0	999	07/01/2020	12/31/9999	8	32.88
86828	O1	HLA CLASS I&II ANTIBODY QUAL	A		0	999	07/01/2019	12/31/9999	2	57.77
86829	O1	HLA CLASS I/II ANTIBODY QUAL	A		0	999	07/01/2019	12/31/9999	2	57.77
86830	O1	HLA CLASS I PHENOTYPE QUAL	A		0	999	07/01/2019	12/31/9999	2	85.97
86831	O1	HLA CLASS II PHENOTYPE QUAL	A		0	999	07/01/2019	12/31/9999	2	73.69
86832	O1	HLA CLASS I HIGH DEFIN QUAL	A		0	999	07/01/2019	12/31/9999	2	291.38
86833	O1	HLA CLASS II HIGH DEFIN QUAL	A		0	999	07/01/2020	12/31/9999	1	293.22
86834	O1	HLA CLASS I SEMIQUANT PANEL	A		0	999	07/01/2020	12/31/9999	1	321.80
86835	O1	HLA CLASS II SEMIQUANT PANEL	A		0	999	07/01/2020	12/31/9999	1	290.66
86849	O6	UNLISTED IMMUNOLOGY PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
86850	O1	ANTIBODY SCREEN, RBC, EACH SER	S		0	999	07/01/2021	12/31/9999	3	38.89
86860	O1	ANTIBODY ELUTION (RBC), EACH E	S		0	999	07/01/2021	12/31/9999	2	116.58
86870	O1	ANTIBODY IDENTIFICATION, RBC A	A		0	999	07/01/2021	12/31/9999	6	227.64
86880	O1	ANTIHUMAN GLOBULIN TEST (COOMB	S		0	999	07/01/2021	12/31/9999	4	43.50
86885	O1	AGT INDIR QUAL EA REAGENT RED CELL	S		0	999	07/01/2021	12/31/9999	3	116.58
86886	O1	AGT INDIR EA ANTIBODY TITER	S		0	999	07/01/2021	12/31/9999	3	116.58

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
86890	01	AUTOLOGOUS BLOOD OR COMPONENT,	S		0	999	07/01/2021	12/31/9999	2	116.58
86891	01	AUTOLOGOUS BLOOD OR COMPONENT,	S		0	999	07/01/2021	12/31/9999	2	512.85
86900	01	BLOOD TYPE ABO	S		0	999	07/01/2021	12/31/9999	3	87.50
86901	01	BLOOD TYPE RHD	S		0	999	07/01/2021	12/31/9999	3	26.45
86902	01	BLOOD TYPE DONOR BLOOD	S		0	999	07/01/2021	12/31/9999	40	227.64
86904	01	BLOOD TYPE SCREEN COMPATIBLE	S		0	999	07/01/2021	12/31/9999	6	26.45
86905	01	BLOOD TYPE RBC NO ABO/RHD	S		0	999	07/01/2021	12/31/9999	28	227.64
86906	01	BLOOD TYPE COMPLETE	S		0	999	07/01/2021	12/31/9999	1	26.45
86910	06	BLOOD TYPING, PATERNITY TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
86911	06	BLOOD TYPING, ANTIGEN SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
86920	01	COMPATIBILITY TEST EACH UNIT;	S		0	999	07/01/2021	12/31/9999	19	116.58
86921	01	COMPATIBILITY TEST EACH UNIT;	S		0	999	07/01/2021	12/31/9999	6	116.58
86922	01	COMPATIBILITY TEST EACH UNIT;	S		0	999	07/01/2021	12/31/9999	10	116.58
86923	01	COMPATIBILITY TEST, ELECTRIC	S		0	999	07/01/2021	12/31/9999	10	116.58
86927	01	FRESH FROZEN PLASMA, THAWING,	S		0	999	07/01/2021	12/31/9999	6	116.58
86930	01	FROZEN BLOOD PREP	S		0	999	07/01/2021	12/31/9999	3	227.64
86931	01	FROZEN BLOOD THAW	S		0	999	07/01/2021	12/31/9999	4	227.64
86932	01	FROZEN BLOOD FREEZE/THAW	S		0	999	07/01/2021	12/31/9999	6	26.45
86940	01	HEMOLYSINS AND AGGLUTININS, AU	A		0	999	07/01/2020	12/31/9999	3	7.89
86941	01	HEMOLYSINS/AGGLUTININS	A		0	999	07/01/2020	12/31/9999	3	10.90
86945	01	IRRADIATION OF BLOOD PRODUCT,	S		0	999	07/01/2021	12/31/9999	5	26.45
86950	01	LEUKOCYTE TRANSFUSION	S		0	999	07/01/2021	12/31/9999	1	116.58
86960	01	VOL REDUCTION OF BLOOD/PROD	S		0	999	07/01/2021	12/31/9999	3	116.58
86965	01	POOLING OF PLATELETS OR OTHER	S		0	999	07/01/2021	12/31/9999	4	116.58
86970	01	PRETREATMENT OF RBC'S FOR USE	S		0	999	07/01/2021	12/31/9999	15	26.45
86971	01	PRETREATMENT OF RBC'S FOR USE	S		0	999	07/01/2021	12/31/9999	6	227.64
86972	01	PRETREATMENT OF RBC'S FOR USE	S		0	999	07/01/2021	12/31/9999	2	116.58
86975	01	PRETREATMENT OF SERUM FOR USE	S		0	999	07/01/2021	12/31/9999	2	211.21
86976	01	PRETREATMENT OF SERUM FOR USE	S		0	999	07/01/2021	12/31/9999	2	19.28
86977	01	PRETREATMENT OF SERUM FOR USE	S		0	999	07/01/2021	12/31/9999	2	116.58
86978	01	PRETREATMENT OF SERUM FOR USE	S		0	999	07/01/2021	12/31/9999	15	26.45
86985	01	SPLITTING OF BLOOD OR BLOOD PR	S		0	999	07/01/2021	12/31/9999	6	116.58
86999	01	UNLISTED TRANSFUSION MEDICINE	S		0	999	07/01/2021	12/31/9999	1	19.28
87003	01	ANIMAL INOCULATION, SMALL ANIM	A		0	999	07/01/2020	12/31/9999	1	15.16
87015	01	SPECIMEN CONCENTRATION	A		0	999	07/01/2020	12/31/9999	3	6.01
87040	01	CULT BACT; BLD AEROBIC ISOLAT & ID CULT	A		0	999	07/01/2020	12/31/9999	3	9.29
87045	01	CULT BACT; STOOL AEROBIC SALM&SHIG CULT	A		0	999	07/01/2020	12/31/9999	3	8.50
87046	01	STOOL CULTR, BACTERIA, EACH	A		0	999	07/01/2020	12/31/9999	6	8.50
87070	01	CULT BACT;NO URINE/BLD/STOOL AEROBCCULT	A		0	999	07/01/2020	12/31/9999	15	7.76
87071	01	CULTURE BACTERI AEROBIC OTHR	A		0	999	07/01/2020	12/31/9999	2	8.90
87073	01	CULTURE BACTERIA ANAEROBIC	A		0	999	07/01/2020	12/31/9999	2	8.69
87075	01	CULT BACT; ANY SRC NO BLD ANAEROB CULT	A		0	999	07/01/2020	12/31/9999	6	8.52
87076	01	CULTURE ANAEROBE IDENT, EACH	A		0	999	07/01/2020	12/31/9999	4	7.27
87077	01	CULTURE AEROBIC IDENTIFY	A		0	999	07/01/2020	12/31/9999	6	7.27
87081	01	CULTURE SCREEN ONLY	A		0	999	07/01/2020	12/31/9999	4	5.97
87084	01	CULTURE, PRESUMPTIVE, PATHOG	A		0	999	07/01/2019	12/31/9999	1	24.36
87086	01	URINE CULTURE/COLONY COUNT	A		0	999	07/01/2020	12/31/9999	3	7.26
87088	01	CULT BAC W ISOL & PRESUMP IDENT URINE	A		0	999	07/01/2020	12/31/9999	3	7.28
87101	01	SKIN FUNGI CULTURE	A		0	999	07/01/2020	12/31/9999	3	6.94
87102	01	CULTURE, FUNGI, ISOLATION;	A		0	999	07/01/2020	12/31/9999	4	7.57
87103	01	CULTURE, FUNGI, ISOLATION (WIT	A		0	999	07/01/2020	12/31/9999	1	18.41
87106	01	FUNGI IDENTIFICATION, YEAST	A		0	999	07/01/2020	12/31/9999	4	9.29
87107	01	FUNGI IDENTIFICATION, MOLD	A		0	999	07/01/2020	12/31/9999	4	9.29
87109	01	CULTURE, MYCOPLASMA, ANY SOU	A		0	999	07/01/2020	12/31/9999	2	13.85
87110	01	CHLAMYDIA CULTURE	A		0	999	07/01/2020	12/31/9999	2	17.64
87116	01	MYCOBACTERIA CULTURE	A		0	999	07/01/2020	12/31/9999	15	9.72
87118	01	MYCOBACTERIC IDENTIFICATION	A		0	999	07/01/2020	12/31/9999	3	13.15
87140	01	CULTUR TYPE IMMUNOFLUORESC	A		0	999	07/01/2020	12/31/9999	3	5.01
87143	01	CULTURE TYPING, GLC/HPLC	A		0	999	07/01/2020	12/31/9999	2	11.27
87147	01	CULTURE TYPE, IMMUNOLOGIC	A		0	999	07/01/2020	12/31/9999	15	4.66
87149	01	DNA/RNA DIRECT PROBE	A		0	999	07/01/2020	12/31/9999	11	18.05
87150	01	DNA/RNA, AMPLIFIED PROBE	A		0	999	07/01/2020	12/31/9999	12	31.58
87152	01	CULTURE TYPE PULSE FIELD GEL	A		0	999	07/01/2019	12/31/9999	1	6.97
87153	01	DNA/RNA SEQUENCING	A		0	999	07/01/2020	12/31/9999	3	103.82
87154	06	CUL TYP ID BLD PTHGN 6+ TRGT	E		0	999	01/01/2022	12/31/9999	1	0.00
87158	01	CULTURE, TYPING; OTHER METHODS	A		0	999	07/01/2019	12/31/9999	15	6.97
87164	01	DARK FIELD EXAMINATION, ANY	A		0	999	07/01/2020	12/31/9999	2	9.67
87166	01	DARK FIELD EXAMINATION, ANY	A		0	999	07/01/2020	12/31/9999	2	10.17
87168	01	MACROSCOPIC EXAM ARTHROPOD	A		0	999	07/01/2020	12/31/9999	2	3.84
87169	01	MACACROSCOPIC EXAM PARASITE	A		0	999	07/01/2020	12/31/9999	2	3.88
87172	01	PINWORM EXAM	A		0	999	07/01/2020	12/31/9999	1	3.84
87176	01	TISSUE HOMOGENIZATION, CULTR	A		0	999	07/01/2020	12/31/9999	3	5.29
87177	01	OVA AND PARASITES, DIRECT SM	A		0	999	07/01/2020	12/31/9999	3	8.01
87181	01	MICROBE SUSCEPTIBLE, DIFFUSE	A		0	999	07/01/2020	12/31/9999	12	4.28
87184	01	MICROBE SUSCEPTIBLE, DISK	A		0	999	07/01/2020	12/31/9999	8	6.73
87185	01	MICROBE SUSCEPTIBLE, ENZYME	A		0	999	07/01/2020	12/31/9999	4	4.28
87186	01	MICROBE SUSCEPTIBLE, MIC	A		0	999	07/01/2020	12/31/9999	12	7.79
87187	01	MICROBE SUSCEPTIBLE, MLC	A		0	999	07/01/2020	12/31/9999	3	36.15
87188	01	MICROBE SUSCEPT, MACROBROTH	A		0	999	07/01/2020	12/31/9999	14	5.98
87190	01	MICROBE SUSCEPT, MYCOBACTERI	A		0	999	07/01/2020	12/31/9999	10	6.58
87197	01	SERUM BACTERICIDAL TITER (SCHL	A		0	999	07/01/2020	12/31/9999	1	13.52
87205	01	SMEAR, GRAM STAIN	A		0	999	07/01/2020	12/31/9999	15	3.84
87206	01	SMEAR, FLUORESCENT/ACID STAI	A		0	999	07/01/2020	12/31/9999	6	4.85
87207	01	SMEAR, SPECIAL STAIN	A		0	999	07/01/2020	12/31/9999	3	5.39
87209	01	SMEAR, COMPLEX STAIN	A		0	999	07/01/2020	12/31/9999	4	16.18
87210	01	SMEAR, WET MOUNT, SALINE/INK	A		0	999	07/01/2020	12/31/9999	4	5.24
87220	01	TISSUE EXAM FOR FUNGI	A		0	999	07/01/2020	12/31/9999	3	3.84
87230	01	TOXIN OR ANTITOXIN ASSAY, TISS	A		0	999	07/01/2020	12/31/9999	2	17.77
87250	01	VIRUS INOCULATE, EGGS/ANIMAL	A		0	999	07/01/2020	12/31/9999	1	17.60
87252	01	VIRUS INOCULATION, TISSUE	A		0	999	07/01/2020	12/31/9999	4	23.46
87253	01	VIRUS INOCULATE TISSUE, ADDL	A		0	999	07/01/2020	12/31/9999	3	18.18
87254	01	VIRUS INOCULATION, SHELL VIA	A		0	999	07/01/2020	12/31/9999	10	17.60
87255	01	GENET VIRUS ISOLATE, HSV	A		0	999	07/01/2020	12/31/9999	2	30.47
87260	01	ADENOVIRUS AG, IF	A		0	999	07/01/2019	12/31/9999	1	12.99
87265	01	PERTUSSIS AG, DFA	A		0	999	07/01/2020	12/31/9999	1	10.78
87267	01	ENTEROVIRUS ANTIBODY, DFA	A		0	999	07/01/2019	12/31/9999	1	12.08
87269	01	INF AGT ANTIG DETCT IF TECH;GIARDIAINF A	A		0	999	07/01/2019	12/31/9999	1	12.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
87270	O1	CHYLM D TRACH AG, DFA	A		0	999	07/01/2020	12/31/9999	1	10.78
87271	O1	CRYPTOSPORIDIUM/GARDIA AG, IF	A		0	999	07/01/2019	12/31/9999	1	12.08
87272	O1	INF AGT-IMMUNOFLUOR; CRYPTOSPORIDIUMINF A	A		0	999	07/01/2020	12/31/9999	1	10.78
87273	O1	HERPES SIMPLEX 2, AG, IF	A		0	999	07/01/2020	12/31/9999	1	10.78
87274	O1	HERPES SIMPLEX 1, AG, IF	A		0	999	07/01/2020	12/31/9999	1	10.78
87275	O1	INFLUENZA B, AG, IF	A		0	999	07/01/2020	12/31/9999	1	11.03
87276	O1	INFLUENZA AG, DFA	A		0	999	07/01/2019	12/31/9999	1	14.46
87278	O1	LEGION PNEUMO AG, DFA	A		0	999	07/01/2019	12/31/9999	1	14.04
87279	O1	PARAINFLUENZA, AG, IF	A		0	999	07/01/2019	12/31/9999	1	14.79
87280	O1	RESP SYNCYTIAL AG, DFA	A		0	999	07/01/2019	12/31/9999	1	12.08
87281	O1	PNEUMOCYSTIS CARINII, AG, IF	A		0	999	07/01/2020	12/31/9999	1	10.78
87283	O1	RUBEOLA, AG, IF	A		0	999	07/01/2019	12/31/9999	1	54.72
87285	O1	TREPON PALLIDUM AG, DFA	A		0	999	07/01/2020	12/31/9999	1	10.96
87290	O1	VARICELLA AG, DFA	A		0	999	07/01/2019	12/31/9999	1	12.08
87299	O1	ANTIBODY DETECTION, NOS, IF	A		0	999	07/01/2019	12/31/9999	1	14.49
87300	O1	VACCINE, AUTOGENOUS	A		0	999	07/01/2020	12/31/9999	2	10.78
87301	O1	ADENOVIRUS AG IA	A		0	999	07/01/2020	12/31/9999	1	10.78
87305	O1	ASPERGILLUS AG IA	A		0	999	07/01/2020	12/31/9999	1	10.78
87320	O1	CHYLM D TRACH AG IA	A		0	999	07/01/2019	12/31/9999	1	13.50
87324	O1	CLOSTRIDIUM AG IA	A		0	999	07/01/2020	12/31/9999	2	10.78
87327	O1	CRYPTOCOCCUS NEOFORM AG IA	A		0	999	07/01/2019	12/31/9999	1	12.08
87328	O1	CRYPTOSPORIDIUM AG IA	A		0	999	07/01/2019	12/31/9999	2	12.44
87329	O1	GIARDIA AG IA	A		0	999	07/01/2020	12/31/9999	2	10.78
87332	O1	CYTOMEGALOVIRUS AG IA	A		0	999	07/01/2020	12/31/9999	1	10.78
87335	O1	E COLI 0157 AG IA	A		0	999	07/01/2020	12/31/9999	1	11.39
87336	O1	ENTAMOEB HIST DISPR AG IA	A		0	999	07/01/2019	12/31/9999	1	14.40
87337	O1	ENTAMOEB HIST GROUP AG IA	A		0	999	07/01/2020	12/31/9999	1	10.78
87338	O1	HPYLORI STOOL IA	A		0	999	07/01/2020	12/31/9999	1	12.94
87339	O1	H PYLORI AG IA	A		0	999	07/01/2019	12/31/9999	1	14.40
87340	O1	HEPATITIS B SURFACE AG IA	A		0	999	07/01/2020	12/31/9999	1	9.30
87341	O1	HEPATITIS B SURFACE AG IA	A		0	999	07/01/2020	12/31/9999	1	9.30
87350	O1	HEPATITIS BE AG IA	A		0	999	07/01/2020	12/31/9999	1	10.38
87380	O1	HEPATITIS DELTA AG IA	A		0	999	07/01/2019	12/31/9999	1	16.52
87385	O1	HISTOPLASMA CAPSUL AG IA	A		0	999	07/01/2020	12/31/9999	2	11.93
87389	O1	HIV-1 AG W/HIV-1 & HIV-2 AB	A		0	999	07/01/2020	12/31/9999	1	21.67
87390	O1	HIV-1 AG IA	A		0	999	07/01/2019	12/31/9999	1	21.65
87391	O1	HIV-2 AG IA	A		0	999	07/01/2019	12/31/9999	1	19.71
87400	O1	INFLUENZA A/B AG IA	A		0	999	07/01/2019	12/31/9999	2	12.72
87420	O1	RESP SYNCYTIAL AG IA	A		0	999	07/01/2019	12/31/9999	1	12.52
87425	O1	ROTAVIRUS AG IA	A		0	999	07/01/2020	12/31/9999	1	10.78
87426	O1	CORONAVIRUS AG IA	A		0	999	06/25/2020	12/31/9999	1	40.71
87427	O1	SHIGA-LIKE TOXIN AG IA	A		0	999	07/01/2020	12/31/9999	2	10.78
87428	O1	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES	A		0	999	11/10/2020	12/31/9999	1	66.14
87430	O1	STREP A AG IA	A		0	999	07/01/2019	12/31/9999	1	15.13
87449	O1	AG DETECT NOS IA MULT	A		0	999	07/01/2020	12/31/9999	3	10.78
87451	O1	AG DETECT POLYVAL IA MULT	A		0	999	07/01/2020	12/31/9999	2	9.46
87471	O1	BARTONELLA, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87472	O1	BARTONELLA, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87475	O1	LYME DIS, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87476	O1	LYME DIS, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87480	O1	CANDIDA, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87481	O1	CANDIDA, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	6	31.58
87482	O1	CANDIDA, DNA, QUANT	A		0	999	07/01/2019	12/31/9999	1	50.17
87483	O1	INFECT AGENT DETECT NUCLEIC ACID 12-25 T	A		0	999	07/01/2020	12/31/9999	1	375.10
87485	O1	CHYLM D PNEUM, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87486	O1	CHYLM D PNEUM, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87487	O1	CHYLM D PNEUM, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87490	O1	CHYLM D TRACH, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	20.48
87491	O1	CHYLM D TRACH, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	3	31.58
87492	O1	CHYLM D TRACH, DNA, QUANT	A		0	999	07/01/2019	12/31/9999	1	48.12
87493	O1	C DIFF AMPLIFIED PROBE	A		0	999	07/01/2020	12/31/9999	2	33.54
87495	O1	CYTOMEG, DNA, DIR PROBE	A		0	999	07/01/2019	12/31/9999	1	27.03
87496	O1	CYTOMEG, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87497	O1	CYTOMEG, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	2	38.56
87498	O1	INF AGENT DETECT ENTEROVIRUS	A		0	999	07/01/2020	12/31/9999	1	31.58
87500	O1	INF AGENT DET BY NUC ACID AMPL PROB	A		0	999	07/01/2020	12/31/9999	1	31.58
87501	O1	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	46.18
87502	O1	INFLUENZA DNA AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	86.22
87503	O1	INFLUENZA DNA AMP PROB ADDL	A		0	999	07/01/2020	12/31/9999	1	26.30
87505	O1	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	115.46
87506	O1	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2019	12/31/9999	1	236.69
87507	O1	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	375.10
87510	O1	GARDNER VAG, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87511	O1	GARDNER VAG, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87512	O1	GARDNER VAG, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	37.58
87516	O1	HEPATITIS B , DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87517	O1	HEPATITIS B , DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87520	O1	HEPATITIS C , RNA, DIR PROBE	A		0	999	07/01/2019	12/31/9999	1	28.10
87521	O1	HEPATITIS C , RNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87522	O1	HEPATITIS C , RNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87525	O1	HEPATITIS G , DNA, DIR PROBE	A		0	999	07/01/2019	12/31/9999	1	26.82
87526	O1	HEPATITIS G, DNA, AMP PROBE	A		0	999	07/01/2019	12/31/9999	1	35.33
87527	O1	HEPATITIS G, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	37.58
87528	O1	HSV, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87529	O1	HSV, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	2	31.58
87530	O1	HSV, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	2	38.56
87531	O1	HHV-6, DNA, DIR PROBE	A		0	999	07/01/2019	12/31/9999	1	52.20
87532	O1	HHV-6, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87533	O1	HHV-6, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	37.58
87534	O1	HIV-1, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	19.73
87535	O1	HIV-1, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87536	O1	HIV-1, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	76.59
87537	O1	HIV-2, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	19.73
87538	O1	HIV-2, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87539	O1	HIV-2, DNA, QUANT	A		0	999	07/01/2019	12/31/9999	1	52.76
87540	O1	LEGION PNEUMO, DNA, DIR PROB	A		0	999	07/01/2020	12/31/9999	1	18.05
87541	O1	LEGION PNEUMO, DNA, AMP PROB	A		0	999	07/01/2020	12/31/9999	1	31.58

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
87542	01	LEGION PNEUMO, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	37.58
87550	01	MYCOBACTERIA, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87551	01	MYCOBACTERIA, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	2	43.42
87552	01	MYCOBACTERIA, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87555	01	M.TUBERCULO, DNA, DIR PROBE	A		0	999	07/01/2019	12/31/9999	1	24.19
87556	01	M.TUBERCULO, DNA, AMP PROBE	A		0	999	07/01/2019	12/31/9999	1	37.51
87557	01	M.TUBERCULO, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87560	01	M.AVIUM-INTRA, DNA, DIR PROB	A		0	999	07/01/2019	12/31/9999	1	24.56
87561	01	M.AVIUM-INTRA, DNA, AMP PROB	A		0	999	07/01/2020	12/31/9999	1	31.58
87562	01	M.AVIUM-INTRA, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87563	01	M. GENITALIUM AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87580	01	M.PNEUMON, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87581	01	M.PNEUMON, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87582	01	M.PNEUMON, DNA, QUANT	A		0	999	07/01/2019	12/31/9999	1	272.36
87590	01	N.GONORRHOEAE, DNA, DIR PROB	A		0	999	07/01/2020	12/31/9999	1	24.19
87591	01	N.GONORRHOEAE, DNA, AMP PROB	A		0	999	07/01/2020	12/31/9999	3	31.58
87592	01	N.GONORRHOEAE, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	38.56
87623	01	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	31.58
87624	01	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	31.58
87625	01	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2019	12/31/9999	1	36.50
87631	06	INFECTIOUS DETECT NUCLEIC ACID	E		0	999	01/01/2013	12/31/9999	2	0.00
87632	06	INFECTIOUS DETECT NUCLEIC ACID	E		0	999	01/01/2013	12/31/9999	2	0.00
87633	01	INFECTIOUS DETECT NUCLEIC ACID	A		0	999	07/01/2020	12/31/9999	1	375.10
87634	01	AGENT DETECT RSV	A		0	999	07/01/2020	12/31/9999	1	63.18
87635	01	SARS-COV-2 COVID-19 AMP PRB	A		0	999	03/13/2020	12/31/9999	1	46.20
87636	01	SARSCOV2 & INF A&B AMP PRB	A		0	999	10/06/2020	12/31/9999	1	128.37
87637	01	SARSCOV2&INF A&B&RSV AMP PRB	A		0	999	10/06/2020	12/31/9999	1	128.37
87640	01	INF AGENT DETECT STAPHYLOCOCCUS AUREUS	A		0	999	07/01/2020	12/31/9999	1	31.58
87641	01	INF AGENT DETECT STAPHY AUREUS METHICILL	A		0	999	07/01/2020	12/31/9999	1	31.58
87650	01	STREP A, DNA, DIR PROBE	A		0	999	07/01/2020	12/31/9999	1	18.05
87651	01	STREP A, DNA, AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87652	01	STREP A, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	1	37.58
87653	01	INF AGENT DETECT STREP GROUP B AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87660	01	INF AGT DETCT NUCLEC ACID;TRICH VAGINF A	A		0	999	07/01/2020	12/31/9999	1	18.05
87661	01	TRICHOMONAS VAGINALIS AMP PROBE	A		0	999	07/01/2020	12/31/9999	1	31.58
87662	01	AGENT DETECT ZIKA	A		0	999	07/01/2020	12/31/9999	2	46.18
87797	01	DETECT AGENT NOS, DNA, DIR	A		0	999	07/01/2020	12/31/9999	3	27.03
87798	01	DETECT AGENT NOS, DNA, AMP	A		0	999	07/01/2020	12/31/9999	21	31.58
87799	01	DETECT AGENT NOS, DNA, QUANT	A		0	999	07/01/2020	12/31/9999	3	38.56
87800	01	DETECT AGNT MULT, DNA, DIREC	A		0	999	07/01/2020	12/31/9999	2	39.30
87801	01	DETECT AGNT MULT, DNA, AMPLI	A		0	999	07/01/2020	12/31/9999	3	63.18
87802	01	STREP B ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	2	11.46
87803	01	CLOSTRIDIUM TOXIN A W/OPTIC	A		0	999	07/01/2020	12/31/9999	3	14.40
87804	01	INFLUENZA ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	3	14.90
87806	01	HIV-1 ANTIGENS ANTIBODIES	A		0	999	07/01/2019	12/31/9999	1	29.49
87807	01	RSV ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	2	11.79
87808	01	INF AGENT DETECT TRICHOMONAS VAGINALIS	A		0	999	07/01/2019	12/31/9999	1	13.76
87809	01	INF AGENT DET BY IMM ADENOVIRUS	A		0	999	07/01/2020	12/31/9999	2	19.58
87810	01	CHYLMD TRACH ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	2	31.76
87811	01	SARS-COV-2 COVID19 W/OPTIC	A		0	999	10/06/2020	12/31/9999	1	37.24
87850	01	N. GONORRHOEAE ASSAY W/OPTIC	A		0	999	07/01/2019	12/31/9999	1	22.10
87880	01	STREP A ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	2	14.88
87899	01	AGENT NOS ASSAY W/OPTIC	A		0	999	07/01/2020	12/31/9999	6	14.46
87900	01	PHENOTYPE, INFECT AGENT DRUG	A		0	999	07/01/2020	12/31/9999	1	117.32
87901	06	GENOTYPE DNA HIV REVERSE T	E		0	999	09/01/2012	12/31/9999	1	0.00
87902	01	GENOTYPE, DNA, HEPATITIS C	A		0	999	07/01/2020	12/31/9999	1	231.71
87903	06	PHENOTYPE, DNA HIV W/CULTURE	E		0	999	09/01/2012	12/31/9999	1	0.00
87904	06	PHENOTYPE, DNA HIV W/CLT ADD	E		0	999	09/01/2012	12/31/9999	1	0.00
87905	01	INF AGENT ENZY OTH THAN VIRUS	A		0	999	07/01/2020	12/31/9999	2	11.00
87906	01	GENOTYPE DNA HIV REVERSE T	A		0	999	07/01/2020	12/31/9999	2	115.86
87910	06	GENOTYPE CYTOMEGALOVIRUS	E		0	999	01/01/2013	12/31/9999	2	0.00
87912	06	GENOTYPE DNA HEPATITIS B	E		0	999	01/01/2013	12/31/9999	2	0.00
87999	06	UNLISTED MICROBIOLOGY PROCED	E		0	999	09/01/2012	12/31/9999	1	0.00
88000	06	NECROPSY (AUTOPSY), GROSS EX	E		0	999	09/01/2012	12/31/9999	1	0.00
88005	06	NECROPSY (AUTOPSY), GROSS EX	E		0	999	09/01/2012	12/31/9999	1	0.00
88007	06	NECROPSY (AUTOPSY), GROSS EX	E		0	999	09/01/2012	12/31/9999	1	0.00
88012	06	NECROPSY (AUTOPSY), GROSS EX	E		0	1	09/01/2012	12/31/9999	1	0.00
88014	06	NECROPSY (AUTOPSY), GROSS EX	E		0	1	09/01/2012	12/31/9999	1	0.00
88016	06	NECROPSY (AUTOPSY), GROSS EX	E		0	1	09/01/2012	12/31/9999	1	0.00
88020	06	NECROPSY (AUTOPSY), GROSS AN	E		0	999	09/01/2012	12/31/9999	1	0.00
88025	06	NECROPSY (AUTOPSY), GROSS AN	E		0	999	09/01/2012	12/31/9999	1	0.00
88027	06	NECROPSY (AUTOPSY), GROSS AN	E		0	999	09/01/2012	12/31/9999	1	0.00
88028	06	NECROPSY (AUTOPSY), GROSS AN	E		0	1	09/01/2012	12/31/9999	1	0.00
88029	06	NECROPSY (AUTOPSY), GROSS AN	E		0	1	09/01/2012	12/31/9999	1	0.00
88036	06	NECROPSY (AUTOPSY), LIMITED,	E		0	999	09/01/2012	12/31/9999	1	0.00
88037	06	NECROPSY (AUTOPSY), LIMITED,	E		0	999	09/01/2012	12/31/9999	1	0.00
88040	06	NECROPSY (AUTOPSY);	E		0	999	09/01/2012	12/31/9999	1	0.00
88045	06	NECROPSY (AUTOPSY);	E		0	999	09/01/2012	12/31/9999	1	0.00
88099	06	UNLISTED NECROPSY (AUTOPSY)	E		0	999	09/01/2012	12/31/9999	1	0.00
88104	01	CYTOPATHOLOGY, FLUIDS, WASHING	S		0	999	07/01/2021	12/31/9999	5	26.45
88106	01	CYTOPATH SIMPLE FILTER	S		0	999	07/01/2021	12/31/9999	5	19.28
88108	01	CYTOPATH, CONCENTRATE TECH	S		0	999	07/01/2021	12/31/9999	6	26.45
88112	01	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP	S		0	999	07/01/2021	12/31/9999	6	38.89
88120	01	CYTP URNE 3-5 PROBES EA SPEC	A		0	999	07/01/2021	12/31/9999	2	116.58
88121	01	CYTP URINE 3-5 PROBES CMPTR	S		0	999	07/01/2021	12/31/9999	2	227.64
88125	01	CYTOPATHOLOGY, FORENSIC (EG,	S		0	999	07/01/2021	12/31/9999	1	38.89
88130	01	SEX CHROMATIN IDENTIFICATION	A		0	999	07/01/2020	12/31/9999	1	16.18
88140	01	SEX CHROMATIN IDENTIFICATION	A		0	999	07/01/2020	12/31/9999	1	7.19
88141	01	CYTOPATH CERV/VAG INTERPRET	N		0	999	09/01/2012	12/31/9999	1	0.00
88142	01	CYTPATH C/VAG T/LAYER	A		0	999	07/01/2020	12/31/9999	1	18.23
88143	01	CYTOPATH, C/V, THIN LYR REDO	A		0	999	07/01/2019	12/31/9999	1	20.74
88147	01	CYTOPATH, C/V, AUTOMATED	A		0	999	07/01/2019	12/31/9999	1	45.50
88148	01	CYTOPATH, C/V, AUTO RESCREEN	A		0	999	07/01/2020	12/31/9999	1	14.40
88150	01	CYTPATH C/VAG MANUAL	A		0	999	07/01/2020	12/31/9999	1	13.61
88152	01	CYTPATH C/VAG AUTO REDO	A		0	999	07/01/2019	12/31/9999	1	24.88
88153	01	CYTOPATH, C/V, REDO	A		0	999	07/01/2019	12/31/9999	1	21.63
88155	01	CYTPATH C/VAG INDEX ADD-ON	A		0	999	07/01/2019	12/31/9999	1	13.19

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
88160	01	CYTOPATHOLOGY, SMEARS, ANY OTH	S		0	999	07/01/2021	12/31/9999	4	19.28
88161	01	CYTOPATH SMEAR, OTHER SOURCE	S		0	999	07/01/2021	12/31/9999	4	19.28
88162	01	CYTOPATH SMEAR, OTHER SOURCE	S		0	999	07/01/2021	12/31/9999	3	38.89
88164	01	CYTPATH TBS C/VAG MANUAL	A		0	999	07/01/2020	12/31/9999	1	13.61
88165	01	CYTPATH TBS C/VAG REDO	A		0	999	07/01/2020	12/31/9999	1	38.00
88166	01	CYTOPATH TBS, C/V, AUTO REDO	A		0	999	07/01/2020	12/31/9999	1	13.61
88167	01	CYTOPATH TBS, C/V, SELECT	A		0	999	07/01/2020	12/31/9999	1	13.61
88172	01	CYTP DX EVAL FNA 1ST EA SITE	S		0	999	07/01/2021	12/31/9999	7	116.58
88173	01	EVALUATION OF FINE NEEDLE ASPI	S		0	999	07/01/2021	12/31/9999	7	38.89
88174	01	CYTOPATH, C/V AUTO, IN FLUID	A		0	999	07/01/2019	12/31/9999	1	22.83
88175	01	CYTOPATH C/V AUTO FLUID REDO	A		0	999	07/01/2020	12/31/9999	1	23.95
88177	01	CYTP C/V AUTO THIN LYSR ADDL	N		0	999	07/01/2019	12/31/9999	1	0.00
88182	01	FLOW CYTOMETRY; CELL CYCLE OR	A		0	999	07/01/2021	12/31/9999	2	38.89
88184	01	FLOWCYTOMETRY/ TC, 1 MARKER	A		0	999	07/01/2021	12/31/9999	2	227.64
88185	01	FLOWCYTOMETRY/TC, ADD-ON	N		0	999	07/01/2019	12/31/9999	1	0.00
88187	01	FLOWCYTOMETRY/READ, 2-8	B		0	999	07/01/2020	12/31/9999	2	32.70
88188	01	FLOWCYTOMETRY/READ, 9-15	B		0	999	07/01/2020	12/31/9999	2	54.98
88189	01	FLOWCYTOMETRY/READ, 16 & >	B		0	999	07/01/2020	12/31/9999	2	74.15
88199	01	UNLISTED CYTOPATHOLOGY PROCE	S		0	999	07/01/2021	12/31/9999	1	38.89
88230	01	TISSUE CULTURE, LYMPHOCYTE	A		0	999	07/01/2020	12/31/9999	2	104.84
88233	01	TISSUE CULTURE FOR CHROMOSOME	A		0	999	07/01/2020	12/31/9999	2	126.66
88235	01	TISSUE CULTURE FOR CHROMOSOME	A		9	60	07/01/2020	12/31/9999	2	135.27
88237	01	TISSUE CULTURE, BONE MARROW	A		0	999	07/01/2020	12/31/9999	4	129.38
88239	01	TISSUE CULTURE, TUMOR	A		0	999	07/01/2020	12/31/9999	3	132.77
88240	01	CELL CRYOPRESERVE/STORAGE	A		0	999	07/01/2020	12/31/9999	3	11.76
88241	01	FROZEN CELL PREPARATION	A		0	999	07/01/2020	12/31/9999	3	10.88
88245	01	CHROMOSOME ANALYSIS, 20-25	A		0	999	07/01/2020	12/31/9999	1	155.85
88248	01	CHROMOSOME ANALYSIS, 50-100	A		0	999	07/01/2020	12/31/9999	1	155.85
88249	01	CHROMOSOME ANALYSIS, 100	A		0	999	07/01/2020	12/31/9999	1	155.85
88261	01	CHROMOSOME ANALYSIS, 5	A		0	999	07/01/2020	12/31/9999	2	237.91
88262	01	CHROMOSOME ANALYSIS;	A		0	999	07/01/2020	12/31/9999	2	112.94
88263	01	CHROMOSOME ANALYSIS; COUNT 15-	A		0	999	07/01/2020	12/31/9999	1	135.26
88264	01	CHROMOSOME ANALYSIS, 20-25	A		0	999	07/01/2019	12/31/9999	1	130.15
88267	01	CHROMOSOME ANALYSIS:PLACENTA	A		0	999	07/01/2020	12/31/9999	2	169.71
88269	01	CHROMOSOME ANALYSIS, IN SITU F	A		0	999	07/01/2020	12/31/9999	2	156.29
88271	01	CYTOGENETICS, DNA PROBE	A		0	999	07/01/2020	12/31/9999	16	19.28
88272	01	CYTOGENETICS, 3-5	A		0	999	07/01/2020	12/31/9999	12	36.63
88273	01	CYTOGENETICS, 10-30	A		0	999	07/01/2020	12/31/9999	3	31.33
88274	01	CYTOGENETICS, 25-99	A		0	999	07/01/2020	12/31/9999	5	38.14
88275	01	CYTOGENETICS, 100-300	A		0	999	07/01/2020	12/31/9999	12	46.07
88280	01	CHROMOSOME ANALYSIS;	A		0	999	07/01/2020	12/31/9999	1	30.12
88283	01	CHROMOSOME ANALYSIS; ADDITIONA	A		0	999	07/01/2020	12/31/9999	5	61.74
88285	01	CHROMOSOME ANALYSIS;	A		0	999	07/01/2020	12/31/9999	10	24.22
88289	01	CHROMOSOME ANALYSIS; ADDITIONA	A		0	999	07/01/2020	12/31/9999	1	30.99
88291	01	CYTO/MOLECULAR REPORT	M		0	999	07/01/2020	12/31/9999	1	28.42
88299	01	UNLISTED CYTOGENETIC STUDY	S		0	999	07/01/2021	12/31/9999	1	38.89
88300	01	SURGICAL PATH GROSS	S		0	999	07/01/2021	12/31/9999	4	19.28
88302	01	LEVEL II - SURGICAL PATHOLOGY,	S		0	999	07/01/2021	12/31/9999	4	19.28
88304	01	TISSUE EXAM BY PATHOLOGIST	S		0	999	07/01/2021	12/31/9999	5	38.89
88305	01	TISSUE EXAM BY PATHOLOGIST	S		0	999	07/01/2021	12/31/9999	16	38.89
88307	01	TISSUE EXAM BY PATHOLOGIST	A		0	999	07/01/2021	12/31/9999	8	227.64
88309	01	LEVEL VI - SURGICAL PATHOLOGY,	A		0	999	07/01/2021	12/31/9999	3	512.85
88311	01	SURGICAL PATHOLOGY, GROSS AN	N		0	999	07/01/2019	12/31/9999	1	0.00
88312	01	SPECIAL STAINS GROUP 1	S		0	999	07/01/2021	12/31/9999	9	38.89
88313	01	SPECIAL STAINS GROUP 2	S		0	999	07/01/2021	12/31/9999	8	26.45
88314	01	HISTOCHEMICAL STAIN ADD-ON	N		0	999	07/01/2019	12/31/9999	1	0.00
88319	01	DETERMINATIVE HISTOCHEMISTRY O	A		0	999	07/01/2021	12/31/9999	11	512.85
88321	01	CONSULTATION AND REPORT ON R	S		0	999	07/01/2021	12/31/9999	1	26.45
88323	01	CONSULTATION AND REPORT ON R	S		0	999	07/01/2021	12/31/9999	1	38.89
88325	01	COMPREHENSIVE REVIEW OF RECO	S		0	999	07/01/2021	12/31/9999	1	116.58
88329	01	CONSULTATION DURING SURGERY;	S		0	999	07/01/2021	12/31/9999	2	26.45
88331	01	PATH CONSULT INTRAOP, 1 BLOC	S		0	999	07/01/2021	12/31/9999	11	116.58
88332	01	PATH CONSULT INTRAOP ADDL	N		0	999	07/01/2019	12/31/9999	1	0.00
88333	01	INTRAOP CYTO PATH CONSULT, 1	A		0	999	07/01/2021	12/31/9999	4	512.85
88334	01	INTRAOP CYTO PATH CONSULT 2	N		0	999	07/01/2019	12/31/9999	1	0.00
88341	01	IMMUNO PER SPECIMEN	N		0	999	07/01/2020	12/31/9999	13	0.00
88342	01	IMMUNO PER SPECIMEN	A		0	999	07/01/2021	12/31/9999	3	116.58
88344	01	IMMUNO PER SPECIMEN	S		0	999	07/01/2021	12/31/9999	6	227.64
88346	01	IMMUNOFLUOR ANTB 1ST STAIN	A		0	999	07/01/2021	12/31/9999	2	227.64
88348	01	ELECTRON MICROSCOPY;	A		0	999	07/01/2021	12/31/9999	1	512.85
88350	01	IMMUNOFLUOR ANTB ADDL STAIN	N		0	999	01/01/2016	12/31/9999	1	0.00
88355	01	MORPHOMETRIC ANALYSIS; SKELETA	S		0	999	07/01/2021	12/31/9999	1	116.58
88356	01	MORPHOMETRIC ANALYSIS; NERVE	S		0	999	07/01/2021	12/31/9999	3	38.89
88358	01	MORPHOMETRIC ANALYSIS; TUMOR MORPH	A		0	999	07/01/2021	12/31/9999	2	116.58
88360	01	MORPHOMETRIC ANALYSIS	A		0	999	07/01/2021	12/31/9999	6	116.58
88361	01	MORPHOMETRIC ANALYSIS	A		0	999	07/01/2021	12/31/9999	6	227.64
88362	01	NERVE TEASING PREPARATIONS	A		0	999	07/01/2021	12/31/9999	1	512.85
88363	01	XM ARCHIVE TISSUE MOLEC ANAL	S		0	999	07/01/2021	12/31/9999	2	19.28
88364	01	IN SITU HYBRID PER SPEC	N		0	999	01/01/2015	12/31/9999	3	0.00
88365	01	IN SITU HYBRID PER SPEC	S		0	999	07/01/2021	12/31/9999	4	116.58
88366	01	IN SITU HYBRID PER SPEC	S		0	999	07/01/2021	12/31/9999	2	227.64
88367	01	MORPHOMETRIC ANALYSIS	A		0	999	07/01/2021	12/31/9999	3	227.64
88368	01	MORPHOMETRIC ANALYSIS	A		0	999	07/01/2021	12/31/9999	3	227.64
88369	01	MORPHOMETRIC ANALYSIS	N		0	999	01/01/2015	12/31/9999	1	0.00
88371	01	PROTEIN ANALYSIS OF TISSUE BY	N		0	999	07/01/2019	12/31/9999	1	0.00
88372	01	PROTEIN ANALYSIS OF TISSUE BY	N		0	999	07/01/2019	12/31/9999	1	0.00
88373	01	MORPHOMETRIC ANALYSIS	N		0	999	01/01/2015	12/31/9999	1	0.00
88374	01	MORPHOMETRIC ANALYSIS	S		0	999	07/01/2021	12/31/9999	5	116.58
88375	01	OPTICAL ENDOMICROSCOPY INTERP	B		0	999	07/01/2020	12/31/9999	1	42.54
88377	01	MORPHOMETRIC ANALYSIS	S		0	999	07/01/2021	12/31/9999	5	116.58
88380	01	MICRODISSEC LASER CAPTURE	N		0	999	09/01/2012	12/31/9999	1	0.00
88381	01	MICRODISSECTION MANUAL	N		0	999	09/01/2012	12/31/9999	1	0.00
88387	01	TISS EXAM MOLECULAR STUDY	N		0	999	07/01/2020	12/31/9999	2	0.00
88388	01	TISS EX MOLECUL STUDY ADD-ON	N		0	999	07/01/2020	12/31/9999	1	0.00
88399	01	UNLISTED SURGICAL PATHOLOGY	S		0	999	07/01/2021	12/31/9999	1	38.89
88720	01	BILIRUBIN TOTAL TRANCUTANEOUS	A		0	999	07/01/2020	12/31/9999	1	4.52
88738	01	HGB QUANT TRANSCUTANEOUS	A		0	999	07/01/2020	12/31/9999	1	4.52

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
88740	O1	HEMOGLOB QUANT TRANSCUT CARBOXY	A		0	999	07/01/2019	12/31/9999	1	8.43
88741	O1	HEMOGLOB QUANT TRANSCUT METHEMO	A		0	999	07/01/2019	12/31/9999	1	8.43
88749	O6	IN VIVO LAB SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
89049	O1	CHCT FOR MAL HYPERTHERMIA	S		0	999	07/01/2021	12/31/9999	1	116.58
89050	O1	BODY FLUID CELL COUNT	A		0	999	07/01/2020	12/31/9999	2	4.25
89051	O1	CELL COUNT, MISCELLANEOUS BO	A		0	999	07/01/2020	12/31/9999	2	5.04
89055	O1	LEUKOCYTE ASSESS FECAL QAU/QUAN LEUKO	A		0	999	07/01/2020	12/31/9999	2	3.84
89060	O1	CRYSTAL IDENT BY LIGHT MICROSCOPY	A		0	999	07/01/2020	12/31/9999	2	6.60
89125	O1	SPECIMEN FAT STAIN	A		0	999	07/01/2020	12/31/9999	2	5.29
89160	O1	MEAT FIBERS, FECES	A		0	999	07/01/2019	12/31/9999	1	4.37
89190	O1	NASAL SMEAR FOR EOSINOPHILS	A		0	999	07/01/2019	12/31/9999	1	5.21
89220	O6	SPUTUM OBT SPEC AROSL INDUCED TECH SPUTU	E		0	999	09/01/2012	12/31/9999	1	0.00
89230	O1	SWEAT COLLECTION BY IONTOPHORESIS SWEAT	S		0	999	07/01/2021	12/31/9999	1	38.89
89240	O1	UNLIST MISCELLANEOUS PATHOLOGY TESTUNLIS	S		0	999	07/01/2021	12/31/9999	1	38.89
89250	O6	CULTURE OOCYTE/EMBRYO < 4 DAYS; CULTU	E		0	999	09/01/2012	12/31/9999	1	0.00
89251	O6	CULT OOCYTE/EMBRYO <4 DAY; CO-CULT CULT	E		0	999	09/01/2012	12/31/9999	1	0.00
89253	O6	EMBRYO HATCHING	E		0	999	09/01/2012	12/31/9999	1	0.00
89254	O6	OOCYTE IDENTIFICATION	E		0	999	09/01/2012	12/31/9999	1	0.00
89255	O6	PREPARE EMBRYO FOR TRANSFER	E		0	999	09/01/2012	12/31/9999	1	0.00
89257	O6	SPERM IDENTIFICATION	E		0	999	09/01/2012	12/31/9999	1	0.00
89258	O6	CRYOPRESERVATION, EMBRYO	E		0	999	09/01/2012	12/31/9999	1	0.00
89259	O6	CRYOPRESERVATION, SPERM	E		0	999	09/01/2012	12/31/9999	1	0.00
89260	O6	SPERM ISOLATION, SIMPLE	E		0	999	09/01/2012	12/31/9999	1	0.00
89261	O6	SPERM ISOLATION, COMPLEX	E		0	999	09/01/2012	12/31/9999	1	0.00
89264	O6	IDENTIFY SPERM TISSUE	E		0	999	09/01/2012	12/31/9999	1	0.00
89268	O6	INSEMINATION OF OOCYTES INSEM	E		0	999	09/01/2012	12/31/9999	1	0.00
89272	O6	EXT CULT OOCYTE/EMBRYO 4-7 DAYS EXTEN	E		0	999	09/01/2012	12/31/9999	1	0.00
89280	O6	ASSTD OOCYTE FERTILIZ;< /=10 OOCYTESASSTD	E		0	999	09/01/2012	12/31/9999	1	0.00
89281	O6	ASSTD OOCYTE FERTILIZ; > 10 OOCYTESASSTD	E		0	999	09/01/2012	12/31/9999	1	0.00
89290	O6	BX OOCYTE/EMB BLASTOMERE; < /=5 EMB BX OO	E		0	999	09/01/2012	12/31/9999	1	0.00
89291	O6	BX OOCYTE/EMB BLASTOMERE; >5 EMB BX OO	E		0	999	09/01/2012	12/31/9999	1	0.00
89300	O6	SEMEN ANALYSIS	E		14	999	09/01/2012	12/31/9999	1	0.00
89310	O6	SEMEN ANALYSIS W/COUNT	E		14	999	09/01/2012	12/31/9999	1	0.00
89320	O6	SEMEN ANALYSIS VOL CT MOT & DIFF	E		14	999	09/01/2012	12/31/9999	1	0.00
89321	O6	SEMEN ANALYSIS PRES & MOT	E		0	999	09/01/2012	12/31/9999	1	0.00
89322	O6	SEMEN ANALYSIS	E		14	999	09/01/2012	12/31/9999	1	0.00
89325	O6	SPERM AGGLUTINATION, WITH AN	E		14	999	09/01/2012	12/31/9999	1	0.00
89329	O6	SPERM EVALUATION; HAMSTER PENE	E		0	999	09/01/2012	12/31/9999	1	0.00
89330	O6	SPERM EVALUATION; CERVICAL MUC	E		0	999	09/01/2012	12/31/9999	1	0.00
89331	O6	SPERM EVAL RETROGR, URINE	E		14	999	09/01/2012	12/31/9999	1	0.00
89335	O6	CRYOPRES REPRODUIVE TISS TESTICULAR CRYOP	E		0	999	09/01/2012	12/31/9999	1	0.00
89337	O6	CRYOPRESERVATION OOCYTE	E		0	999	01/01/2015	12/31/9999	1	0.00
89342	O6	STORAGE; EMBRYO STORA	E		0	999	09/01/2012	12/31/9999	1	0.00
89343	O6	STORAGE; SPERM/SEMEN STORA	E		0	999	09/01/2012	12/31/9999	1	0.00
89344	O6	STORAGE; TISS TESTICULAR/OVARIAN STORA	E		0	999	09/01/2012	12/31/9999	1	0.00
89346	O6	STORAGE/YEAR; OOCYTE(S)	E		0	999	09/01/2012	12/31/9999	1	0.00
89352	O6	THAWING OF CRYOPRESERVED; EMBRYO THAWI	E		0	999	09/01/2012	12/31/9999	1	0.00
89353	O6	THAW CRYOPRES; SPERM/SEM EA ALIQUOTTHAWI	E		0	999	09/01/2012	12/31/9999	1	0.00
89354	O6	THAW CRYOPRES; TISS TESTICULR/OVARNTHAWI	E		0	999	09/01/2012	12/31/9999	1	0.00
89356	O6	THAW CRYOPRES; OOCYTES EA ALIQUOT THAWI	E		0	999	09/01/2012	12/31/9999	1	0.00
89398	O6	UNLISTED REPROD MED LAB PROC	E		0	999	09/01/2012	12/31/9999	1	0.00
9001F	O6	AORTIC ANEURYSM < 5.0 CM	E		0	999	01/01/2014	12/31/9999	1	0.00
9002F	O6	AORTIC ANEURYSM 5.0-5.4 CM	E		0	999	01/01/2014	12/31/9999	1	0.00
9003F	O6	AORTIC ANEURYSM 5.5-5.9 CM	E		0	999	01/01/2014	12/31/9999	1	0.00
9004F	O6	AORTIC ANEURYSM 6.0 CM +	E		0	999	01/01/2014	12/31/9999	1	0.00
9005F	O6	ASYMPT CAROTID STENOSIS	E		0	999	01/01/2014	12/31/9999	1	0.00
9006F	O6	SYMP CAROTID STENOSIS	E		0	999	01/01/2014	12/31/9999	1	0.00
9007F	O6	OTH CAROTID STENOSIS	E		0	999	01/01/2014	12/31/9999	1	0.00
90281	O6	HUMAN IG, IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90283	O6	HUMAN IG, IV	E		0	999	09/01/2012	12/31/9999	1	0.00
90284	O6	SCIG HUMAN SUBCUT INF 100 MG EA	E		0	999	09/01/2012	12/31/9999	1	0.00
90287	O6	BOTULINUM ANTITOXIN	E		0	999	09/01/2012	12/31/9999	1	0.00
90288	O6	BOTULISM IG, IV	E		0	999	09/01/2012	12/31/9999	1	0.00
90291	O6	CMV IG, IV	E		0	999	09/01/2012	12/31/9999	1	0.00
90296	O6	DIPHTHERIA ANTITOXIN	E		0	999	09/01/2012	12/31/9999	1	0.00
90371	O6	HEPB IG, IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90375	O1	RABIES IG, IM/SC	K		0	999	07/01/2021	12/31/9999	20	271.37
90376	O1	RABIES IG, HEAT TREATED	K		0	999	07/01/2021	12/31/9999	20	237.37
90377	O1	RABIES IG HT&SOL HUMAN IM/SC	K		0	999	01/01/2021	12/31/9999	1	354.84
90378	O6	RSV, MAB, IM, 50MG	E		0	999	09/01/2012	12/31/9999	1	0.00
90384	O1	RH IG, FULL-DOSE, IM	B		0	999	07/01/2020	12/31/9999	1	75.52
90385	O1	RH IG, MINIDOSE, IM	K		0	999	07/01/2021	12/31/9999	1	151.41
90386	O6	RH IG, IV	E		0	999	09/01/2012	12/31/9999	1	0.00
90389	O1	TETANUS IG, IM	B		19	999	07/01/2020	12/31/9999	1	556.40
90393	O6	VACCINA IG, IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90396	O6	VARICELLA-ZOSTER IG, IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90399	O6	IMMUNE GLOBULIN	E		0	999	09/01/2012	12/31/9999	1	0.00
90460	O1	IMADM ANY ROUTE 1ST VAC/TOX	B		0	18	07/01/2020	12/31/9999	9	11.68
90461	O1	INADM ANY ROUTE ADDL VAC/TOX	B		0	18	09/01/2012	12/31/9999	8	0.00
90471	O1	IMMUNIZATION ADMIN	S		0	999	07/01/2021	12/31/9999	1	48.44
90472	O1	IMMUNIZATION ADMIN, EACH ADD	N		0	999	07/01/2014	12/31/9999	8	0.00
90473	O1	IMMUNE ADMIN ORAL/NASAL	S		0	18	07/01/2021	12/31/9999	1	48.44
90474	O1	IMMUNE ADMIN ORAL/NASAL ADDL	N		0	18	07/01/2020	12/31/9999	1	0.00
90476	O1	ADENOVIRUS VACCINE, TYPE 4	N		0	999	09/01/2012	12/31/9999	1	0.00
90477	O6	ADENOVIRUS VACCINE, TYPE 7	E		0	999	09/01/2012	12/31/9999	1	0.00
90581	O6	ANTHRAX VACCINE, SC	E		0	999	09/01/2012	12/31/9999	1	0.00
90585	O6	BCG VACCINE, PERCUT	E		0	999	09/01/2012	12/31/9999	1	0.00
90586	O6	BCG VACCINE, INTRAVESICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
90587	O6	DENGUE VACC QUAL 3 DOSE	E		0	999	07/01/2017	12/31/9999	1	0.00
90619	O6	MENACWY-TT	E		0	999	07/01/2019	12/31/9999	1	0.00
90620	O1	MENINGOCOCCAL B, 2 DOSE, IM	M		10	25	07/01/2020	12/31/9999	1	179.25
90621	O1	MENINGOCOCCAL B, 3 DOSE, IM	M		10	25	07/01/2020	12/31/9999	1	149.89
90625	O6	CHOLERA VACCINE LIVE ORAL	E		0	999	01/01/2016	12/31/9999	1	0.00
90626	O6	TIC-BRN ENCEPH VAC 0.25ML IM	E		0	999	07/01/2021	12/31/9999	1	0.00
90627	O6	TIC-BRN ENCEPH VAC 0.5ML IM	E		0	999	07/01/2021	12/31/9999	1	0.00
90630	O1	FLU VACC QUAD SPLIT PRES FREE	M		19	64	07/01/2020	12/31/9999	1	17.97
90632	O1	HEPA VACCINE ADULT IM	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90633	O1	HEPA VACC PED/ADOL 2 DOSE IM	N		0	18	09/01/2012	12/31/9999	1	0.00
90634	O1	HEPA VACC PED/ADOL 3 DOSE IM	N		0	999	09/01/2012	12/31/9999	1	0.00
90636	O1	HEPA/HEPB VACCINE ADULT IM	N		0	999	09/01/2012	12/31/9999	1	0.00
90644	O1	HIB-MENCY VACCINE 4 DOSE IM	M		0	2	07/01/2020	12/31/9999	1	24.70
90647	O1	HIB PRP- OMP VACC 3 DOSE IM	N		0	999	07/01/2015	12/31/9999	1	0.00
90648	O1	HIB PRP-T VACCINE 4 DOSE IM	N		0	999	07/01/2015	12/31/9999	1	0.00
90649	O1	HPV4 VACCINE 3 DOSE IM	M		9	26	07/01/2020	12/31/9999	1	160.17
90650	O6	HPV2 VACCINE 3 DOSE IM	E		9	26	09/01/2012	12/31/9999	1	0.00
90651	O1	9VHPV VACCINE 2 OR 3 DOSE IM	M		9	26	07/01/2020	12/31/9999	1	227.93
90653	O1	IIV ADJUVANT VACCINE IM	M		65	999	07/01/2020	12/31/9999	1	59.53
90654	O1	FLU VACC IIV3 NO PRESERV ID	M		19	999	07/01/2015	12/31/9999	1	18.92
90655	O1	IIV3 FLU VACC NO PRSV 0.25 ML IM	M		0	2	07/01/2013	12/31/9999	1	17.24
90656	O1	IIV3 FLU VACC NO PRSV 0.50 ML IM	M		3	999	07/01/2020	12/31/9999	1	16.72
90657	O1	IIV3 FLU VACC 0.25 ML IM	M		0	3	07/01/2014	12/31/9999	1	6.02
90658	O1	IIV3 FLU VACC 0.50 ML IM	B		3	999	07/01/2020	12/31/9999	1	16.12
90660	O6	LAIV3 VACCINE INTRANASAL	E		2	49	10/01/2013	12/31/9999	1	0.00
90661	O1	FLU VACC TRIVALENT WHOLE 0.50 ML IM	M		0	999	08/01/2016	12/31/9999	1	22.29
90662	O1	IIV NO PRSV INCREASED AG IM	M		0	999	07/01/2020	12/31/9999	1	56.01
90664	O6	LAIV VACC PANDEMIC INTRANASAL	E		0	999	09/01/2012	12/31/9999	1	0.00
90666	O6	IIV VACC PANDEM NO PRESERV IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90667	O6	IIV VACC PANDEMIC ADJUVT IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90668	O6	IIV VACCINE PANDEMIC IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90670	O1	PCV 13 VACCINE IM	M		0	999	07/01/2020	12/31/9999	1	214.62
90671	O6	PCV15 VACCINE IM	E		0	999	07/01/2021	12/31/9999	1	0.00
90672	O6	LAIV4 VACCINE INTRANASAL	E		0	999	07/01/2020	12/31/9999	1	0.00
90673	O1	RIV3 VACCINE NO PRESERV IM	M		18	999	07/01/2020	12/31/9999	1	42.75
90674	O1	FLU VACCINE QUADRIVALENT CCIIV4 0.5 ML I	M		4	999	07/01/2020	12/31/9999	1	28.13
90675	O1	RABIES VACCINE IM	K		0	999	07/01/2021	12/31/9999	1	318.06
90676	O6	RABIES VACCINE, ID	E		0	999	09/01/2012	12/31/9999	1	0.00
90677	O6	PCV20 VACCINE IM	E		18	999	07/01/2021	12/31/9999	1	0.00
90680	O1	RV5 VACC 3 DOSE LIVE ORAL	N		0	1	09/01/2012	12/31/9999	1	0.00
90681	O1	RV1 VACC 2 DOSE LIVE ORAL	M		0	1	07/01/2015	12/31/9999	1	102.50
90682	O1	INFLUENZA VIRUS VACCINE, QUAD (RIV4) IM	M		18	999	07/01/2020	12/31/9999	1	56.01
90685	O1	IIV4 FLU VACC NO PRSV 0.25 ML IM	M		0	2	07/01/2020	12/31/9999	1	20.34
90686	O1	IIV4 FLU VACC NO PRSV 0.50 ML IM	M		0	999	07/01/2020	12/31/9999	1	19.03
90687	O1	IIV4 FLU VACC 0.25 ML IM	M		0	2	07/01/2020	12/31/9999	1	9.40
90688	O1	IIV4 FLU VACC 0.50 ML IM	M		0	999	07/01/2020	12/31/9999	1	17.84
90689	O1	VACC IIV4 NO PRSRV 0.25ML IM	M		0	999	01/01/2019	12/31/9999	1	98.98
90690	O1	TYPHOID VACCINE, ORAL	N		0	999	09/01/2012	12/31/9999	1	0.00
90691	O1	TYPHOID VACCINE, IM	N		0	999	09/01/2012	12/31/9999	1	0.00
90694	O6	VACC ATIV4 NO PRSRV 0.5ML IM	E		0	999	01/01/2020	12/31/9999	1	0.00
90696	O1	DTAP-IPV VACCINE 4-6 YRS IM	N		4	6	09/01/2012	12/31/9999	1	0.00
90697	O6	DTAP IPV HIB HEPB VACC IM	E		0	999	01/01/2015	12/31/9999	1	0.00
90698	O1	DTAP-IPV / HIB VACCINE IM	N		0	18	09/01/2012	12/31/9999	1	0.00
90700	O1	DTAP <7 YRS IM	N		0	6	09/01/2012	12/31/9999	1	0.00
90702	O1	DT VACCINE UNDER 7 YRS IM	N		0	6	09/01/2012	12/31/9999	1	0.00
90707	O1	MEASLES MUMPS&RUBELLA VAC LIVE-SUBQMEASL	N		0	59	09/01/2012	12/31/9999	1	0.00
90710	O1	MMRV VACCINE, SC	N		1	12	09/01/2012	12/31/9999	1	0.00
90713	O1	POLIOVIRUS, IPV, SC/IM	N		0	18	09/01/2012	12/31/9999	1	0.00
90714	O1	TD VACC NO PRESV 7 YRS+ IM	N		7	18	09/01/2012	12/31/9999	1	0.00
90715	O1	TDAP 7+ YRS IM	N		10	999	09/01/2012	12/31/9999	1	0.00
90716	O1	VAR VACCINE LIVE SC	M		0	999	07/01/2020	12/31/9999	1	135.72
90717	O1	YELLOW FEVER VACCINE, SC	N		0	999	09/01/2012	12/31/9999	1	0.00
90723	O6	DTAP-HEPB-PIV	E		0	18	09/01/2012	12/31/9999	1	0.00
90732	O1	PPSV23 VACC 2 YRS PLUS SC / IM	M		2	999	07/01/2020	12/31/9999	1	114.21
90733	O1	MPSV4 VACCINE SC	M		2	18	07/01/2020	12/31/9999	1	106.49
90734	O1	MENINGOCOCCAL CONJUGATE VACCINE	M		0	18	07/01/2020	12/31/9999	1	105.99
90736	O6	HZV VACCINE LIVE SC	E		60	999	09/01/2012	12/31/9999	1	0.00
90738	O6	INACTIVATED JE VACC IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90739	O6	HEPB VACC 2 DOSE ADULT IM	E		0	999	01/01/2013	12/31/9999	2	0.00
90740	O1	HEPB VACC 3 DOSE ILL PAT IM	M		19	999	07/01/2020	12/31/9999	1	134.12
90743	O6	HEPB VACC 2 DOSE ADOLESC IM	E		0	999	09/01/2012	12/31/9999	1	0.00
90744	O6	HEPB VACC 3 DOSE PED / ADOL IM	E		0	18	09/01/2012	12/31/9999	1	0.00
90746	O1	HEPB VACCINE 3 DOSE ADULT IM	M		19	999	07/01/2020	12/31/9999	1	67.06
90747	O1	HEPB VACC 4 DOSE ILL PAT IM	M		19	999	07/01/2020	12/31/9999	1	134.12
90748	O6	HIB-HEPB VACCINE IM	E		0	18	09/01/2012	12/31/9999	1	0.00
90749	O1	VACCINE TOXOID	N		0	18	09/01/2012	12/31/9999	1	0.00
90750	O1	ZOSTER (SHINGLES) VAC (HZV) IM INJ	M		50	999	07/01/2020	12/31/9999	1	151.41
90756	O1	FLU QUAD CCIIV4 0.5ML	M		4	999	07/01/2020	12/31/9999	1	26.66
90758	O6	ZAIRE EBOLAVIRUS VAC LIVE IM	E		18	999	07/01/2021	12/31/9999	1	0.00
90759	O6	HEP B VAC 3AG 10MCG 3 DOS IM	E		0	999	01/01/2022	12/31/9999	1	0.00
90785	O1	INTERACTIVE COMPLEXITY	N		0	999	01/01/2013	12/31/9999	5	0.00
90791	O1	PSYCH DIAG EVAL	S	Y	0	999	07/01/2021	12/31/9999	1	104.44
90792	O1	PSYCH DIAG EVAL W/MED SERV	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90832	O1	PSYCHOTHERAPY 30 MIN PT	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90833	O1	PSYTX PT 30 MINUTES W/E&M	N	Y	0	999	01/01/2013	12/31/9999	1	0.00
90834	O1	PSYTX PT 45 MINUTES	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90836	O1	PSYTX PT W/E&M 45 MIN	N	Y	0	999	01/01/2013	12/31/9999	1	0.00
90837	O1	PSYTX PT 60 MINUTES	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90838	O6	PSYTX PT W/E&M 60 MIN	E	Y	0	999	01/01/2013	12/31/9999	1	0.00
90839	O6	PSYTX CRISIS INITIAL 60 MIN	E		0	999	01/01/2013	12/31/9999	1	0.00
90840	O6	PSYTX CRISIS EA ADDL 30 MIN	E		0	999	01/01/2013	12/31/9999	1	0.00
90845	O6	PSYCHOANALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
90846	O1	FAMILY PSYTX W/O PATIENT 50 MINS	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90847	O1	FAMILY PSYTX W/PT 50 MINS	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90849	O1	MULTIPLE FAMILY GROUP PSYTX	S	Y	0	999	07/01/2021	12/31/9999	2	104.44
90853	O1	GROUP PSYCHOTHERAPY	S	Y	0	999	07/01/2021	12/31/9999	1	58.52
90863	O6	PHARMACOLOGIC MGMT W/PSYTX	E		0	999	01/01/2013	12/31/9999	1	0.00
90865	O6	NARCOSYNTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
90867	O6	TCRANIAL MAGN STIM TX PLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
90868	O6	TCRANIAL MAGN STIM TX DELI	E		0	999	09/01/2012	12/31/9999	1	0.00
90869	O6	TMS TREATMENT SUBS	E		0	999	09/01/2012	12/31/9999	1	0.00
90870	O1	ELECTROCONVULSIVE THERAPY	S	Y	0	999	07/01/2021	12/31/9999	2	381.25
90875	O6	PSYCHOPHYSIOLOGICAL THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
90876	O6	PSYCHOPHYSIOLOGICAL THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
90880	O6	HYPNOTHERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
90882	O6	ENVIRONMENTAL INTERVENTION F	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90885	O6	PSY EVALUATION OF RECORDS	E		0	999	02/10/2014	12/31/9999	1	0.00
90887	O6	INT & EXPL OF RESULTS OF PSYCH	E		0	999	02/10/2014	12/31/9999	1	0.00
90889	O6	PREPARATION OF REPORT OF PAT	E		0	999	02/10/2014	12/31/9999	1	0.00
90899	O6	PSYCHIATRIC SERVICE/THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
90901	O6	BIOFEEDBACK, ANY METHOD	E		0	999	09/01/2012	12/31/9999	1	0.00
90912	O6	BFB TRAINING 1ST 15 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
90913	O6	BFB TRAINING EA ADDL 15 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
90935	O1	HEMODIALYSIS PROCEDURE WITH SI	S		0	999	07/01/2021	12/31/9999	1	511.43
90937	O1	HEMODIALYSIS PROCEDURE REQUIRI	B		0	999	07/01/2020	12/31/9999	1	89.63
90940	O1	HEMODIALYSIS ACCESS STUDY	N		0	999	09/01/2012	12/31/9999	1	0.00
90945	O1	DIALYSIS, ONE EVALUATION	V		0	999	07/01/2021	12/31/9999	1	284.30
90947	O1	DIALYSIS, REPEATED EVAL	B		0	999	07/01/2020	12/31/9999	1	106.78
90951	O1	ESRD SERV <2 YR 4+ PHY VISITS PER MO	M		0	1	07/01/2020	12/31/9999	1	799.88
90952	O6	ESRD SERV <2 YRS 2-3 PHY VISITS PER MO	E		0	1	09/01/2012	12/31/9999	1	0.00
90953	O6	ESRD SERV <2 YRS 1 PHY VISIT PER MO	E		0	1	09/01/2012	12/31/9999	1	0.00
90954	O1	ESRD SERV 2-11 YRS 4+ PHY VISITS PER MO	M		2	11	07/01/2020	12/31/9999	1	693.97
90955	O1	ESRD SERV 2-11 YRS 2-3 PHY VISITS PER MO	M		2	11	07/01/2020	12/31/9999	1	390.62
90956	O1	ESRD SERV 2-11 YRS 1 PHY VISIT PER MO	M		2	11	07/01/2020	12/31/9999	1	271.17
90957	O1	ESRD SERV 12-19 YRS 4+ PHY VISITS PER MO	M		12	19	07/01/2020	12/31/9999	1	549.93
90958	O1	ESRD SERV 12-19 YRS 2-3 PHY VISITS PER M	M		12	19	07/01/2020	12/31/9999	1	373.10
90959	O1	ESRD SERV 12-19 YRS 1 PHYS VISIT PER MO	M		12	19	07/01/2020	12/31/9999	1	251.92
90960	O1	ESRD SERV 20+ YRS 4+ PHY VISITS PER MO	M		20	999	07/01/2020	12/31/9999	1	241.52
90961	O1	ESRD SERV 20+ YRS 2-3 PHY VISITS PER MO	M		20	999	07/01/2020	12/31/9999	1	202.56
90962	O1	ESRD SERV 20+ YRS 1 PHY VISIT PER MO	M		20	999	07/01/2020	12/31/9999	1	155.83
90963	O1	ESRD HOME DIAL SERV <2 YRS	M		0	1	07/01/2020	12/31/9999	1	464.72
90964	O1	ESRD HOME DIAL SERV 2-11 YRS	M		2	11	07/01/2020	12/31/9999	1	406.03
90965	O1	ESRD HOME DIAL SERV 12-19 YRS	M		12	19	07/01/2020	12/31/9999	1	387.89
90966	O1	ESRD SERV 20+ YRS 1 PHY VISIT PER MO	M		20	999	07/01/2020	12/31/9999	1	202.28
90967	O1	ESRD SERV PER DAY < 2 YRS	M		0	1	07/01/2020	12/31/9999	1	15.35
90968	O1	ESRD SERV PER DAY 2-11 YRS	M		2	11	07/01/2020	12/31/9999	1	13.48
90969	O1	ESRD SERV PER DAY 12-19 YRS	M		12	19	07/01/2020	12/31/9999	1	12.89
90970	O1	ESRD SERV 20+ YRS PER DAY	M		20	999	07/01/2020	12/31/9999	1	6.84
90989	O6	DIALYSIS TRAINING, PATIENT, IN	E		0	999	09/01/2012	12/31/9999	1	0.00
90993	O6	DIALYSIS TRAINING, PATIENT, IN	E		0	999	09/01/2012	12/31/9999	1	0.00
90997	O6	HEMOPERFUSION (EG, WITH ACTI	E		0	999	09/01/2012	12/31/9999	1	0.00
90999	O6	UNLISTED DIALYSIS PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
91010	O1	ESOPHAGUS MOTILITY STUDY	S		0	999	07/01/2021	12/31/9999	1	381.25
91013	O1	ESOPHGL MOTIL W/STIM/PERFUS	N		0	999	07/01/2014	12/31/9999	1	0.00
91020	O1	GASTRIC MOTILITY	S		0	999	07/01/2021	12/31/9999	1	381.25
91022	O6	DUODENAL MOTILITY STUDY	E		0	999	09/01/2012	12/31/9999	1	0.00
91030	O1	ESOPHAGUS, ACID PERFUSION (B	S		0	999	07/01/2021	12/31/9999	1	381.25
91034	O1	GASTROESOPHAGEAL REFLUX TEST	S		0	999	07/01/2021	12/31/9999	1	381.25
91035	O1	G-ESOPH REFLX TST W/ELECTROD	S		0	999	07/01/2021	12/31/9999	1	381.25
91037	O1	ESOPH IMPED FUNCTION TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
91038	O1	ESOPH IMPED FUNCT TEST > 1H	S		0	999	07/01/2021	12/31/9999	1	381.25
91040	O1	ESOPH BALLOON DISTENSION TST	S		0	999	07/01/2021	12/31/9999	1	381.25
91065	O1	BREATH HYDROGEN TEST	S		0	999	07/01/2021	12/31/9999	2	109.07
91110	O1	GI IMAG INTRALUM ESOPH-ILEUM MD I&RGI TR	T		0	999	07/01/2021	12/31/9999	1	632.78
91111	O1	GASTROINT IMAG INTRALUM ESOPH	T		0	999	07/01/2021	12/31/9999	1	632.78
91112	O1	GI WIRELESS CAPSULE MEASURE	T		0	999	07/01/2021	12/31/9999	1	632.78
91113	O1	GI TRC IMG INTRAL COLON I&R	T		0	999	01/01/2022	12/31/9999	1	623.09
91117	O1	COLON MOTILITY 6 HR STUDY	T		0	999	07/01/2021	12/31/9999	1	208.02
91120	O1	RECTAL SENSATION TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
91122	O1	ANORECTAL MANOMETRY	T		0	999	07/01/2021	12/31/9999	1	208.02
91132	O1	ELECTROGASTROGRAPHY	S		0	999	07/01/2021	12/31/9999	1	206.69
91133	O1	ELECTROGASTROGRAPHY W/TEST	S		0	999	07/01/2021	12/31/9999	1	87.50
91200	O6	LIVER ELASTOGRAPHY	E		0	999	01/01/2015	12/31/9999	1	0.00
91299	O1	UNLISTED DIAGNOSTIC GASTROEN	S		0	999	07/01/2021	12/31/9999	1	109.07
91300	O6	SARSCOV2 VAC 30MCG/0.3ML IM	E		12	999	12/11/2020	12/31/9999	1	0.00
91301	O6	SARSCOV2 VAC 100MCG/0.5ML IM	E		18	999	12/18/2020	12/31/9999	1	0.00
91303	O6	SARSCOV2 VAC AD26 .5ML IM	E		18	999	02/27/2021	12/31/9999	1	0.00
91305	O6	SARSCOV2 VAC 30 MCG TRS-SUCR	E		12	999	01/03/2022	12/31/9999	1	0.00
91306	O6	SARSCOV2 VAC 50MCG/0.25ML IM	E		18	999	10/20/2021	12/31/9999	1	0.00
91307	O6	SARSCOV2 VAC 10 MCG TRS-SUCR	E		5	11	10/29/2021	12/31/9999	1	0.00
92002	O6	OPHTHALMOLOGICAL SERVICES: M	E		0	999	09/01/2012	12/31/9999	1	0.00
92004	O6	OPHTHALMOLOGICAL SERVICES: M	E		0	999	09/01/2012	12/31/9999	1	0.00
92012	O6	OPHTHALMOLOGICAL SERVICES: M	E		0	999	09/01/2012	12/31/9999	1	0.00
92014	O6	OPHTHALMOLOGICAL SERVICES: M	E		0	999	09/01/2012	12/31/9999	1	0.00
92015	O6	DETERMINATION OF REFRACTIVE ST	E		0	999	09/01/2012	12/31/9999	1	0.00
92018	O1	OPHTHALMOLOGICAL EXAMINATION	S		0	999	07/01/2021	12/31/9999	1	1,565.04
92019	O1	OPHTHALMOLOGICAL EXAMINATION	S		0	999	07/01/2021	12/31/9999	1	1,565.04
92020	O1	GONIOSCOPY WITH MEDICAL DIAG	S		0	999	07/01/2021	12/31/9999	1	87.50
92025	O1	COMP TOPOGRAPHY UNIL/BILAT	S		0	999	07/01/2021	12/31/9999	1	43.50
92060	O1	SENSORIMOTOR EXAMINATION WITH	S		0	999	07/01/2021	12/31/9999	1	43.50
92065	O6	ORTHOPTIC AND/OR PLEOPTIC TR	E		0	20	09/01/2012	12/31/9999	1	0.00
92071	O1	FIT CONTACT OCULAR SURFC DIS	N		0	999	09/01/2012	12/31/9999	1	0.00
92072	O1	FIT CONTACT MGMT KERATOCONUS INIT	N		0	999	09/01/2012	12/31/9999	1	0.00
92081	O1	VISUAL FIELD EXAMINATION, UNIL	S		0	999	07/01/2021	12/31/9999	1	43.50
92082	O1	VISUAL FIELD EXAMINATION, UNIL	S		0	999	07/01/2021	12/31/9999	1	43.50
92083	O1	VISUAL FIELD EXAMINATION, UNIL	S		0	999	07/01/2021	12/31/9999	1	87.50
92100	O1	SERIAL TONOMETRY (SEPARATE PRO	N		0	999	09/01/2012	12/31/9999	1	0.00
92132	O1	CMPTR OPHTH DX IMG ANT SEGMT	S		0	999	07/01/2021	12/31/9999	1	43.50
92133	O1	CMPTR OPHTH IMG OPTIC NERVE	S		0	999	07/01/2021	12/31/9999	1	43.50
92134	O1	CPTR OPHTH DX IMG POST SEGMT	S		0	999	07/01/2021	12/31/9999	1	43.50
92136	O1	OPHTHALMIC BIOMETRY	S		0	999	07/01/2021	12/31/9999	1	87.50
92145	O6	CORNEAL HYSTERESIS DETER	E		0	999	01/01/2015	12/31/9999	1	0.00
92201	O1	OPSCPY EXTND RTA DRAW UNI/BI	S		0	999	07/01/2021	12/31/9999	1	43.50
92202	O1	OPSCPY EXTND ON/MAC DRAW	S		0	999	07/01/2021	12/31/9999	1	43.50
92227	O6	REMOTE DX RETINAL IMAGING	E		0	999	09/01/2012	12/31/9999	1	0.00
92228	O6	REMOTE RETINAL IMAGING MGMT	E		0	999	09/01/2012	12/31/9999	1	0.00
92229	O6	IMG RTA DETC/MNTR DS POC ALY	E		0	999	01/01/2021	12/31/9999	1	0.00
92230	O1	FLUORESC EIN ANGIOSCOPY WITH ME	S		0	999	07/01/2021	12/31/9999	2	381.25
92235	O1	FLUORESC EIN ANGIOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	206.69
92240	O1	ICG ANGIOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	206.69
92242	O1	FLUORESC EIN/INDCYNNE-GREEN ANGIO UNILATE	S		0	999	07/01/2021	12/31/9999	1	206.69
92250	O1	FUNDUS PHOTOGRAPHY WITH MEDICA	S		0	999	07/01/2021	12/31/9999	1	87.50
92260	O1	OPHTHALMODYNAMOMETRY	S		0	999	07/01/2021	12/31/9999	1	26.45

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
92265	01	NEEDLE OCULOELECTROMYOGRAPHY,	S		0	999	07/01/2021	12/31/9999	1	43.50
92270	01	ELECTRO-OCULOGRAPHY, WITH ME	S		0	999	07/01/2021	12/31/9999	1	87.50
92273	01	FULL FIELD ERG W/I&R	S		0	999	07/01/2021	12/31/9999	1	206.69
92274	01	MULTIFOCA ERG W/I&R	S		0	999	07/01/2021	12/31/9999	1	109.07
92283	01	COLOR VISION EXAMINATION, EX	S		0	999	07/01/2021	12/31/9999	1	43.50
92284	01	DARK ADAPTATION EXAMINATION,	S		0	999	07/01/2021	12/31/9999	1	211.21
92285	01	EXTERNAL OCULAR PHOTOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	43.50
92286	01	SPECULAR ENDOTHELIAL MICROSC	S		0	999	07/01/2021	12/31/9999	1	87.50
92287	01	SPECIAL ANTERIOR SEGMENT PHOTO	S		0	999	07/01/2021	12/31/9999	1	87.50
92310	06	PRESCRIPTION OF OPTICAL AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92311	01	PRESCRIPTION OF OPTICAL AND	S		0	999	07/01/2021	12/31/9999	1	211.21
92312	01	PRESCRIPTION OF OPTICAL AND	S		0	999	07/01/2021	12/31/9999	1	87.50
92313	01	PRESCRIPTION OF OPTICAL AND	S		0	999	07/01/2021	12/31/9999	1	87.50
92314	06	PRESCRIPTION OF OPTICAL AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92315	06	PRESCRIPTION OF OPTICAL AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92316	06	PRESCRIPTION OF OPTICAL AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92317	06	PRESCRIPTION OF OPTICAL AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92325	06	MODIFICATION OF CONTACT LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
92326	06	REPLACEMENT OF CONTACT LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
92340	06	FITTING OF SPECTACLES, EXCEP	E		0	999	09/01/2012	12/31/9999	1	0.00
92341	06	FITTING OF SPECTACLES, EXCEP	E		0	999	09/01/2012	12/31/9999	1	0.00
92342	06	FITTING OF SPECTACLES, EXCEP	E		0	999	09/01/2012	12/31/9999	1	0.00
92352	06	FITTING OF SPECTACLE PROSTHE	E		0	20	09/01/2012	12/31/9999	1	0.00
92353	06	FITTING OF SPECTACLE PROSTHE	E		0	999	09/01/2012	12/31/9999	1	0.00
92354	06	FITTING OF SPECTACLE MOUNTED	E		0	20	09/01/2012	12/31/9999	1	0.00
92355	06	FITTING OF SPECTACLE MOUNTED	E		0	20	09/01/2012	12/31/9999	1	0.00
92358	06	PROSTHESIS SERVICE FOR APHAK	E		0	20	09/01/2012	12/31/9999	1	0.00
92370	06	REPAIR AND REFITTING SPECTAC	E		0	999	09/01/2012	12/31/9999	1	0.00
92371	06	REPAIR AND REFITTING SPECTAC	E		0	20	09/01/2012	12/31/9999	1	0.00
92499	01	UNLISTED OPHTHALMOLOGICAL SE	S		0	999	07/01/2021	12/31/9999	1	19.28
92502	01	OTOLARYNGOLOGIC EXAMINATION	T		0	999	07/01/2021	12/31/9999	1	353.56
92504	01	BINOCULAR MICROSCOPY (SEPARA	N		0	999	09/01/2012	12/31/9999	1	0.00
92507	01	SPEECH/HEARING THERAPY	A	Y	0	999	07/01/2020	12/31/9999	1	67.17
92508	06	SPEECH LANGUAGE AND HEARING TH	E	Y	0	999	09/01/2012	12/31/9999	1	0.00
92511	01	NASOPHARYNGOSCOPY WITH ENDOS	T		0	999	07/01/2021	12/31/9999	1	128.49
92512	01	NASAL FUNCTION STUDIES, EG,	S		0	999	07/01/2021	12/31/9999	1	206.69
92516	01	FACIAL NERVE FUNCTION STUDIE	S		0	999	07/01/2021	12/31/9999	1	206.69
92517	01	VEMP TEST I&R CERVICAL	S		0	999	01/01/2021	12/31/9999	1	109.07
92518	01	VEMP TEST I&R OCULAR	S		0	999	01/01/2021	12/31/9999	1	109.07
92519	01	VEMP TST I&R CERVICAL&OCULAR	S		0	999	01/01/2021	12/31/9999	1	206.69
92520	01	LARYNGEAL FUNCTION STUDIES	S		0	999	07/01/2021	12/31/9999	1	87.50
92521	01	EVAL SPEECH FLUENCY	A		0	999	07/01/2020	12/31/9999	1	95.31
92522	01	EVAL SPEECH SOUND PROD	A		0	999	07/01/2020	12/31/9999	1	77.92
92523	01	EVAL SPEECH SOUND PROD W/LANG COMP/EXPR	A		0	999	07/01/2020	12/31/9999	1	163.61
92524	01	BEHAV TRANSCATH CLOSURE ARTERIOSUS	A		0	999	07/01/2020	12/31/9999	1	76.25
92526	01	ORAL FUNCTION THERAPY	A	Y	0	999	07/01/2020	12/31/9999	1	73.72
92531	01	SPONTANEOUS NYSTAGMUS, INCLU	N		0	999	09/01/2012	12/31/9999	1	0.00
92532	01	POSITIONAL NYSTAGMUS TEST	N		0	999	09/01/2012	12/31/9999	1	0.00
92533	01	CALORIC VESTIBULAR TEST, EAC	N		0	999	09/01/2012	12/31/9999	1	0.00
92534	01	OPTOKINETIC NYSTAGMUS TEST	N		0	999	09/01/2012	12/31/9999	1	0.00
92537	01	CALORIC VSTBLR TEST W/REC	S		0	999	07/01/2021	12/31/9999	1	109.07
92538	01	CALORIC VSTBLR TEST W/REC	S		0	999	07/01/2021	12/31/9999	1	109.07
92540	01	BASIC VESTIBULAR EVALUATION	S		0	999	07/01/2021	12/31/9999	1	109.07
92541	01	SPONTANEOUS NYSTAGMUS TEST,	S		0	999	07/01/2021	12/31/9999	1	87.50
92542	01	POSITIONAL NYSTAGMUS TEST, M	S		0	999	07/01/2021	12/31/9999	1	87.50
92544	01	OPTOKINETIC NYSTAGMUS TEST,	S		0	999	07/01/2021	12/31/9999	1	109.07
92545	01	OSCILLATING TRACKING TEST, W	S		0	999	07/01/2021	12/31/9999	1	206.69
92546	01	TORSION SWING TEST, WITH REC	S		0	999	07/01/2021	12/31/9999	1	109.07
92547	01	SUPPLEMENTAL ELECTRICAL TEST	N		0	999	07/01/2020	12/31/9999	1	0.00
92548	01	COMPUTERIZED DYMANIC POSTUROGRAPHY SENSO	S		0	999	07/01/2021	12/31/9999	1	87.50
92549	01	CDP-SOT 6 COND W/I&R MCT&ADT	S		0	999	07/01/2021	12/31/9999	1	87.50
92550	01	TYMPANOMETRY & REFLEX THRESH	S		0	999	07/01/2021	12/31/9999	1	109.07
92551	06	SCREENING TEST, PURE TONE, A	E		0	999	09/01/2012	12/31/9999	1	0.00
92552	06	PURE TONE AUDIOMETRY (THRESH	E		0	999	09/01/2012	12/31/9999	1	0.00
92553	01	PURE TONE AUDIOMETRY (THRESH	S		0	999	07/01/2021	12/31/9999	1	109.07
92555	06	SPEECH AUDIOMETRY;	E		0	999	09/01/2012	12/31/9999	1	0.00
92556	06	SPEECH AUDIOMETRY;	E		0	999	09/01/2012	12/31/9999	1	0.00
92557	01	BASIC COMPREHENSIVE AUDIOMET	S		0	999	07/01/2021	12/31/9999	1	109.07
92558	06	EVOKED OTOACOUSTIC EMISSIONS SCR	E		0	999	09/01/2012	12/31/9999	1	0.00
92562	06	LOUDNESS BALANCE TEST, ALTER	E		0	999	09/01/2012	12/31/9999	1	0.00
92563	06	TONE DECAY TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
92565	06	STENGER TEST, PURE TONE	E		0	999	09/01/2012	12/31/9999	1	0.00
92567	01	TYMPANOMETRY (IMPEDANCE TESTIN	S		0	999	07/01/2021	12/31/9999	1	26.45
92568	01	ACOUSTIC REFL THRESHOLD TST	S		0	999	07/01/2021	12/31/9999	1	26.45
92570	01	ACOUSTIC IMMITTANCE TESTING	S		0	999	07/01/2021	12/31/9999	1	109.07
92571	06	FILTERED SPEECH TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
92572	01	STAGGERED SPONDAIC WORD TEST	S		0	999	07/01/2021	12/31/9999	1	109.07
92575	06	SENSORINEURAL ACUITY LEVEL T	E		0	999	09/01/2012	12/31/9999	1	0.00
92576	06	SYNTHETIC SENTENCE IDENTIFIC	E		0	999	09/01/2012	12/31/9999	1	0.00
92577	01	STENGER TEST, SPEECH	S		0	999	07/01/2021	12/31/9999	1	381.25
92579	01	VISUAL AUDIOMETRY (VRA)	S		0	20	07/01/2021	12/31/9999	1	109.07
92582	01	CONDITIONING PLAY AUDIOMETRY	S		0	999	07/01/2021	12/31/9999	1	109.07
92583	06	SELECT PICTURE AUDIOMETRY	E		0	999	09/01/2012	12/31/9999	1	0.00
92584	01	ELECTROCOCHLEOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	109.07
92587	01	EVOKED AUDITORY TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
92588	01	EVOKED AUDITORY TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
92590	06	HEARING AID EXAMINATION AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92591	06	HEARING AID EXAMINATION AND	E		0	999	09/01/2012	12/31/9999	1	0.00
92592	06	HEARING AID CHECK; MONAURAL	E		0	999	09/01/2012	12/31/9999	1	0.00
92593	06	HEARING AID CHECK;	E		0	999	09/01/2012	12/31/9999	1	0.00
92594	06	ELECTROACOUSTIC EVALUATION F	E		0	999	09/01/2012	12/31/9999	1	0.00
92595	06	ELECTROACOUSTIC EVALUATION F	E		0	999	09/01/2012	12/31/9999	1	0.00
92596	06	EAR PROTECTOR ATTENUATION ME	E		0	999	09/01/2012	12/31/9999	1	0.00
92597	01	ORAL SPEECH DEVICE EVAL	A	Y	0	999	07/01/2020	12/31/9999	1	62.17
92601	01	COCHLEAR IMPLT F/UP EXAM < 7	S		0	6	07/01/2021	12/31/9999	1	109.07
92602	01	REPROGRAM COCHLEAR IMPLT < 7	S		0	6	07/01/2021	12/31/9999	1	109.07
92603	01	COCHLEAR IMPLT F/UP EXAM 7 >	S		7	999	07/01/2021	12/31/9999	1	109.07

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
92604	O1	REPROGRAM COCHLEAR IMPLT 7 >	S		7	999	07/01/2021	12/31/9999	1	109.07
92605	O6	EVAL FOR NONSPEECH DEVICE RX	E		0	999	09/01/2012	12/31/9999	1	0.00
92606	O6	NON-SPEECH DEVICE SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
92607	O6	EX FOR SPEECH DEVICE RX, 1HR	E		0	999	09/01/2012	12/31/9999	1	0.00
92608	O6	EX FOR SPEECH DEVICE RX ADDL	E		0	999	09/01/2012	12/31/9999	1	0.00
92609	O6	USE OF SPEECH DEVICE SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
92610	O1	EVALUATE SWALLOWING FUNCTION	A		0	999	07/01/2020	12/31/9999	1	62.06
92611	O1	MOTION FLUOROSCOPY/SWALLOW	A		0	999	07/01/2020	12/31/9999	1	77.18
92612	O1	FLEX ENDOSCOP EVAL CINE-VIDEO RECORD	A		0	999	07/01/2020	12/31/9999	1	58.38
92613	O1	FLX ENDO EVAL SWALLW VIDEO REC INTRP/RPT	B		0	999	07/01/2020	12/31/9999	1	32.30
92614	O1	FLX ENDOSCOP EVAL LARYNGEAL TEST	A		0	999	07/01/2020	12/31/9999	1	57.16
92615	O6	FLX ENDO EVAL LARYNGL SNSRY VID REC INTP	E		0	999	09/01/2012	12/31/9999	1	0.00
92616	O1	FLX ENDO EVAL SWALLW LARYNG SNSRY TEST	A		0	999	07/01/2020	12/31/9999	1	85.49
92617	O6	FLX ENDO EVAL SWLLW LARYNG SNSRY INTRP/R	E		0	999	09/01/2012	12/31/9999	1	0.00
92618	O6	EVAL PRESC NONSPCH AUGM DEV ADD 30 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
92620	O6	AUDITORY FUNCTION, 60 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
92621	O1	AUDITORY FUNCTION, + 15 MIN	N		0	999	09/01/2012	12/31/9999	1	0.00
92625	O6	TINNITUS ASSESSMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
92626	O1	EVALUATION OF AUDITORY FUNCTION FOR SURG	S	Y	0	999	07/01/2021	12/31/9999	1	109.07
92627	O1	EVALUATION OF AUDITORY FUNCTION FOR SURG	N	Y	0	999	09/01/2012	12/31/9999	6	0.00
92630	O6	AUD REHAB PRE-LING HEAR LOSS	E	Y	0	999	09/01/2012	12/31/9999	1	0.00
92633	O6	AUD REHAB POSTLING HEAR LOSS	E	Y	0	999	09/01/2012	12/31/9999	1	0.00
92640	O6	DIAG AUDITORY BRAINSTEM IMPLANT PER HR	E		0	999	02/10/2014	12/31/9999	1	0.00
92650	O1	AEP SCR AUDITORY POTENTIAL	B		0	999	01/01/2021	12/31/9999	1	21.61
92651	O1	AEP HEARING STATUS DETER I&R	S		0	999	01/01/2021	12/31/9999	1	109.07
92652	O1	AEP THRSILD EST MLT FREQ I&R	S		0	999	01/01/2021	12/31/9999	1	206.69
92653	O1	AEP NEURODIAGNOSTIC I&R	S		0	999	01/01/2021	12/31/9999	1	206.69
92700	O1	ENT PROCEDURE/SERVICE	S	Y	0	999	07/01/2021	12/31/9999	1	19.28
92920	O1	PRQ CARDIAC ANGIOPLAST	T		0	999	07/01/2021	12/31/9999	3	3,874.26
92921	O1	PRQ CARDIAC ANGIO ADDL ART	N		0	999	07/01/2015	12/31/9999	1	0.00
92924	O1	PRQ CARD ANGIO/ATHRECT	T		0	999	07/01/2021	12/31/9999	2	7,849.55
92925	O1	PRQ CARD ANGIO/ATHRECT ADDL	N		0	999	07/01/2015	12/31/9999	1	0.00
92928	O1	PRQ CARD STENT W/ANGIO	T		0	999	07/01/2021	12/31/9999	3	7,849.55
92929	O1	PRQ CARD STENT W/ANGIO ADDL	N		0	999	07/01/2015	12/31/9999	1	0.00
92933	O1	PRQ CARD STENT/ATH/ANGIO	T		0	999	07/01/2021	12/31/9999	2	12,555.60
92934	O1	PRQ CARD STENT/ATH/ANGIO EA ADDL BR	N		0	999	07/01/2015	12/31/9999	1	0.00
92937	O1	PRQ REVASC BYP GRAFT	T		0	999	07/01/2021	12/31/9999	2	7,849.55
92938	O1	PRQ REVASC BYP GRAFT ADDL	N		0	999	07/01/2015	12/31/9999	1	0.00
92941	O6	PRQ CARD REVASC MT	C		0	999	07/01/2020	12/31/9999	1	0.00
92943	O1	PRQ CARD REVASC CHRONIC	T		0	999	07/01/2021	12/31/9999	2	7,849.55
92944	O1	PRQ CARD REVASC CHRONIC ADDL	N		0	999	07/01/2015	12/31/9999	1	0.00
92950	O1	CARDIOPULMONARY RESUSCITATIO	S		0	999	07/01/2021	12/31/9999	2	206.69
92953	O1	TEMPORARY TRANSCUTANEOUS PACIN	S		0	999	07/01/2021	12/31/9999	2	439.19
92960	O1	CARDIOVERSION, ELECTIVE, ELE	S		0	999	07/01/2021	12/31/9999	2	439.19
92961	O1	CARDIOVERSION, ELECTRIC, INT	S		0	999	07/01/2021	12/31/9999	1	439.19
92970	O6	CARDIOASSIST-METHOD OF CIRCU	C		0	999	09/01/2012	12/31/9999	3	0.00
92971	O6	CARDIOASSIST-METHOD OF CIRCU	C		0	999	09/01/2012	12/31/9999	3	0.00
92973	O1	PERCUT CORONARY THROMBECTOMY	N		0	999	07/01/2014	12/31/9999	1	0.00
92974	O1	CATH PLACE, CARDIO BRACHYTX	N		0	999	07/01/2014	12/31/9999	1	0.00
92975	O6	THROMBOLYSIS,CORONARY;BY INTRA	C		0	999	09/01/2012	12/31/9999	1	0.00
92977	O1	BY INTRAVENOUS INFUSION	T		0	999	07/01/2021	12/31/9999	1	242.88
92978	O1	ENDOLUMINAL IMAG CORNRY VESL GRAFT	N		0	999	09/01/2012	12/31/9999	1	0.00
92979	O1	ENDOLUMINAL IMAG CRNRY VESL/GRAFT EA ADD	N		0	999	07/01/2020	12/31/9999	2	0.00
92986	O1	PERCUTANEOUS BALLOON VALVULOPL	T		0	999	07/01/2021	12/31/9999	1	3,874.26
92987	O1	REVISION OF MITRAL VALVE	T		0	999	07/01/2021	12/31/9999	1	7,849.55
92990	O1	PERCUTANEOUS BALLOON VALVULOPL	T		0	999	07/01/2021	12/31/9999	1	7,849.55
92997	O1	PUL ART BALLOON REPAIR, PERC	T		0	999	07/01/2021	12/31/9999	1	7,849.55
92998	O1	PUL ART BALLOON REPAIR, PERC	N		0	999	07/01/2015	12/31/9999	1	0.00
93000	O1	ELECTROCARDIOGRAM, WITH INTER	M		0	999	07/01/2020	12/31/9999	3	13.81
93005	O1	ELECTROCARDIOGRAM, WITH INTE	S		0	999	07/01/2021	12/31/9999	5	43.50
93010	O1	ELECTROCARDIOGRAM, WITH INTE	B		0	999	07/01/2020	12/31/9999	5	7.24
93015	O1	CARDIOVASCULAR STRESS TEST USI	B		0	999	07/01/2020	12/31/9999	1	58.14
93016	O1	CARDIOVASCULAR STRESS TEST USI	B		0	999	07/01/2020	12/31/9999	1	19.08
93017	O1	CARDIOVASCULAR STRESS TEST U	S		0	999	07/01/2021	12/31/9999	1	206.69
93018	O1	CARDIOVASCULAR STRESS TEST U	B		0	999	07/01/2020	12/31/9999	1	12.75
93024	O1	ERGONOVINE PROVOCATION TEST	S		0	999	07/01/2021	12/31/9999	1	211.21
93025	O1	MICROVOLT T-WAVE ASSESS	S		0	999	07/01/2021	12/31/9999	1	109.07
93040	O1	RHYTHM ECG, ONE TO THREE LEADS	B		0	999	07/01/2020	12/31/9999	3	10.39
93041	O1	RHYTHM ECG, ONE TO THREE LEA	S		0	999	07/01/2021	12/31/9999	3	43.50
93042	O1	RHYTHM ECG, ONE TO THREE LEA	B		0	999	07/01/2020	12/31/9999	3	6.05
93050	O1	ART PRESSURE WAVEFORM ANALYS	S		0	999	07/01/2021	12/31/9999	1	19.28
93224	O1	ECG MONIT/REPT UP TO 48 HRS	M		0	999	07/01/2020	12/31/9999	1	70.86
93225	O1	ECG MONIT/REPT UP TO 48 HRS	S		0	999	07/01/2021	12/31/9999	1	87.50
93226	O1	ECG MONIT/REPT UP TO 48 HRS	S		0	999	07/01/2021	12/31/9999	1	87.50
93227	O1	ECG MONIT/REPT UP TO 48 HRS	M		0	999	07/01/2020	12/31/9999	1	22.70
93228	O1	REMOTE 30 DAY ECG REV/REPORT	M		0	999	07/01/2020	12/31/9999	1	22.64
93229	O1	REMOTE 30 DAY ECG TECH SUPP	S		0	999	07/01/2021	12/31/9999	1	109.07
93241	O5	EXT ECG>48HR<7D REC SCAN A/R	M		0	999	01/01/2021	12/31/9999	1	0.00
93242	O1	EXT ECG>48HR<7D RECORDING	S		0	999	01/01/2021	12/31/9999	1	26.45
93243	O1	EXT ECG>48HR<7D SCAN A/R	S		0	999	01/01/2021	12/31/9999	1	43.50
93244	O1	EXT ECG>48HR<7D REV&INTERPJ	M		0	999	01/01/2021	12/31/9999	1	19.24
93245	O5	EXT ECG>7D<15D REC SCAN A/R	M		0	999	01/01/2021	12/31/9999	1	0.00
93246	O1	EXT ECG>7D<15D RECORDING	S		0	999	01/01/2021	12/31/9999	1	43.50
93247	O1	EXT ECG>7D<15D SCAN A/R	S		0	999	01/01/2021	12/31/9999	1	87.50
93248	O1	EXT ECG>7D<15D REV&INTERPJ	M		0	999	01/01/2021	12/31/9999	1	21.13
93260	O1	PRGRMG DEV EVAL IMPLTBL SYS	S		0	999	07/01/2020	12/31/9999	1	29.04
93261	O1	INTERROGATE SUBQ DEFIB	S		0	999	07/01/2020	12/31/9999	1	29.04
93264	O1	REM MNTR WRLS P-ART PRS SNR	M		0	999	07/01/2020	12/31/9999	1	30.87
93268	O1	ECG RECORD/REVIEW	M		0	999	07/01/2020	12/31/9999	1	158.44
93270	O1	REMOTE 30 DAY ECG REV/REPORT	S		0	999	07/01/2020	12/31/9999	1	29.04
93271	O1	ECG/MONITORING AND ANALYSIS	S		0	999	07/01/2021	12/31/9999	1	78.40
93272	O1	ECG/REVIEW INTERPRET ONLY	M		0	999	07/01/2020	12/31/9999	1	21.86
93278	O1	SIGNAL-AVERAGED ECG W/WO ECG	S		0	999	07/01/2021	12/31/9999	1	43.50
93279	O1	PM DEVICE PROGR EVAL, SNGL	S		0	999	07/01/2020	12/31/9999	1	29.04
93280	O1	PM DEVICE PROGR EVAL, DUAL	S		0	999	07/01/2020	12/31/9999	1	29.04
93281	O1	PM DEVICE PROGR EVAL, MULTI	S		0	999	07/01/2020	12/31/9999	1	29.04
93282	O1	PRGRMG EVAL IMPLANTABLE DFB	S		0	999	07/01/2020	12/31/9999	1	29.04

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
93283	01	PRGRMG EVAL IMPLANTABLE DFB	S		0	999	07/01/2020	12/31/9999	1	29.04
93284	01	PRGRMG EVAL IMPLANTABLE DFB	S		0	999	07/01/2020	12/31/9999	1	29.04
93285	01	ILR DEVICE EVAL PROGR	S		0	999	07/01/2020	12/31/9999	1	29.04
93286	01	PRE-OP PM DEVICE EVAL	N		0	999	09/01/2012	12/31/9999	1	0.00
93287	01	PERI-PX DEVICE EVAL & PRGR	N		0	999	09/01/2012	12/31/9999	1	0.00
93288	01	EVAL PHYS CONN REC DISCONN PCMKR	S		0	999	07/01/2020	12/31/9999	1	29.04
93289	01	INTERROG DEVICE EVAL HEART	S		0	999	07/01/2020	12/31/9999	1	29.04
93290	01	EVAL PHYS CARDIO MONITOR SYS	S		0	999	07/01/2020	12/31/9999	1	29.04
93291	01	EVAL PHYS CONN REC DISCONN LOOP REC	S		0	999	07/01/2021	12/31/9999	1	19.28
93292	01	EVAL PHYS CONN REC DISCONN DEFIB	S		0	999	07/01/2020	12/31/9999	1	29.04
93293	01	TRANSTelep PACEMAKER EVAL 90 DAYS	S		0	999	07/01/2020	12/31/9999	1	29.04
93294	01	EVAL 90 DAYS PACEMAKER	M		0	999	07/01/2020	12/31/9999	1	26.58
93295	01	DEV INTERROG REMOTE 1/2/MLT	M		0	999	07/01/2020	12/31/9999	1	32.70
93296	01	PM/ICD REMOTE TECH SERV	S		0	999	07/01/2020	12/31/9999	1	29.04
93297	01	EVAL PHY 30 DAYS CARDIO SYS	M		0	999	07/01/2020	12/31/9999	1	22.92
93298	01	EVAL PHY 30 DAYS LOOP SYS	M		0	999	07/01/2020	12/31/9999	1	23.20
93303	01	ECHO TRANSTHORACIC	S		0	999	07/01/2021	12/31/9999	1	377.42
93304	01	ECHO TRANSTHORACIC	S		0	999	07/01/2021	12/31/9999	1	377.42
93306	01	ECHOCARD TRANSTHORACIC 2D	S		0	999	07/01/2021	12/31/9999	1	377.42
93307	01	ECHO EXAM OF HEART	S		0	999	07/01/2021	12/31/9999	1	179.87
93308	01	ECHOCARDIOGRAPHY, REAL-TIME WI	S		0	999	07/01/2021	12/31/9999	1	179.87
93312	01	ECHO TRANSESOPHAGEAL	S		0	999	07/01/2021	12/31/9999	1	377.42
93313	01	ECHO TRANSESOPHAGEAL	S		0	999	07/01/2021	12/31/9999	1	377.42
93314	01	ECHO TRANSESOPHAGEAL	N		0	999	09/01/2012	12/31/9999	1	0.00
93315	01	ECHO TRANSESOPHAGEAL	S		0	999	07/01/2021	12/31/9999	1	377.42
93316	01	ECHO TRANSESOPHAGEAL	S		0	999	07/01/2021	12/31/9999	1	377.42
93317	01	ECHO TRANSESOPHAGEAL	N		0	999	09/01/2012	12/31/9999	1	0.00
93318	01	ECHO TRANSESOPHAGEAL INTRAOP	S		0	999	07/01/2021	12/31/9999	1	377.42
93319	06	3D ECHO IMG CGEN CAR ANOMAL	E		0	999	01/01/2022	12/31/9999	1	0.00
93320	01	DOPPLER ECHO EXAM, HEART	N		0	999	09/01/2012	12/31/9999	2	0.00
93321	01	DOPPLER ECHO EXAM, HEART	N		0	999	09/01/2012	12/31/9999	1	0.00
93325	01	DOPPLER COLOR FLOW ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
93350	01	ECHO TRANSTHORACIC	S		0	999	07/01/2021	12/31/9999	1	377.42
93351	01	ECHOCARD TRANSTHORACIC W/PHY	S		0	999	07/01/2021	12/31/9999	1	377.42
93352	01	ECHO CONTRAST AGENT	M		0	999	07/01/2020	12/31/9999	1	26.95
93355	01	ECHO TRANSESOPH DOPPLER	N		0	999	07/01/2015	12/31/9999	1	0.00
93356	01	MYOCRD STRAIN IMG SPCKL TRCK	N		0	999	01/01/2020	12/31/9999	1	0.00
93451	01	RIGHT HEART CATH	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93452	01	LEFT HRT CATH W/VENTRCLGRPHY	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93453	01	R&L HRT CATH W/VENTRCLGRPHY	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93454	01	CORONARY ARTERY ANGIO S&I	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93455	01	CORONARY ART/GRFT ANGIO S&I	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93456	01	R HRT CORONARY ARTERY ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93457	01	R HRT ART/GRFT ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93458	01	L HRT ARTERY/VENTRICLE ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93459	01	L HRT ART/GRFT ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93460	01	R&L HRT ART/VENTRICLE ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93461	01	R&L HRT ART/VENTRICLE ANGIO	T		0	999	07/01/2021	12/31/9999	1	2,265.87
93462	01	L HRT CATH TRNSPTL PUNCTURE	N		0	999	07/01/2014	12/31/9999	1	0.00
93463	01	DRUG ADMIN & HEMODYNIC MEAS	N		0	999	09/01/2012	12/31/9999	1	0.00
93464	01	EXERCISE W/HEMODYNIC MEAS	N		0	999	09/01/2012	12/31/9999	1	0.00
93503	01	INSERTION AND PLACEMENT OF FLO	S		0	999	07/01/2021	12/31/9999	2	1,099.04
93505	01	ENDOCARDIAL BIOPSY	T		0	999	07/01/2021	12/31/9999	1	2,236.67
93563	01	INJECT CONGENITAL CARD CATH	N		0	999	09/01/2012	12/31/9999	1	0.00
93564	01	INJECT HRT CONGNTL ART/GRFT	N		0	999	09/01/2012	12/31/9999	1	0.00
93565	01	INJECT L VENTR/ATRIAL ANGIO	N		0	999	09/01/2012	12/31/9999	1	0.00
93566	01	INJECT R VENTR/ATRIAL ANGIO	N		0	999	09/01/2012	12/31/9999	1	0.00
93567	01	INJECT SUPRLV AORTOGRAPHY	N		0	999	09/01/2012	12/31/9999	1	0.00
93568	01	INJECT PULM ART HRT CATH	N		0	999	09/01/2012	12/31/9999	1	0.00
93571	01	HEART FLOW RESERVE MEASURE	N		0	999	09/01/2012	12/31/9999	1	0.00
93572	01	HEART FLOW RESERVE MEASURE	N		0	999	09/01/2012	12/31/9999	1	0.00
93580	01	TRANSCATH CLOSURE OF ASD	T		0	999	07/01/2021	12/31/9999	1	12,555.60
93581	01	TRANSCATH CLOSURE OF VSD	T		0	999	07/01/2021	12/31/9999	1	12,555.60
93582	01	PERCUT TRANSCATH CLS PATENT DUCTUS ARTR	T		0	999	07/01/2021	12/31/9999	1	12,555.60
93583	06	PERCUT TRANSCATH SEPTAL REDUCTION	C		0	999	01/01/2014	12/31/9999	1	0.00
93590	06	PERQ TRNSCTH CLS PRVLVLR LEAK MITRAL VAL	E		0	999	01/01/2017	12/31/9999	1	0.00
93591	06	PERQ TRNSCTH CLS PRVLVLR LEAK AORTIC VAL	E		0	999	01/01/2017	12/31/9999	1	0.00
93592	06	PERQ TRNSCTH CLS PRVLVLR LEAK EA ADDL	E		0	999	01/01/2017	12/31/9999	1	0.00
93593	01	R HRT CATH CHD NML NT CNJ	T		0	999	01/01/2022	12/31/9999	1	2,276.77
93594	01	R HRT CATH CHD ABNL NT CNJ	T		0	999	01/01/2022	12/31/9999	1	2,276.77
93595	01	L HRT CATH CHD NM/ABN NT CNJ	T		0	999	01/01/2022	12/31/9999	1	2,276.77
93596	01	R&L HRT CATH CHD NML NT CNJ	T		0	999	01/01/2022	12/31/9999	1	2,276.77
93597	01	R&L HRT CATH CHD ABNL NT CNJ	T		0	999	01/01/2022	12/31/9999	1	2,276.77
93598	06	CAR OUTP MEAS DRG CATH CHD	E		0	999	01/01/2022	12/31/9999	1	0.00
93600	01	BUNDLE OF HIS RECORDING	S		0	999	07/01/2021	12/31/9999	1	4,750.93
93602	01	INTRA-ATRIAL RECORDING	S		0	999	07/01/2021	12/31/9999	1	4,750.93
93603	01	RIGHT VENTRICULAR RECORDING	S		0	999	07/01/2021	12/31/9999	1	869.74
93609	01	MAP TACHYCARDIA, ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
93610	01	INTRA-ATRIAL PACING	S		0	999	07/01/2021	12/31/9999	1	4,750.93
93612	01	INTRAVENTRICULAR PACING	S		0	999	07/01/2021	12/31/9999	1	4,750.93
93613	01	ELECTROPHYS MAP, 3D, ADD-ON	N		0	999	09/01/2012	12/31/9999	1	0.00
93615	01	ESOPHAGEAL RECORDING OF ATRIAL	S		0	999	07/01/2021	12/31/9999	1	869.74
93616	01	ESOPHAGEAL RECORDING OF ATRIAL	S		0	999	07/01/2021	12/31/9999	1	869.74
93618	01	INDUCTION OF ARRHYTHMIA BY E	S		0	999	07/01/2021	12/31/9999	1	869.74
93619	01	ELECTROPHYSIOLOGY EVALUATION	T		0	999	07/01/2021	12/31/9999	1	4,750.93
93620	01	ELECTROPHYSIOLOGY EVALUATION	T		0	999	07/01/2021	12/31/9999	1	4,750.93
93621	01	ELECTROPHYSIOLOGY EVALUATION	N		0	999	09/01/2012	12/31/9999	1	0.00
93622	01	ELECTROPHYSIOLOGY EVALUATION	N		0	999	09/01/2012	12/31/9999	1	0.00
93623	01	STIMULATION, PACING HEART	N		0	999	09/01/2012	12/31/9999	1	0.00
93624	01	ELECTROPHYSIOLOGIC FOLLOW-UP S	T		0	999	07/01/2021	12/31/9999	1	4,750.93
93631	01	INTRA-OPERATIVE EPICARDIAL AND	N		0	999	09/01/2012	12/31/9999	1	0.00
93640	01	EVALUATION HEART DEVICE	N		0	999	09/01/2012	12/31/9999	1	0.00
93641	01	ELECTROPHYSIOLOGIC EVALUATION	N		0	999	09/01/2012	12/31/9999	1	0.00
93642	01	ELECTROPHYS EVAL PACING CARD-DEFIB	T		0	999	07/01/2021	12/31/9999	1	869.74
93644	01	ELECTROPHYS EVAL SUBQ DEFIB	N		0	999	01/01/2015	12/31/9999	1	0.00
93650	01	INTRACARDIAC CATHETER ABLATION	T		0	999	07/01/2021	12/31/9999	1	4,750.93
93653	01	EP & ABLATE SUPRAVENT ARRHYT	T		0	999	07/01/2021	12/31/9999	1	16,776.55

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
93654	01	EP & ABLATE VENTRIC TACHY	T		0	999	07/01/2021	12/31/9999	1	16,776.55
93655	01	ABLATE ARRHYTHMIA ADD ON	N		0	999	01/01/2013	12/31/9999	1	0.00
93656	01	TX ATRIAL FIB PULM VEIN ISOL	T		0	999	07/01/2021	12/31/9999	1	16,776.55
93657	01	TX L/R ATRIAL FIB ADDL	N		0	999	01/01/2013	12/31/9999	1	0.00
93660	01	AUTONOMIC NERVOUS SYSTEM EVALU	S		0	999	07/01/2021	12/31/9999	1	381.25
93662	01	INTRACARDIAC ECG (ICE)	N		0	999	09/01/2012	12/31/9999	1	0.00
93668	06	PERIPHERAL VASCULAR REHAB	E		0	999	09/01/2012	12/31/9999	1	0.00
93701	01	BIOMIMPEDANCE, CV ANALYSIS	S		0	999	07/01/2021	12/31/9999	1	87.50
93702	06	BIS XTRACELL FLUID ANALYSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
93724	01	ELECTRONIC ANALYSIS OF ANTITAC	S		0	999	07/01/2021	12/31/9999	1	212.96
93740	01	TEMPERATURE GRADIENT STUDIES	S		0	999	07/01/2021	12/31/9999	1	109.07
93745	06	SET-UP CARDOVERT-DEFIBRILL	E		0	999	02/10/2014	12/31/9999	1	0.00
93750	01	INTERROGATION VAD, IN PERSON	S		0	999	07/01/2021	12/31/9999	1	78.40
93770	01	DETERMINATION OF VENOUS PRES	N		0	999	09/01/2012	12/31/9999	1	0.00
93784	06	AMBULATORY BLOOD PRESSURE MONITORING	E		0	999	09/01/2012	12/31/9999	1	0.00
93786	01	AMBULATORY BLOOD PRESSURE MONITORING	S		0	999	07/01/2021	12/31/9999	1	87.50
93788	01	AMBULATORY BLOOD PRESSURE MONITORING	S		0	999	07/01/2021	12/31/9999	1	87.50
93790	06	AMBULATORY BLOOD PRESSURE MONITORING	E		0	999	09/01/2012	12/31/9999	1	0.00
93792	06	PATIENT/CAREGIVER TRAINING	E		0	999	01/01/2018	12/31/9999	1	0.00
93793	06	ANTICOAGULANT MGMT	E		0	999	01/01/2018	12/31/9999	1	0.00
93797	06	PHYSICIAN SERVICES FOR OUTPATI	E		0	999	09/01/2012	12/31/9999	1	0.00
93798	01	PHYSICIAN SERVICES FOR OUTPATI	S		18	999	07/01/2021	12/31/9999	2	90.72
93799	01	UNLISTED CARDIOVASCULAR SERV	S		0	999	07/01/2021	12/31/9999	1	109.07
93880	01	DUPLEX SCAN OF EXTRACRANIAL	S		0	999	07/01/2021	12/31/9999	1	179.87
93882	01	DUPLEX SCAN OF EXTRACRANIAL AR	S		0	999	07/01/2021	12/31/9999	1	85.17
93886	01	TRANSCRANIAL DOPPLER STUDY OF	S		0	999	07/01/2021	12/31/9999	1	179.87
93888	01	TRANSCRANIAL DOPPLER STUDY OF	S		0	999	07/01/2021	12/31/9999	1	85.17
93890	01	TCD, VASORECTIVITY	S		0	999	07/01/2021	12/31/9999	1	179.87
93892	01	TCD, EMBOLI DETECT W/O INJ	S		0	999	07/01/2021	12/31/9999	1	85.17
93893	01	TCD, EMBOLI DETECT W/INJ	S		0	999	07/01/2021	12/31/9999	1	85.17
93895	06	CAROTID INTIMA ATHEROMA EVAL	E		0	999	01/01/2015	12/31/9999	1	0.00
93922	01	UPR/L XTREMITY ART 2 LEVELS	S		0	999	07/01/2021	12/31/9999	2	87.50
93923	01	UPR/LXTR ART STDY 3+ LVLS	S		0	999	07/01/2021	12/31/9999	2	109.07
93924	01	LWR XTR VASC STDY BILAT	S		0	999	07/01/2021	12/31/9999	1	206.69
93925	01	DUPLEX SCAN OF LOWER EXTREMITY	S		0	999	07/01/2021	12/31/9999	1	179.87
93926	01	DUPLEX SCAN OF LOWER EXTREMITY	S		0	999	07/01/2021	12/31/9999	1	85.17
93930	01	DUPLEX SCAN OF UPPER EXTREMITY	S		0	999	07/01/2021	12/31/9999	1	179.87
93931	01	DUPLEX SCAN OF UPPER EXTREMITY	S		0	999	07/01/2021	12/31/9999	1	85.17
93970	01	DUPLEX SCAN; COMPLETE BILA. ST	S		0	999	07/01/2021	12/31/9999	1	179.87
93971	01	DUPLEX SCAN OF EXTREMITY VEINS	S		0	999	07/01/2021	12/31/9999	1	85.17
93975	01	VASCULAR STUDY	S		0	999	07/01/2021	12/31/9999	1	179.87
93976	01	DUPLEX SCAN; FOLLOW UP OR LIM	S		0	999	07/01/2021	12/31/9999	1	85.17
93978	01	DUPLEX SCAN; COMPLETE STUDY	S		0	999	07/01/2021	12/31/9999	1	179.87
93979	01	DUPLEX SCAN; FOLLOW-UP OR LIM	S		0	999	07/01/2021	12/31/9999	1	85.17
93980	01	DUPLEX SCAN OF ARTERIAL INFLOW	S		0	999	07/01/2021	12/31/9999	1	85.17
93981	01	DUPLEX SCAN OF ARTERIAL INFLOW	S		0	999	07/01/2021	12/31/9999	1	85.17
93985	06	DUP-SCAN HEMO COMPL BI STD	E		0	999	01/01/2020	12/31/9999	1	0.00
93986	06	DUP-SCAN HEMO COMPL UNI STD	E		0	999	01/01/2020	12/31/9999	1	0.00
93990	01	DOPPLER FLOW TESTING	S		0	999	07/01/2021	12/31/9999	2	85.17
93998	01	UNLISTED NONINVASIVE VASC DIAG STUDY	S		0	999	07/01/2021	12/31/9999	1	19.28
94002	06	VENT MGMT HOSPITAL INITIAL DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
94003	06	VENT MGMT HOSPITAL SUBSEQ DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
94004	06	VENT MGMT NURSING FAC PER DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
94005	06	HOME VENT MGMT CAREPLAN OVRSITE	E		0	999	09/01/2012	12/31/9999	1	0.00
94010	01	BREATHING CAPACITY TEST	S		0	999	07/01/2021	12/31/9999	1	109.07
94011	01	UP TO 2 YRS OLD, SPIROMETRY	S		0	2	07/01/2021	12/31/9999	1	109.07
94012	01	= 2 YRS, SPIROMTRY W/DILATOR	S		0	2	07/01/2021	12/31/9999	1	206.69
94013	01	= 2 YRS, LUNG VOLUMES	S		0	2	07/01/2021	12/31/9999	1	381.25
94014	01	PATIENT RECORDED SPIROMETRY	S		0	999	07/01/2021	12/31/9999	1	211.21
94015	01	PATIENT RECORDED SPIROMETRY	S		0	999	07/01/2021	12/31/9999	1	206.69
94016	01	REVIEW PATIENT SPIROMETRY	A		0	999	07/01/2020	12/31/9999	1	21.86
94060	01	EVALUATION OF WHEEZING	S		0	999	07/01/2021	12/31/9999	1	206.69
94070	01	EVALUATION OF WHEEZING	S		0	999	07/01/2021	12/31/9999	1	206.69
94150	01	VITAL CAPACITY, TOTAL (SEPARAT	S		0	999	07/01/2021	12/31/9999	2	109.07
94200	01	MAXIMUM BREATHING CAPACITY	S		0	999	07/01/2021	12/31/9999	1	43.50
94375	01	RESPIRATORY FLOW VOLUME LOOP	S		0	999	07/01/2021	12/31/9999	1	206.69
94450	01	BREATHING RESPONSE TO HYPOXIA	S		0	999	07/01/2021	12/31/9999	1	206.69
94452	01	HAST W/REPORT	S		0	999	07/01/2021	12/31/9999	1	87.50
94453	01	HAST W/OXYGEN TITRATE	S		0	999	07/01/2021	12/31/9999	1	87.50
94610	06	INTRAPUL SURF ADMIN BY PHY	E		0	999	09/01/2012	12/31/9999	1	0.00
94617	01	EXERCISE TEST FOR BRONCHOSPASM	S		0	999	07/01/2021	12/31/9999	1	87.50
94618	01	PULMONARY STRESS TESTING	S		0	999	07/01/2021	12/31/9999	1	87.50
94619	01	EXERCISE TST BRNCSPSM WO ECG	S		0	999	01/01/2021	12/31/9999	1	43.50
94621	01	PULM STRESS TEST/COMPLEX	S		0	999	07/01/2021	12/31/9999	1	206.69
94625	01	PHY/QHP OP PULM RHB W/O MNTR	S		0	999	01/01/2022	12/31/9999	1	43.71
94626	01	PHY/QHP OP PULM RHB W/MNTR	S		0	999	01/01/2022	12/31/9999	1	43.71
94640	01	AIRWAY INHALATION TREATMENT	S		0	999	07/01/2021	12/31/9999	2	146.85
94642	01	AEROSOL INHALATION OF PENTAMID	S		0	999	07/01/2021	12/31/9999	1	146.85
94644	01	CONT INHAL W AEROSOL MED FIRST HR	S		0	999	07/01/2021	12/31/9999	1	87.50
94645	01	CONT INHAL W AEROSOL MED EA ADDL HR	N		0	999	07/01/2014	12/31/9999	3	0.00
94660	06	CONTINUOUS POSITIVE AIRWAY PRE	E		0	999	09/01/2012	12/31/9999	1	0.00
94662	01	CONTINUOUS NEGATIVE PRESSURE	S		0	999	07/01/2021	12/31/9999	1	379.28
94664	06	EVALUATE PT USE OF INHALER	E		0	999	09/01/2012	12/31/9999	1	0.00
94667	06	MANIPULATION CHEST WALL, SUCH	E		0	999	09/01/2012	12/31/9999	1	0.00
94668	06	MANIPULATION CHEST WALL, SUCH	E		0	999	09/01/2012	12/31/9999	1	0.00
94669	01	MECH CHEST WALL OSCILLATION	S		0	999	07/01/2021	12/31/9999	4	146.85
94680	01	OXYGEN UPTAKE, EXPIRED GAS ANA	S		0	999	07/01/2021	12/31/9999	1	109.07
94681	01	OXYGEN UPTAKE, EXPIRED GAS ANA	S		0	999	07/01/2021	12/31/9999	1	206.69
94690	01	OXYGEN UPTAKE, EXPIRED GAS ANA	S		0	999	07/01/2021	12/31/9999	1	43.50
94726	01	PLETHYSMOGRAPHY	S		0	999	07/01/2021	12/31/9999	1	206.69
94727	01	GAS DILUTION LUNG VOL	S		0	999	07/01/2021	12/31/9999	1	109.07
94728	01	AIRWAY RESISTANCE BY OSCILLOMETRY	S		0	999	07/01/2021	12/31/9999	1	206.69
94729	01	DIFFUSING CAPACITY	N		0	999	07/01/2014	12/31/9999	1	0.00
94760	01	NONINVASIVE EAR OR PULSE OXIME	N		0	999	09/01/2012	12/31/9999	1	0.00
94761	01	NONINVASIVE EAR OR PULSE OXIME	N		0	999	09/01/2012	12/31/9999	1	0.00
94762	01	NONINVASIVE EAR OR PULSE OXIME	S		0	999	07/01/2021	12/31/9999	1	109.07
94772	01	CIRCATTIAN RESPIRATORY PATTET	S		0	1	07/01/2021	12/31/9999	1	381.25

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
94774	O6	PED HOME APNEA MON EVENT	E		0	20	09/01/2012	12/31/9999	1	0.00
94775	O6	PED HOME APNEA MON EVENT	E		0	20	09/01/2012	12/31/9999	1	0.00
94776	O6	PED HOME APNEA MON EVENT	E		0	20	09/01/2012	12/31/9999	1	0.00
94777	O6	PED HOME APNEA MON EVENT	E		0	20	09/01/2012	12/31/9999	1	0.00
94780	O6	CAR SEAT/BED TEST AIRWAY INTEG 60 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
94781	O6	CAR SEAT/BED TEST AIRWAY ADD 30 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
94799	O1	UNLISTED PULMONARY SERVICE O	S		0	999	07/01/2021	12/31/9999	1	109.07
95004	O1	PERCUTANEOUS TESTS (SCRATCH, P	S		0	999	07/01/2021	12/31/9999	80	718.93
95012	O1	NITRIC OXIDE EXPIRED GAS DETER	S		0	999	07/01/2021	12/31/9999	2	26.45
95017	O1	ALLERGY TEST VENOM	S		0	999	07/01/2021	12/31/9999	27	19.28
95018	O1	ALLERGY TEST DRUG/BIOLOGICAL	S		0	999	07/01/2021	12/31/9999	19	26.45
95024	O1	INTRACUTANEOUS (INTRADERMAL) T	S		0	999	07/01/2021	12/31/9999	40	43.50
95027	O1	ID ALLERGY TITRATE-AIRBORNE	S		0	999	07/01/2021	12/31/9999	90	19.28
95028	O1	INTRACUTANEOUS (INTRADERMAL) T	S		0	999	07/01/2021	12/31/9999	30	26.45
95044	O1	PATCH OR APPLICATION TEST(S) (	S		0	999	07/01/2021	12/31/9999	80	718.93
95052	O1	PHOTO PATCH TEST(S) (SPECIFY N	S		0	999	07/01/2021	12/31/9999	20	43.50
95056	O1	PHOTO TESTS	S		0	999	07/01/2021	12/31/9999	1	87.50
95060	O1	OPHTHALMIC MUCOUS MEMBRANE T	S		0	999	07/01/2021	12/31/9999	1	87.50
95065	O1	DIRECT NASAL MUCOUS MEMBRANE	S		0	999	07/01/2021	12/31/9999	1	26.45
95070	O1	INHALATION BRONCHIAL CHALLENGE	S		0	999	07/01/2021	12/31/9999	1	381.25
95076	O1	INGEST CHALLENGE INI 120 MIN	S		0	999	07/01/2021	12/31/9999	1	381.25
95079	O1	INGEST CHALLENGE ADDL 60 MIN	N		0	999	07/01/2020	12/31/9999	2	0.00
95115	O1	PROFESSIONAL SERVICES FOR ALLE	S		0	999	07/01/2021	12/31/9999	1	31.26
95117	O1	PROFESSIONAL SERVICES FOR ALLE	S		0	999	07/01/2021	12/31/9999	1	31.26
95120	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95125	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95130	O6	IMMUNOTHERAPY, IN PRESCRIBIN	E		0	999	09/01/2012	12/31/9999	1	0.00
95131	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95132	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95133	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95134	O6	PROFESSIONAL SERVICES FOR ALLE	E		0	999	09/01/2012	12/31/9999	1	0.00
95144	O1	ANTIGEN THERAPY SERVICES	S		0	999	07/01/2021	12/31/9999	30	31.26
95145	O1	ANTIGEN THERAPY SERVICES	S		0	999	07/01/2021	12/31/9999	10	31.26
95146	O1	PROFESSIONAL SERVICES FOR THE	S		0	999	07/01/2021	12/31/9999	10	31.26
95147	O1	PROFESSIONAL SERVICES FOR SUPE	S		0	999	07/01/2021	12/31/9999	10	48.44
95148	O1	PROFESSIONAL SEEVICES FOR SUPE	S		0	999	07/01/2021	12/31/9999	10	48.44
95149	O1	PROFESSIONAL SERRVICES FOR SUP	S		0	999	07/01/2021	12/31/9999	10	48.44
95165	O1	ANTIGEN THERAPY SERVICES	S		0	999	07/01/2021	12/31/9999	30	31.26
95170	O1	PROFESSIONAL SERVICES FOR THE	S		0	999	07/01/2021	12/31/9999	10	31.26
95180	O1	RAPID DESENSITIZATION	S		0	999	07/01/2021	12/31/9999	8	211.21
95199	O1	UNLISTED ALLERGY/CLINICAL IM	S		0	999	07/01/2021	12/31/9999	1	19.28
95249	O1	GLUC MONITOR, CONT	S		0	999	07/01/2021	12/31/9999	1	43.50
95250	O1	GLUCOSE MONITORING, CONT	V		0	999	07/01/2021	12/31/9999	1	92.81
95251	O6	GLUC MONITOR, CONT, PHYS I&R	E		0	999	09/01/2012	12/31/9999	1	0.00
95700	O1	EEG CONT REC W/VID EEG TECH	S		0	999	07/01/2021	12/31/9999	1	206.69
95705	O1	EEG W/O VID 2-12 HR UNMNTR	S		0	999	07/01/2021	12/31/9999	1	206.69
95706	O1	EEG WO VID 2-12HR INTMT MNTR	S		0	999	07/01/2021	12/31/9999	1	206.69
95707	O1	EEG W/O VID 2-12HR CONT MNTR	S		0	999	07/01/2021	12/31/9999	1	206.69
95708	O1	EEG WO VID EA 12-26HR UNMNTR	S		0	999	07/01/2021	12/31/9999	1	381.25
95709	O1	EEG W/O VID EA 12-26HR INTMT	S		0	999	07/01/2021	12/31/9999	1	381.25
95710	O1	EEG W/O VID EA 12-26HR CONT	S		0	999	07/01/2021	12/31/9999	1	381.25
95711	O1	VEEG 2-12 HR UNMONITORED	S		0	999	07/01/2021	12/31/9999	1	206.69
95712	O1	VEEG 2-12 HR INTMT MNTR	S		0	999	07/01/2021	12/31/9999	1	206.69
95713	O1	VEEG 2-12 HR CONT MNTR	S		0	999	07/01/2021	12/31/9999	1	381.25
95714	O1	VEEG EA 12-26 HR UNMNTR	S		0	999	07/01/2021	12/31/9999	1	381.25
95715	O1	VEEG EA 12-26HR INTMT MNTR	S		0	999	07/01/2021	12/31/9999	1	381.25
95716	O1	VEEG EA 12-26HR CONT MNTR	S		0	999	07/01/2021	12/31/9999	1	718.93
95717	O1	EEG PHYS/QHP 2-12 HR W/O VID	M		0	999	07/01/2020	12/31/9999	1	87.25
95718	O1	EEG PHYS/QHP 2-12 HR W/VEEG	M		0	999	07/01/2020	12/31/9999	1	113.88
95719	O1	EEG PHYS/QHP EA INCR W/O VID	M		0	999	07/01/2020	12/31/9999	1	134.72
95720	O1	EEG PHY/QHP EA INCR W/VEEG	M		0	999	07/01/2020	12/31/9999	1	176.29
95721	O1	EEG PHY/QHP>36<60 HR W/O VID	M		0	999	07/01/2020	12/31/9999	1	176.84
95722	O1	EEG PHY/QHP>36<60 HR W/VEEG	M		0	999	07/01/2020	12/31/9999	1	215.00
95723	O1	EEG PHY/QHP>60<84 HR W/O VID	M		0	999	07/01/2020	12/31/9999	1	218.59
95724	O1	EEG PHY/QHP>60<84 HR W/VEEG	M		0	999	07/01/2020	12/31/9999	1	274.22
95725	O1	EEG PHY/QHP>84 HR W/O VID	M		0	999	07/01/2020	12/31/9999	1	248.71
95726	O1	EEG PHY/QHP>84 HR W/VEEG	M		0	999	07/01/2020	12/31/9999	1	346.46
95782	O1	POLYSOM <6 YRS 4/> PARAMTRS	S		0	5	07/01/2021	12/31/9999	1	718.93
95783	O1	POLYSOM <6 YRS CPAP/BILVL	S		0	5	07/01/2021	12/31/9999	1	718.93
95800	O6	SLP STDY UNATTENDED	E		0	999	09/01/2012	12/31/9999	1	0.00
95801	O6	SLP STDY UNATND W/ANAL	E		0	999	09/01/2012	12/31/9999	1	0.00
95803	O6	ACTIGRAPHY TESTING	E		0	999	09/01/2012	12/31/9999	1	0.00
95805	O6	MULTIPLE SLEEP LATENCY TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
95806	O6	SLEEP STUDY UNATT&RESP EFFT	E		0	999	09/01/2012	12/31/9999	1	0.00
95807	O1	SLEEP STUDY, ATTENDED	S		0	999	07/01/2021	12/31/9999	1	381.25
95808	O1	POLYSOMNOGRAPHY; SLEEP STAGING	S		0	999	07/01/2021	12/31/9999	1	718.93
95810	O1	POLYSOMNOGRAPHY; SLEEP STAGING	S		6	999	07/01/2021	12/31/9999	1	718.93
95811	O1	POLYSOMNOGRAPHY W/CPAP	S		6	999	07/01/2021	12/31/9999	1	718.93
95812	O1	EEG, 41-60 MINUTES	S		0	999	07/01/2021	12/31/9999	1	206.69
95813	O1	AIRWAY RESISTANCE BY OSCILLIOMETRY 61-11	S		0	999	07/01/2021	12/31/9999	1	206.69
95816	O1	EEG, AWAKE AND DROWSY	S		0	999	07/01/2021	12/31/9999	1	206.69
95819	O1	EEG, AWAKE AND ASLEEP	S		0	999	07/01/2021	12/31/9999	1	206.69
95822	O1	EEG, COMA OR SLEEP ONLY	S		0	999	07/01/2021	12/31/9999	1	206.69
95824	O6	ELECTROENCEPHALOGRAM (EEG); CE	E		0	999	09/01/2012	12/31/9999	1	0.00
95829	O1	ELECTROCORTICOGRAM AT SURGER	N		0	999	09/01/2012	12/31/9999	1	0.00
95830	O1	INSERTION BY PHYSICIAN OF SPHE	B		0	999	07/01/2020	12/31/9999	1	79.00
95836	O1	ECOG IMPLTD BRN NPGT <30 D	S		0	999	07/01/2020	12/31/9999	1	29.04
95851	O1	RANGE OF MOTION MEASUREMENTS A	A		0	999	07/01/2020	12/31/9999	3	6.92
95852	O1	RANGE OF MOTION MEASUREMENTS	A	Y	0	999	07/01/2020	12/31/9999	1	5.06
95857	O1	CHOLINESTERASE CHALLENGE	S		0	999	07/01/2021	12/31/9999	1	206.69
95860	O1	MUSCLE TEST, ONE LIMB	S		0	999	07/01/2021	12/31/9999	1	87.50
95861	O1	MUSCLE TEST, TWO LIMBS	S		0	999	07/01/2021	12/31/9999	1	87.50
95863	O1	MUSCLE TEST, 3 LIMBS	S		0	999	07/01/2021	12/31/9999	1	109.07
95864	O1	MUSCLE TEST, 4 LIMBS	S		0	999	07/01/2021	12/31/9999	1	109.07
95865	O6	MUSCLE TEST, LARYNX	E		0	999	09/01/2012	12/31/9999	1	0.00
95866	O6	MUSCLE TEST, HEMIDIAPHRAGM	E		0	999	09/01/2012	12/31/9999	1	0.00
95867	O1	MUSCLE TEST CRAN NERV UNILAT	S		0	999	07/01/2021	12/31/9999	1	206.69

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
95868	01	NEEDLE ELECTROMYOGRAPHY, CRANI	S		0	999	07/01/2021	12/31/9999	1	206.69
95869	01	MUSCLE TEST, THOR PARASPINAL	S		0	999	07/01/2021	12/31/9999	1	109.07
95870	01	MUSCLE TEST, NONPARASPINAL	S		0	999	07/01/2021	12/31/9999	4	87.50
95872	01	NEEDLE ELECTROMYOGRAPHY, SINGL	S		0	999	07/01/2021	12/31/9999	4	109.07
95873	01	GUIDE NERV DESTR, ELEC STIM	N		0	999	09/01/2012	12/31/9999	1	0.00
95874	01	GUIDE NERV DESTR, NEEDLE EMG	N		0	999	09/01/2012	12/31/9999	1	0.00
95875	01	LIMB EXERCISE TEST	S		0	999	07/01/2021	12/31/9999	2	109.07
95885	01	NEEDLE ELECTROMYOGRPH EA LIMIT	N		0	999	07/01/2014	12/31/9999	4	0.00
95886	01	NEEDLE ELECTROMYOGRPH EA CMPLT	N		0	999	07/01/2014	12/31/9999	4	0.00
95887	01	NEEDLE ELECTROMYOGRPH NONEXTREM	N		0	999	07/01/2014	12/31/9999	1	0.00
95905	01	MOTOR/SENS NRVE CONDUCT TEST	S		0	999	07/01/2021	12/31/9999	2	211.21
95907	01	MOTOR&/SENS 1-2 NRV CNDF TST	S		0	999	07/01/2021	12/31/9999	1	109.07
95908	01	MOTOR&/SENS 3-4 NRV CNDJ TST	S		0	999	07/01/2021	12/31/9999	1	206.69
95909	01	MOTOR &/SENS 3-4 NRV CNDJ TST	S		0	999	07/01/2021	12/31/9999	1	206.69
95910	01	MOTOR&SENS 7-8 NRV CNDJ TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
95911	01	MOTOR&SEN 9-10 NRV CNDJ TEST	S		0	999	07/01/2021	12/31/9999	1	381.25
95912	01	MOTOR&SEN 11-12 NRV CND TEST	S		0	999	07/01/2021	12/31/9999	1	381.25
95913	01	MOTOR&SENS 13/> NRV CND TEST	S		0	999	07/01/2021	12/31/9999	1	381.25
95921	01	AUTONOMIC NERVE FUNC TEST	S		0	999	07/01/2021	12/31/9999	1	109.07
95922	01	AUTONOMIC NERVE FUNC TEST	S		0	999	07/01/2021	12/31/9999	1	87.50
95923	01	AUTONOMIC NERVE FUNC TEST	S		0	999	07/01/2021	12/31/9999	1	87.50
95924	01	ANS PARASYMP & SYMP W/TILT	S		0	999	07/01/2021	12/31/9999	1	206.69
95925	01	SOMATOSENSORY TESTING	S		0	999	07/01/2021	12/31/9999	1	206.69
95926	01	SOMATOSENSORY TESTING	S		0	999	07/01/2021	12/31/9999	1	206.69
95927	01	SOMATOSENSORY TESTING	S		0	999	07/01/2021	12/31/9999	1	206.69
95928	01	C MOTOR EVOKED, UPPR LIMBS	S		0	999	07/01/2021	12/31/9999	1	718.93
95929	01	C MOTOR EVOKED, LWR LIMBS	S		0	999	07/01/2021	12/31/9999	1	381.25
95930	01	VISUAL EVOKED POTENTIAL TEST	S		0	999	07/01/2021	12/31/9999	1	206.69
95933	01	ORBICULARIS OCULI (BLINK) RE	S		0	999	07/01/2021	12/31/9999	1	43.50
95937	01	NEUROMUSCULAR JUNCTION TESTI	S		0	999	07/01/2021	12/31/9999	4	109.07
95938	01	SHORT-LATENCY SOMATOSENSORY	S		0	999	07/01/2021	12/31/9999	1	381.25
95939	01	CENTRAL MOTOR STUDY	S		0	999	07/01/2021	12/31/9999	1	718.93
95940	01	LONM IN OPERATING ROOM 15 MIN	N		0	999	01/01/2013	12/31/9999	4	0.00
95941	01	IONM REMOTE/>1 PT OR PER HR	N		0	999	01/01/2013	12/31/9999	4	0.00
95954	01	PHARMACOLOGICAL ACTIVATION	S		0	999	07/01/2021	12/31/9999	1	381.25
95955	01	ELECTROENCEPHALOGRAM MONINTRAC	N		0	999	09/01/2012	12/31/9999	1	0.00
95957	01	EEG DIGITAL ANALYSIS	N		0	999	09/01/2012	12/31/9999	1	0.00
95958	01	WADA ACTIVATION TEST FOR HEMIS	S		0	999	07/01/2021	12/31/9999	1	718.93
95961	01	ELECTRODE STIMULATION, BRAIN	S		0	999	07/01/2021	12/31/9999	1	718.93
95962	01	ELECTRODE STIMULATION, BRAIN	N		0	999	07/01/2014	12/31/9999	1	0.00
95965	01	MEG, SPONTANEOUS	S		0	999	07/01/2021	12/31/9999	1	718.93
95966	01	MEG, EVOKED, SINGLE	S		0	999	07/01/2021	12/31/9999	1	718.93
95967	01	MEG, EVOKED, EACH ADDL	N		0	999	07/01/2014	12/31/9999	1	0.00
95970	01	ANALYZE NEUROSTIM, NO PROG	S		0	999	07/01/2021	12/31/9999	1	87.50
95971	01	ANALYZE NEUROSTIM, SIMPLE	S		0	999	07/01/2021	12/31/9999	1	78.40
95972	01	ANALYZE NEUROSTIM COMPLEX	S		0	999	07/01/2021	12/31/9999	1	78.40
95976	01	ALYS SMPL CN NPGT PRGRMG	S		0	999	07/01/2020	12/31/9999	1	29.04
95977	01	ALYS CPLX CN NPGT PRGRMG	S		0	999	07/01/2021	12/31/9999	1	78.40
95980	01	ELEC ANALYS PULS GEN W/PROG	N		0	999	09/01/2012	12/31/9999	1	0.00
95981	06	ELEC ANALYS PULS GEN W/O REPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
95982	06	ELEC ANALYS PULS GEN W/REPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
95983	01	ALYS BRN NPGT PRGRMG 15 MIN	S		0	999	07/01/2021	12/31/9999	1	78.40
95984	01	ALYS BRN NPGT PRGRMG ADDL 15	N		0	999	01/01/2019	12/31/9999	11	0.00
95990	01	REFIL&MNT IMPL PUMP RX SP/BRAIN; REFIL	S		0	999	07/01/2021	12/31/9999	1	242.88
95991	01	REFIL&MNT IMPL PUMP SP/BRAIN;BY MD REFIL	T		0	999	07/01/2021	12/31/9999	1	204.13
95992	06	CANALITH REPOSITIONING PROC	E		0	999	09/01/2012	12/31/9999	1	0.00
95999	01	UNLISTED NEUROLOGICAL OR NEU	S		0	999	07/01/2021	12/31/9999	1	109.07
96000	06	MOTION ANALYSIS, VIDEO/3D	E		0	999	09/01/2012	12/31/9999	1	0.00
96001	06	MOTION TEST W/FT PRESS MEAS	E		0	999	09/01/2012	12/31/9999	1	0.00
96002	06	DYNAMIC SURFACE EMG	E		0	999	09/01/2012	12/31/9999	1	0.00
96003	06	DYNAMIC FINE WIRE EMG	E		0	999	09/01/2012	12/31/9999	1	0.00
96004	06	PHYS REVIEW OF MOTION TESTS	E		0	999	09/01/2012	12/31/9999	1	0.00
96020	01	NEUROFUNCTIONAL TEST / MAPPING	N		0	999	09/01/2012	12/31/9999	1	0.00
96040	06	MED GENETICS COUNSELING 30 MIN	E		0	20	09/01/2012	12/31/9999	1	0.00
96105	06	ASSESSMENT OF APHASIA	E		0	20	09/01/2012	12/31/9999	1	0.00
96110	06	DEVEL SCRNV W/SCOR & DOC	E		0	20	09/01/2012	12/31/9999	1	0.00
96112	01	DEVEL TST PHYS/QHP 1ST HR	S		0	20	07/01/2021	12/31/9999	1	206.69
96113	01	DEVEL TST PHYS/QHP EA ADDL	N		0	20	01/01/2019	12/31/9999	6	0.00
96116	06	NEUROBEHAVIORAL STATUS EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
96121	06	NUBHL XM PHY/QHP EA ADDL HR	E		0	999	01/01/2019	12/31/9999	1	0.00
96125	01	STAND COGN PERF TESTING PER HR	A		0	999	07/01/2020	12/31/9999	3	92.06
96127	06	BRIEF EMOTIONAL/BEHAV ASSMT	E		0	999	01/01/2015	12/31/9999	1	0.00
96130	01	PSYCL TST EVAL PHYS/QHP 1ST	S		0	999	07/01/2021	12/31/9999	1	206.69
96131	01	PSYCL TST EVAL PHYS/QHP EA	N		0	999	01/01/2019	12/31/9999	7	0.00
96132	01	NRPSYC TST EVAL PHYS/QHP 1ST	S		0	20	07/01/2021	12/31/9999	1	206.69
96133	01	NRPSYC TST EVAL PHYS/QHP EA	N		0	20	01/01/2019	12/31/9999	7	0.00
96136	01	PSYCL/NRPSYC TST PHY/QHP 1ST	S		0	999	07/01/2021	12/31/9999	1	87.50
96137	01	PSYCL/NRPSYC TST PHY/QHP EA	N		0	999	03/25/2019	12/31/9999	7	0.00
96138	06	PSYCL/NRPSYC TECH 1ST	E		0	999	01/01/2019	12/31/9999	1	0.00
96139	06	PSYCL/NRPSYC TST TECH EA	E		0	999	01/01/2019	12/31/9999	1	0.00
96146	06	PSYCL/NRPSYC TST AUTO RESULT	E		0	999	01/01/2019	12/31/9999	1	0.00
96156	06	HLTH BHV ASSMT/REASSESSMENT	E		0	999	01/01/2020	12/31/9999	1	0.00
96158	06	HLTH BHV IVNTJ INDIV 1ST 30	E		0	999	01/01/2020	12/31/9999	1	0.00
96159	06	HLTH BHV IVNTJ INDIV EA ADDL	E		0	999	01/01/2020	12/31/9999	1	0.00
96160	01	ADMIN PATIENT-FOCUSED HEALTH RISK ASSESS	S		11	20	07/01/2021	12/31/9999	3	20.50
96161	01	ADMIN CAREGIVER-FOCUSED HEALTH RISK ASSE	S		0	1	07/01/2021	12/31/9999	1	20.50
96164	06	HLTH BHV IVNTJ GRP 1ST 30	E		0	999	01/01/2020	12/31/9999	1	0.00
96165	06	HLTH BHV IVNTJ GRP EA ADDL	E		0	999	01/01/2020	12/31/9999	1	0.00
96167	06	HLTH BHV IVNTJ FAM 1ST 30	E		0	999	01/01/2020	12/31/9999	1	0.00
96168	06	HLTH BHV IVNTJ FAM EA ADDL	E		0	999	01/01/2020	12/31/9999	1	0.00
96170	06	HLTH BHV IVNTJ FAM WO PT 1ST	E		0	999	01/01/2020	12/31/9999	1	0.00
96171	06	HLTH BHV IVNTJ FAM W/O PT EA	E		0	999	01/01/2020	12/31/9999	1	0.00
96360	01	IN INFUS HYDR INITIAL 31 MIN - 1 HR	S		0	999	07/01/2021	12/31/9999	2	159.05
96361	01	IV INFUS HYDR EA ADDL HR	S		0	999	07/01/2021	12/31/9999	24	31.26
96365	01	INTR INF THER,PROPH,DIAG UP TO 1 HR	S		0	999	07/01/2021	12/31/9999	2	159.05
96366	01	INV INF THER,PROPH,DIAG EA ADDL HR	S		0	999	07/01/2021	12/31/9999	24	31.26
96367	01	IV INF THER,PROPH,DIAG ADDL SEQ 1 HR	S		0	999	07/01/2021	12/31/9999	4	48.44

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
96368	01	IV INF THER,PROPH,DIAG CONCUR INF	N		0	999	09/01/2012	12/31/9999	1	0.00
96369	01	SUBQ INF THER,PROPHY INITIAL 1HR	S		0	999	07/01/2021	12/31/9999	1	159.05
96370	01	SUBQ INF THER,PROPHY ADDL HR	S		0	999	07/01/2021	12/31/9999	3	31.26
96371	01	SUBQ INF THER,PROPHY ADD PUMP SETUP	S		0	999	07/01/2021	12/31/9999	1	48.44
96372	01	THER, PROPH, DIAG INJ SUBQ OR IV	S		0	999	07/01/2021	12/31/9999	5	48.44
96373	01	THER, PROPH, DIAG INJ IV PUSH SNGL	S		0	999	07/01/2021	12/31/9999	3	159.05
96374	01	THER,PROPH,DIAG INJ IV	S		0	999	07/01/2021	12/31/9999	1	159.05
96375	01	THER,PROPH,DIAG INJ IV PUSH SUB/DRUG	S		0	999	07/01/2021	12/31/9999	6	31.26
96376	01	THER PROPH/DX NJX EA SEQL IV PUSH SBST/D	N		0	999	09/01/2012	12/31/9999	7	0.00
96377	01	APPLICATION OF ON-BODY INJECTOR	S		0	999	07/01/2021	12/31/9999	1	31.26
96379	01	UNLISTED THER,PROPH,DIAG IV IA INJ/INF	S		0	999	07/01/2021	12/31/9999	2	31.26
96401	01	CHEMO, ANTI-NEOPL, SQ/IM	S		0	999	07/01/2021	12/31/9999	4	48.44
96402	01	CHEMO HORMON ANTINEOPL SQ/IM	S		0	999	07/01/2021	12/31/9999	2	48.44
96405	01	CHEMO INTRALESIONAL, UP TO 7	T		0	999	07/01/2021	12/31/9999	1	48.44
96406	01	CHEMO INTRALESIONAL OVER 7	S		0	999	07/01/2021	12/31/9999	1	159.05
96409	01	CHEMO, IV PUSH, SNGL DRUG	S		0	999	07/01/2021	12/31/9999	1	159.05
96411	01	CHEMO, IV PUSH, ADDL DRUG	S		0	999	07/01/2021	12/31/9999	3	48.44
96413	01	CHEMO, IV INFUSION, 1 HR	S		0	999	07/01/2021	12/31/9999	1	242.88
96415	01	CHEMO ADMIN IV INF EA ADDL HR	S		0	999	07/01/2021	12/31/9999	8	48.44
96416	01	CHEMO PROLONG INFUSE W/PUMP	S		0	999	07/01/2021	12/31/9999	1	242.88
96417	01	CHEMO IV INFUS EACH ADDL SEQ	S		0	999	07/01/2021	12/31/9999	3	48.44
96420	01	CHEMOTHERAPY ADMINISTRATION	S		0	999	07/01/2021	12/31/9999	2	242.88
96422	01	CHEMO IA INFUSION UP TO 1 HR	S		0	999	07/01/2021	12/31/9999	2	159.05
96423	01	CHEMO ADMIN INTRA-ART INF TECH EA ADDL H	S		0	999	07/01/2021	12/31/9999	2	31.26
96425	01	CHEMOTHERAPY ADMINISTRATION,	S		0	999	07/01/2021	12/31/9999	1	242.88
96440	01	CHEMOTHERAPY ADMINISTRATION IN	S		0	999	07/01/2021	12/31/9999	1	242.88
96446	01	CHEMOTX ADMIN PRTL CAVITY	S		0	999	07/01/2021	12/31/9999	1	242.88
96450	01	CHEMOTHERAPY, INTO CNS	S		0	999	07/01/2021	12/31/9999	1	242.88
96516	06	HLTH BHV ASMT/REASSESSMENT	E		0	999	01/01/2020	12/31/9999	1	0.00
96518	06	HLTH BHV IVNTJ INDIV 1ST 30	E		0	999	01/01/2020	12/31/9999	1	0.00
96521	01	REFILL/MAINT, PORTABLE PUMP	S		0	999	07/01/2021	12/31/9999	2	159.05
96522	01	REFILL/MAINT PUMP/RESVR SYST	S		0	999	07/01/2021	12/31/9999	1	159.05
96523	01	IRRIG DRUG DELIVERY DEVICE	S		0	999	07/01/2021	12/31/9999	2	43.50
96542	01	CHEMOTHERAPY INJECTION, SUBARA	S		0	999	07/01/2021	12/31/9999	1	159.05
96549	01	UNLISTED CHEMOTHERAPY PROCED	S		0	999	07/01/2021	12/31/9999	1	31.26
96567	01	PHOTODYNAMIC TX, SKIN	S		0	999	07/01/2021	12/31/9999	1	140.33
96570	01	PHOTODYNMC TX, 30 MIN ADD-ON	N		0	999	07/01/2014	12/31/9999	1	0.00
96571	01	PHOTODYNAMIC TX, ADDL 15 MIN	N		0	999	07/01/2014	12/31/9999	1	0.00
96573	01	PHOTODYNAMIC TX, SKIN	S		0	999	07/01/2021	12/31/9999	1	140.33
96574	01	DEBRIDEMENT OF LESIONS	S		0	999	07/01/2021	12/31/9999	1	140.33
96900	01	ACTINOTHERAPY (ULTRAVIOLET L	S		0	999	07/01/2021	12/31/9999	1	26.45
96902	01	TRICHOGRAM	N		0	999	09/01/2012	12/31/9999	1	0.00
96904	06	WHOLE BODY INT PHOTO MELANOMA	E		0	999	02/10/2014	12/31/9999	1	0.00
96910	01	PHOTOCHEMOTHERAPY; TAR AND ULT	S		0	999	07/01/2021	12/31/9999	1	43.50
96912	01	PHOTOCHEMOTHERAPY; PSORALENS A	S		0	999	07/01/2021	12/31/9999	1	43.50
96913	01	PHOTOCHEMOTHERAPY (GOECKERMAN	T		0	999	07/01/2021	12/31/9999	1	270.31
96920	01	LASER TX, SKIN < 250 SQ CM	T		0	999	07/01/2021	12/31/9999	1	140.33
96921	01	LASER TX, SKIN 250-500 SQ CM	T		0	999	07/01/2021	12/31/9999	1	140.33
96922	01	LASER TX, SKIN > 500 SQ CM	T		0	999	07/01/2021	12/31/9999	1	270.31
96931	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96932	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96933	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96934	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96935	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96936	06	RCM CELULR SUBCELULR IMG SKN	E		0	999	01/01/2016	12/31/9999	1	0.00
96999	01	UNLISTED SPECIAL DERMATOLOGI	S		0	999	07/01/2021	12/31/9999	1	140.33
97010	01	HOT OR COLD PACKS THERAPY	A	Y	0	999	07/01/2020	12/31/9999	1	5.13
97012	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	12.83
97014	01	PHYSICAL MEDICINE TREATMENT	B	Y	0	999	07/01/2020	12/31/9999	1	12.01
97016	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	10.33
97018	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	4.86
97022	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	14.74
97024	01	DIATHERMY EG, MICROWAVE	A	Y	0	999	07/01/2020	12/31/9999	1	5.69
97026	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	5.13
97028	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	1	6.61
97032	01	ELECTRICAL STIMULATION	A	Y	0	999	07/01/2020	12/31/9999	4	12.56
97033	01	ELECTRIC CURRENT THERAPY	A	Y	0	999	07/01/2020	12/31/9999	4	17.33
97034	01	CONTRAST BATH THERAPY	A	Y	0	999	07/01/2020	12/31/9999	2	12.68
97035	01	ULTRASOUND THERAPY	A	Y	0	999	07/01/2020	12/31/9999	2	12.12
97036	01	HYDROTHERAPY	A	Y	0	999	07/01/2020	12/31/9999	3	28.80
97039	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2016	12/31/9999	1	0.00
97110	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	4	25.76
97112	01	NEUROMUSCULAR REEDUCATION	A	Y	0	999	07/01/2020	12/31/9999	4	29.57
97113	01	AQUATIC THERAPY/EXERCISES	A	Y	0	999	07/01/2020	12/31/9999	6	32.27
97116	01	THERAPEUTIC PROC ONE OR MORE	A	Y	0	999	07/01/2020	12/31/9999	4	25.48
97124	01	PHYSICAL MEDICINE TREATMENT	A	Y	0	999	07/01/2020	12/31/9999	4	24.35
97129	06	THER IVNTJ 1ST 15 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
97130	06	THER IVNTJ EA ADDL 15 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
97139	01	PHYSICAL MEDICINE PROCEDURE	A	Y	0	999	07/01/2020	12/31/9999	1	0.00
97140	01	MANUAL THERAPY	A	Y	0	999	07/01/2020	12/31/9999	6	23.73
97150	06	GROUP THERAPEUTIC PROCEDURES	E	Y	0	999	09/01/2012	12/31/9999	1	0.00
97151	01	BHV ID ASMT BY PHYS/QHP	S		0	20	07/01/2021	12/31/9999	32	58.52
97152	01	BHV ID SUPRT ASMT BY 1 TECH	S		0	20	07/01/2021	12/31/9999	8	58.52
97153	01	ADAPTIVE BEHAVIOR TX BY TECH	S		0	20	07/01/2021	12/31/9999	32	58.52
97154	01	GRP ADAPT BHV TX BY TECH	S		0	20	07/01/2021	12/31/9999	12	20.50
97155	01	ADAPT BEHAVIOR TX PHYS/QHP	S		0	20	07/01/2021	12/31/9999	24	58.52
97156	01	FAM ADAPT BHV TX GDN PHY/QHP	S		0	20	07/01/2021	12/31/9999	16	20.50
97157	01	MULT FAM ADAPT BHV TX GDN	S		0	20	07/01/2021	12/31/9999	16	20.50
97158	01	GRP ADAPT BHV TX BY PHY/QHP	S		0	20	07/01/2021	12/31/9999	16	20.50
97161	01	PHYSICAL THERAPY EVAL: LOW COMPLEXITY	A		0	999	07/01/2020	12/31/9999	1	71.78
97162	01	PHYSICAL THERAPY EVAL: MODERATE COMPLEXI	A		0	999	07/01/2020	12/31/9999	1	71.78
97163	01	PHYSICAL THERAPY EVAL: HIGH COMPLEXITY	A		0	999	07/01/2020	12/31/9999	1	71.78
97164	01	RE-EVAL PHYSICAL THERAPY	A		0	999	07/01/2020	12/31/9999	1	49.08
97165	01	OCCUPATIONAL THERAPY EVAL LOW COMPLEXITY	A		0	999	07/01/2020	12/31/9999	1	75.94
97166	01	OCCUPATIONAL THERAPY EVAL MODERATE COMPL	A		0	999	07/01/2020	12/31/9999	1	75.66
97167	01	OCCUPATIONAL THERAPY EVAL HIGH COMPLEXT	A		0	999	07/01/2020	12/31/9999	1	75.66
97168	01	RE-EVAL OCCUPATION THERAPY	A		0	999	07/01/2020	12/31/9999	1	52.14

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
97169	06	ATHLETIC TRAINING EVAL LOW COMPLEXITY	E		0	999	01/01/2017	12/31/9999	1	0.00
97170	06	ATHLETIC TRAINING EVAL MODERATE COMPLEXITY	E		0	999	01/01/2017	12/31/9999	1	0.00
97171	06	ATHLETIC TRAINING EVAL HIGH COMPLEXITY	E		0	999	01/01/2017	12/31/9999	1	0.00
97172	06	RE-EVALUATION ATHLETIC TRAINING	E		0	999	01/01/2017	12/31/9999	1	0.00
97530	01	THERAP ACTIVITIES, DIRECT ONE	A	Y	0	999	07/01/2020	12/31/9999	6	32.67
97533	01	SENSORY INTEGRATION	A	Y	0	999	07/01/2020	12/31/9999	4	42.55
97535	06	SELF CARE MNGMENT TRAINING	E		0	999	09/01/2012	12/31/9999	1	0.00
97537	06	COMMUNITY TRAIN-I ON 1-EA 15 MIN COMMU	E		0	999	09/01/2012	12/31/9999	1	0.00
97542	01	WHEELCHAIR MNGMENT TRAINING	A	Y	0	999	07/01/2020	12/31/9999	8	27.82
97545	06	WORK HARDENING/CONDITIONING; I	E		0	999	09/01/2012	12/31/9999	1	0.00
97546	06	WORK HARDENING ADD-ON	E		0	999	09/01/2012	12/31/9999	1	0.00
97597	01	RMVL DEVITAL TIS 20 CM/<	T		0	999	07/01/2021	12/31/9999	1	140.33
97598	01	RMVL DEVITAL TIS ADDL 20 CM<	N		0	999	07/01/2014	12/31/9999	8	0.00
97602	01	DEVITALIZED TISSUE REMOVAL	S		0	999	07/01/2021	12/31/9999	1	140.33
97605	01	NEG PRESS WOUND THERAPY <= 50 SQ	S		0	999	07/01/2021	12/31/9999	1	140.33
97606	01	NEG PRESS WOUND THERAPY >5+ SQ	S		0	999	07/01/2021	12/31/9999	1	270.31
97607	01	NEG PRESS WND TX </=50 SQ CM	T		0	999	07/01/2021	12/31/9999	1	270.31
97608	01	NEG PRESS WOUND TX >50 CM	T		0	999	07/01/2021	12/31/9999	1	270.31
97610	01	LOW FREQ ULTRASND PER DAY	S		0	999	07/01/2021	12/31/9999	1	140.33
97750	01	PHYSICAL PERFORMANCE TEST	A	Y	0	999	07/01/2020	12/31/9999	4	29.09
97755	01	ASST TECH ASSESS DIR 1:1 EA 15 MIN ASSTI	A		0	999	07/01/2020	12/31/9999	1	32.54
97760	01	ORTHOTIC MGMT AND TRAINING	A	Y	0	999	07/01/2020	12/31/9999	4	40.69
97761	01	PROSTHETIC TRAINING	A		0	999	07/01/2020	12/31/9999	1	34.85
97763	01	ORTHOTIC/PROSTHETIC MGMT AND TRAINING	A		0	999	07/01/2020	12/31/9999	6	43.39
97799	06	UNLISTED PHYSICAL MEDICINE S	E	Y	0	999	09/01/2012	12/31/9999	1	0.00
97802	06	MEDICAL NUTRITION, INDIV, IN	E		0	999	09/01/2012	12/31/9999	1	0.00
97803	06	MED NUTRITION, INDIV, SUBSEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
97804	06	MEDICAL NUTRITION, GROUP	E		0	999	09/01/2012	12/31/9999	1	0.00
97810	06	ACUPUNCT W/O STIMUL 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
97811	06	ACUPUNCT W/O STIMUL ADDL 15M	E		0	999	09/01/2012	12/31/9999	1	0.00
97813	06	ACUPUNCT W/STIMUL 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
97814	06	ACUPUNCT W/STIMUL ADDL 15M	E		0	999	09/01/2012	12/31/9999	1	0.00
98925	01	OSTEOPATHIC MANIPULATIVE TREAT	S		0	999	07/01/2021	12/31/9999	1	20.75
98926	01	OSTEOPATHIC MANIPULATIVE TREAT	S		0	999	07/01/2021	12/31/9999	1	20.75
98927	01	OSTEOPATHIC MANIPULATIVE TREAT	S		0	999	07/01/2021	12/31/9999	1	20.75
98928	01	OSTEOPATHIC MANIPULATIVE TREAT	S		0	999	07/01/2021	12/31/9999	1	20.75
98929	01	OSTEOPATHIC MANIPULATIVE TREAT	S		0	999	07/01/2021	12/31/9999	1	20.75
98940	01	CHIROPRACTIC MANIPULATION	S		0	999	07/01/2021	12/31/9999	1	20.75
98941	01	CHIROPRACTIC MANIPULATION	S		0	999	07/01/2021	12/31/9999	1	20.75
98942	01	CHIROPRACTIC MANIPULATION	S		0	999	07/01/2021	12/31/9999	1	20.75
98943	06	CHIROPRACTIC MANIPULATION	E		0	999	09/01/2012	12/31/9999	1	0.00
98960	06	SELF-MGMT EDUC & TRAIN, 1 PT	E		0	999	09/01/2012	12/31/9999	1	0.00
98961	06	SELF-MGMT EDUC/TRAIN, 2-4 PT	E		0	999	09/01/2012	12/31/9999	1	0.00
98962	06	SELF-MGMT EDUC/TRAIN, 5-8 PT	E		0	999	09/01/2012	12/31/9999	1	0.00
98966	06	PHONE ASSESSMENT 5-10 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
98967	06	PHONE ASSESSMENT 11-20 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
98968	06	PHONE ASSESSMENT 21-30 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
98970	06	QNHP OL DIG E/M SVC 5-10MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
98971	06	QNHP OL DIG EM SVC 11-20MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
98972	06	QNHP OL DIG E/M SVC 21+ MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
98975	01	REM THER MNTR 1ST SETUP&EDU	V		0	999	01/01/2022	12/31/9999	1	93.29
98976	01	REM THER MNTR DEV SPLY RESP	S		0	999	01/01/2022	12/31/9999	1	29.24
98977	01	REM THER MNTR DV SPLY MSCSKL	S		0	999	01/01/2022	12/31/9999	1	29.24
98980	06	REM THER MNTR 1ST 20 MIN	E		0	999	01/01/2022	12/31/9999	1	0.00
98981	06	REM THER MNTR EA ADDL 20 MIN	E		0	999	01/01/2022	12/31/9999	3	0.00
99000	06	COLLECTION, HANDLING, AND/OR	E		0	999	09/01/2012	12/31/9999	1	0.00
99001	06	COLLECTION, HANDLING, AND/OR	E		0	999	09/01/2012	12/31/9999	1	0.00
99002	06	COLLECTION, HANDLING, CONVEY	E		0	999	09/01/2012	12/31/9999	1	0.00
99024	06	POSTOP F/U VISIT E&M REL ORIG PROC POSTO	E		0	999	09/01/2012	12/31/9999	1	0.00
99026	06	IN-HOSPITAL ON CALL SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
99027	06	OUT-OF-HOSP ON CALL SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
99050	01	MEDICAL SERVICES AFTER HRS	M1		0	999	07/01/2020	12/31/9999	1	15.00
99051	01	MED SERV, EVE/WKEND/HOLIDAY	M1		0	999	07/01/2020	12/31/9999	1	15.00
99053	06	MED SERV 10PM-8AM, 24 HR FAC	E		0	999	09/01/2012	12/31/9999	1	0.00
99056	06	MED SERVICE OUT OF OFFICE	E		0	999	09/01/2012	12/31/9999	1	0.00
99058	06	OFFICE EMERGENCY CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
99060	06	OUT OF OFFICE EMERG MED SERV	E		0	999	09/01/2012	12/31/9999	1	0.00
99070	06	SUPPLIES AND MATERIALS (EXCE	E		0	999	09/01/2012	12/31/9999	1	0.00
99071	06	EDUCATIONAL SUPPLIES, SUCH A	E		0	999	09/01/2012	12/31/9999	1	0.00
99072	06	ADD SUPPLIES, MATERIALS DURING EMERG DEF	E		0	999	09/08/2020	12/31/9999	1	0.00
99075	06	MEDICAL TESTIMONY	E		0	999	09/01/2012	12/31/9999	1	0.00
99078	06	PHYSICIAN EDUCATIONAL SERVICES	E		0	999	02/10/2014	12/31/9999	1	0.00
99080	06	SPECIAL REPORTS (INCLUDES REV)	E		0	20	09/01/2012	12/31/9999	1	0.00
99082	06	UNUSUAL TRAVEL (EG, TRANSPORTA	E		0	999	09/01/2012	12/31/9999	1	0.00
99091	06	COLLECT/REVIEW DATA FROM PT	E		0	999	02/10/2014	12/31/9999	1	0.00
99100	06	SPECIAL ANESTHESIA SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
99116	06	ANESTHESIA WITH HYPOTHERMIA	E		0	999	09/01/2012	12/31/9999	1	0.00
99135	06	SPECIAL ANESTHESIA PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
99140	06	EMERGENCY ANESTHESIA	E		0	999	09/01/2012	12/31/9999	1	0.00
99151	06	MOD SED 1ST 15 MINS > 5 YRS	E		0	4	01/01/2017	12/31/9999	1	0.00
99152	06	MOD SED 1ST 15 MINS <= 5 YRS	E		5	999	01/01/2017	12/31/9999	1	0.00
99153	06	MODERATE SEDATION ADDT'L 15 MIN	E		5	999	01/01/2017	12/31/9999	1	0.00
99155	06	MOD SED 1ST 15 MINS > 5 YRS	E		0	4	01/01/2017	12/31/9999	1	0.00
99156	06	MOD SED 1ST 15 MINS <=5 YRS	E		5	999	01/01/2017	12/31/9999	1	0.00
99157	06	MOD SED ADDL 15 MINS	E		0	999	01/01/2017	12/31/9999	1	0.00
99170	01	ANOGENITAL EXAM, CHILD	T		0	20	07/01/2021	12/31/9999	1	133.12
99172	06	OCULAR FUNCTION SCREEN	E		0	999	09/01/2012	12/31/9999	1	0.00
99173	06	VISUAL SCREENING TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
99174	06	OCULAR INSTRUMNT SCREEN BIL	E		0	999	09/01/2012	12/31/9999	1	0.00
99175	01	IPECAC OR SIMILAR ADMINISTRA	N		0	999	09/01/2012	12/31/9999	1	0.00
99177	06	OCULAR INSTRUMNT SCREEN BIL	E		0	999	01/01/2016	12/31/9999	1	0.00
99183	01	PHYSICIAN ATTENDANCE AND SUPER	B		0	999	07/01/2020	12/31/9999	1	93.29
99184	06	HYPOTHERMIA ILL NEONATE	C		0	1	01/01/2015	12/31/9999	1	0.00
99188	06	APP TOPICAL FLUORIDE VARNISH	E		0	20	01/01/2015	12/31/9999	1	0.00
99190	06	ASSEMBLY AND OPERATION OF PU	C		0	999	09/01/2012	12/31/9999	1	0.00
99191	06	ASSEMBLY AND OPERATION OF PU	C		0	999	09/01/2012	12/31/9999	1	0.00
99192	06	ASSEMBLY AND OPERATION OF PU	C		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
99195	01	PHLEBOTOMY, THERAPEUTIC (SEP	S		0	999	07/01/2021	12/31/9999	2	87.50
99199	06	SPECIAL SERVICE/PROC/REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
99202	01	OFFICE O/P NEW SF 15-29 MIN	B		0	999	07/01/2020	12/31/9999	1	42.46
99203	01	OFFICE O/P NEW LOW 30-44 MIN	B		0	999	07/01/2020	12/31/9999	1	63.71
99204	01	OFFICE O/P NEW MOD 45-59 MIN	B		0	999	07/01/2020	12/31/9999	1	109.00
99205	01	OFFICE O/P NEW HI 60-74 MIN	B		0	999	07/01/2020	12/31/9999	1	142.42
99211	01	OFFICE O/P EST MINIMAL PROB	B		0	999	07/01/2020	12/31/9999	2	7.83
99212	01	OFFICE O/P EST SF 10-19 MIN	B		0	999	07/01/2020	12/31/9999	2	21.65
99213	01	OFFICE O/P EST LOW 20-29 MIN	B		0	999	07/01/2020	12/31/9999	2	43.29
99214	01	OFFICE O/P EST MOD 30-39 MIN	B		0	999	07/01/2020	12/31/9999	2	66.75
99215	01	OFFICE O/P EST HI 40-54 MIN	B		0	999	07/01/2020	12/31/9999	2	94.31
99217	06	OBS CARE DIS, DAY MGNT	E		0	999	09/01/2012	12/31/9999	1	0.00
99218	06	INITIAL OBSERVATION CARE, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
99219	06	INITIAL OBSERVATION CARE, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
99220	06	INITIAL OBSERVATION CARE, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
99221	06	INITIAL HOSPITAL CARE, PER DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99222	06	INITIAL HOSPITAL CARE, PER DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99223	06	INITIAL HOSPITAL CARE, PER DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99224	06	SBSQ OBS CARE PR D LOW SEVER	E		0	999	09/01/2012	12/31/9999	1	0.00
99225	06	SBSQ OBS CARE PR D MOD SEVER	E		0	999	09/01/2012	12/31/9999	1	0.00
99226	06	SBSQ OBS CARE PR D HIGH SEVERITY	E		0	999	09/01/2012	12/31/9999	1	0.00
99231	06	SUBSEQUENT HOSPITAL CARE, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
99232	06	SUBSEQUENT HOSPITAL CARE, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
99233	06	SUBSEQUENT HOSPITAL CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
99234	06	OBSERV/HOSP SAME DATE	E		0	999	09/01/2012	12/31/9999	1	0.00
99235	06	OBSERV/HOSP SAME DATE	E		0	999	09/01/2012	12/31/9999	1	0.00
99236	06	OBSERV/HOSP SAME DATE	E		0	999	09/01/2012	12/31/9999	1	0.00
99238	06	HOSPITAL DISCHARGE DAY MANAGEM	E		0	999	09/01/2012	12/31/9999	1	0.00
99239	06	HOSPITAL DISCHARGE DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99241	06	OFFICE CONSULTATION FOR A NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
99242	06	OFFICE CONSULTATION FOR A NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
99243	06	OFFICE CONSULTATION FOR A NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
99244	06	OFFICE CONSULTATION FOR A NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
99245	06	OFFICE CONSULTATION FOR A NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
99251	06	INPATIENT CONSULT NEW OR EST PATIENT, PR	E		0	999	09/01/2012	12/31/9999	1	0.00
99252	06	INPATIENT CONSULT NEW OR EST PATIENT, EX	E		0	999	09/01/2012	12/31/9999	1	0.00
99253	06	INPATIENT CONSULT NEW OR EST PATIENT, DE	E		0	999	09/01/2012	12/31/9999	1	0.00
99254	06	INPATIENT CONSULT NEW OR EST PATIENT, CO	E		0	999	09/01/2012	12/31/9999	1	0.00
99255	06	INPATIENT CONSULT NEW OR EST PATIENT, CO	E		0	999	09/01/2012	12/31/9999	1	0.00
99281	01	EMERGENCY DEPARTMENT VISIT FOR	V		0	999	07/01/2021	12/31/9999	2	56.74
99282	01	EMERGENCY DEPARTMENT VISIT FOR	V		0	999	07/01/2021	12/31/9999	2	102.85
99283	01	EMERGENCY DEPARTMENT VISIT FOR	V		0	999	07/01/2021	12/31/9999	2	181.02
99284	01	EMERGENCY DEPARTMENT VISIT FOR	V		0	999	07/01/2021	12/31/9999	2	284.30
99285	01	EMERGENCY DEPT VISIT	V		0	999	07/01/2021	12/31/9999	2	408.09
99288	06	PHYSICIAN DIRECTION OF EMERGEN	E		0	999	09/01/2012	12/31/9999	1	0.00
99291	01	CRITICAL CARE, FIRST HOUR	V		0	999	07/01/2021	12/31/9999	1	541.40
99292	01	CRITICAL CARE, ADDL 30 MIN	N		0	999	09/01/2012	12/31/9999	14	0.00
99304	06	NURSING FACILITY CARE, INIT	E		0	999	09/01/2012	12/31/9999	1	0.00
99305	06	NURSING FACILITY CARE, INIT	E		0	999	09/01/2012	12/31/9999	1	0.00
99306	06	NURSING FACILITY CARE, INIT	E		0	999	09/01/2012	12/31/9999	1	0.00
99307	06	NURSING FAC CARE, SUBSEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
99308	06	NURSING FAC CARE, SUBSEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
99309	06	NURSING FAC CARE, SUBSEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
99310	06	NURSING FAC CARE, SUBSEQ	E		0	999	09/01/2012	12/31/9999	1	0.00
99315	06	NURSING FAC DISCHARGE DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99316	06	NURSING FAC DISCHARGE DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
99318	06	ANNUAL NURSING FAC ASSESSMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
99324	06	DOMICIL/R-HOME VISIT NEW PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99325	06	DOMICIL/R-HOME VISIT NEW PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99326	06	DOMICIL/R-HOME VISIT NEW PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99327	06	DOMICIL/R-HOME VISIT NEW PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99328	06	DOMICIL/R-HOME VISIT NEW PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99334	06	DOMICIL/R-HOME VISIT EST PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99335	06	DOMICIL/R-HOME VISIT EST PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99336	06	DOMICIL/R-HOME VISIT EST PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99337	06	DOMICIL/R-HOME VISIT EST PAT	E		0	999	09/01/2012	12/31/9999	1	0.00
99339	06	DOMICIL/R-HOME CARE SUPERVIS	E		0	999	09/01/2012	12/31/9999	1	0.00
99340	06	DOMICIL/R-HOME CARE SUPERVIS	E		0	999	09/01/2012	12/31/9999	1	0.00
99341	06	HOME VISIT, NEW PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99342	06	HOME VISIT, NEW PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99343	06	HOME VISIT, NEW PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99344	06	HOME VISIT, NEW PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99345	06	HOME VISIT, NEW PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99347	06	HOME VISIT, ESTAB PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99348	06	HOME VISIT, ESTAB PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99349	06	HOME VISIT, ESTAB PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99350	06	HOME VISIT, ESTAB PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
99354	01	PROLONG E&M/PSYCTX SERV O/P	N		0	999	09/01/2012	12/31/9999	1	0.00
99355	01	PROLONG E&M/PSYCTX SERV O/P	N		0	999	01/01/2020	12/31/9999	4	0.00
99356	06	PROLONG SERV IP/OBSERV 1ST HR	C		0	999	09/01/2012	12/31/9999	1	0.00
99357	06	PROLONGED SERVICE, INPATIENT	C		0	999	09/01/2012	12/31/9999	11	0.00
99358	01	PROLONGD EVAL & MGMT SERV 1ST HR	N		0	21	07/01/2020	12/31/9999	1	0.00
99359	01	PROLONG SERV W/O CONTACT ADD	N		0	21	07/01/2020	12/31/9999	1	0.00
99360	06	PHYSICIAN STANDBY SERVICE, REQ	E		0	999	09/01/2012	12/31/9999	1	0.00
99366	01	MD TEAM CONF 30+ MIN W PT/ FAM	N		0	999	09/01/2012	12/31/9999	1	0.00
99367	01	MD TEAM CONF 30+ MIN W/O PT/FAM BY PHY	N		0	999	09/01/2012	12/31/9999	1	0.00
99368	01	MD TEAM CONF 30+ MIN W/O PT/FAM BY NONPH	N		0	999	09/01/2012	12/31/9999	1	0.00
99374	06	HOME HEALTH CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
99375	06	HOME HEALTH CARE SUPERVISION 30 + MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99377	06	HOSPICE CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
99378	06	HOSPICE CARE SUPERVISION 30 + MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99379	06	NURSING FAC CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
99380	06	NURSING FAC CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
99381	06	PREV VISIT, NEW, INFANT	E		0	1	09/01/2012	12/31/9999	1	0.00
99382	06	INITIAL EVALUATION AND MANAGEM	E		1	4	09/01/2012	12/31/9999	1	0.00
99383	06	INITIAL EVALUATION AND MANAGEM	E		5	11	09/01/2012	12/31/9999	1	0.00
99384	06	INITIAL EVALUATION AND MANAGEM	E		12	17	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
99385	O6	INITIAL EVALUATION AND MANAGEM	E		18	39	09/01/2012	12/31/9999	1	0.00
99386	O6	INITIAL EVALUATION AND MANAGEM	E		40	64	09/01/2012	12/31/9999	1	0.00
99387	O6	INITIAL EVALUATION AND MANAGEM	E		65	999	09/01/2012	12/31/9999	1	0.00
99391	O6	PREV VISIT, EST, INFANT	E		0	1	09/01/2012	12/31/9999	1	0.00
99392	O6	PERIODIC REEVALUATION AND MANA	E		1	4	09/01/2012	12/31/9999	1	0.00
99393	O6	PERIODIC REEVALUATION AND MANA	E		5	11	09/01/2012	12/31/9999	1	0.00
99394	O6	PERIODIC REEVALUATION AND MANA	E		12	17	09/01/2012	12/31/9999	1	0.00
99395	O6	PERIODIC REEVALUATION AND MANA	E		18	39	09/01/2012	12/31/9999	1	0.00
99396	O6	PERIODIC REEVALUATION AND MANA	E		40	64	09/01/2012	12/31/9999	1	0.00
99397	O6	PERIODIC REEVALUATION AND MANA	E		65	999	09/01/2012	12/31/9999	1	0.00
99401	O6	COUNSELING AND/OR RISK FACTOR	E		9	20	09/01/2012	12/31/9999	1	0.00
99402	O6	COUNSELING AND/OR RISK FACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99403	O6	COUNSELING AND/OR RISK FACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99404	O6	COUNSELING AND/OR RISK FACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99406	O6	SMOK/TOB USE CESS INTERM 3-10 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99407	O6	SMOK/TOB USE CESS INTENSIVE >10 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99408	O6	ALCH & SUB ABUSE SCRIN & INTERV 15-30 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99409	O6	ALCH & SUB ABUSE SCRIN & INTERV > 30 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99411	O6	COUNSELING AND/OR RISK FACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99412	O6	COUNSELING AND/OR RISK FACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99415	O6	PROLONG CLINCL STAFF SVC	E		0	999	01/01/2016	12/31/9999	1	0.00
99416	O6	PROLONG CLINCL STAFF SVC ADD	E		0	999	01/01/2016	12/31/9999	1	0.00
99417	O6	PROLONG OFF/OP E/M EA 15 MIN	E		0	999	01/01/2021	12/31/9999	1	0.00
99421	O6	ONLINE DIG EVAL/MGT SER. 5-10 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
99422	O6	ONLINE DIG EVAL/MGT SER. 11-20 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
99423	O6	ONLINE DIG EVAL/MGT SER. 21 OR MORE MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
99424	O6	PRIN CARE MGMT PHYS 1ST 30	E		0	999	01/01/2022	12/31/9999	1	0.00
99425	O6	PRIN CARE MGMT PHYS EA ADDL	E		0	999	01/01/2022	12/31/9999	1	0.00
99426	O6	PRIN CARE MGMT STAFF 1ST 30	E		0	999	01/01/2022	12/31/9999	1	0.00
99427	O6	PRIN CARE MGMT STAFF EA ADDL	E		0	999	01/01/2022	12/31/9999	1	0.00
99429	O6	UNLISTED PREVENTIVE MEDICINE S	E		0	999	09/01/2012	12/31/9999	1	0.00
99437	O6	CHRNC CARE MGMT PHYS EA ADDL	E		0	999	01/01/2022	12/31/9999	1	0.00
99439	O6	CHRNC CARE MGMT SVC EA ADDL	E		0	999	01/01/2021	12/31/9999	1	0.00
99441	O6	PHONE E/M BY PHY EST PT, PARNT, GUARD 5-	E		0	999	09/01/2012	12/31/9999	1	0.00
99442	O6	PHONE E/M BY PHY EST PT, PARNT, GUARD 11	E		0	999	09/01/2012	12/31/9999	1	0.00
99443	O6	PHONE E/M BY PHY EST PT, PARNT, GUARD 21	E		0	999	09/01/2012	12/31/9999	1	0.00
99446	O6	INTERPROF TELE/INTRNT ASSESSMNT 5-10MIN	E		0	999	01/01/2014	12/31/9999	1	0.00
99447	O6	INTERPROF TELE/INTRNT ASSESSMNT 11-20MIN	E		0	999	01/01/2014	12/31/9999	1	0.00
99448	O6	INTERPROF TELE/INTRNT ASSESSMNT 21-30MIN	E		0	999	01/01/2014	12/31/9999	1	0.00
99449	O6	INTERPROF TELE/INTRNT ASSESMENT 31+ MIN	E		0	999	01/01/2014	12/31/9999	1	0.00
99450	O6	LIFE/DISABILITY EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
99451	O6	NTRPROF PH1/NTRNET/EHR 5/>	E		0	999	01/01/2019	12/31/9999	1	0.00
99452	O6	NTRPROF PH1/NTRNET/EHR RFRL	E		0	999	01/01/2019	12/31/9999	1	0.00
99453	O6	REM MNTR PHYSIOL PARAM SETUP	E		0	999	01/01/2019	12/31/9999	1	0.00
99454	O6	REM MNTR PHYSIOL PARAM DEV	E		0	999	01/01/2019	12/31/9999	1	0.00
99455	O6	DISABILITY EXAMINATION	E		0	999	09/01/2012	12/31/9999	1	0.00
99456	O6	DISABILITY EXAMINATION	E		0	999	09/01/2012	12/31/9999	1	0.00
99457	O6	REMOTE PHYSIOLOGIC MONITORING FIRST 20 M	E		0	999	01/01/2019	12/31/9999	1	0.00
99458	O6	REM PHYSIOL MNTR ADDT 20 MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
99460	O1	INIT EVAL NORMAL NEWBORN PER DAY	V		0	1	07/01/2021	12/31/9999	1	92.81
99461	O6	INIT CARE NORMAL NEWBORN	E		0	1	09/01/2012	12/31/9999	1	0.00
99462	O6	SUBS CARE PER DAY NORMAL NEWBORN	C		0	1	09/01/2012	12/31/9999	1	0.00
99463	O1	INIT EVAL NORMAL NEWBORN ADM/DISCH	V		0	1	07/01/2021	12/31/9999	1	92.81
99464	O1	ATTENDANCE AT DELIVERY W/STAB	N		0	1	09/01/2012	12/31/9999	1	0.00
99465	O1	DEL ROOM RESUSC NEWBORN	S		0	1	07/01/2021	12/31/9999	1	439.19
99466	O6	CC PHYS INTRF TRANSPRT <24 MOS 30-74 MIN	E		0	2	02/10/2014	12/31/9999	1	0.00
99467	O6	CC PHYS INTRF TRANSPRT <24 MOS EA ADD 30	E		0	2	02/10/2014	12/31/9999	1	0.00
99468	O6	INIT IP NEONAT CC PER DAY < 28 DAYS	C		0	1	09/01/2012	12/31/9999	1	0.00
99469	O6	SUBSQ IP NEONAT CC PER DAY < 28 DAYS	C		0	1	09/01/2012	12/31/9999	1	0.00
99471	O6	INIT IP PED CC PER DAY THRU 24 MOS	C		0	2	09/01/2012	12/31/9999	1	0.00
99472	O6	SUBSQ IP PED CC PER DAY THRU 24 MOS	C		0	2	09/01/2012	12/31/9999	1	0.00
99473	O6	SELF-MEASURED BP USING DEVICE	E		0	999	01/01/2020	12/31/9999	1	0.00
99474	O6	SELF-MEASURED BP USING DEVICE	E		0	999	01/01/2020	12/31/9999	1	0.00
99475	O6	INIT IP PED CC PER DAY 2-5 YRS	C		2	5	09/01/2012	12/31/9999	1	0.00
99476	O6	SUBQ IP PED CC PER DAY 2-5 YRS	C		2	5	09/01/2012	12/31/9999	1	0.00
99477	O6	INIT HOSP CARE/DAY FOR E/M OF NEONATE	C		0	1	09/01/2012	12/31/9999	1	0.00
99478	O6	SUBS ICU DAY LOW BIRTH < 1500 G	C		0	1	09/01/2012	12/31/9999	1	0.00
99479	O6	SUBSQ ICU DAY LOW BIRTH 1500-2500 G	C		0	1	09/01/2012	12/31/9999	1	0.00
99480	O6	SUBSQ ICU DAY LOW BIRTH 2001-5000 G	C		0	1	09/01/2012	12/31/9999	1	0.00
99483	O6	ASSESSMENT OF/AND CARE PLANNING FOR A PT	E		0	999	01/01/2018	12/31/9999	1	0.00
99484	O6	CARE MGT SVC FOR BE CONDITIONS	E		0	999	01/01/2018	12/31/9999	1	0.00
99485	O6	SUPERV BY PHY CRITICAL PT 24 MOS OR LESS	E		0	999	01/01/2013	12/31/9999	2	0.00
99486	O6	SUPERV BY PHY CRITICAL PT 24 MOS OR LESS	E		0	999	01/01/2013	12/31/9999	2	0.00
99487	O6	CMPLX CHRON CARE 60 MIN	E		0	999	01/01/2013	12/31/9999	2	0.00
99489	O6	CMPLX CHRON CARE ADDL 30 MIN	E		0	999	01/01/2013	12/31/9999	2	0.00
99490	O6	CHRON CARE MGMT SRVC 20 MIN	E		0	999	01/01/2015	12/31/9999	1	0.00
99491	O6	CHRNC CARE MGMT SVC 30 MIN	E		0	999	01/01/2019	12/31/9999	1	0.00
99492	O6	INITIAL PSYCH COLLAB CARE MGT, FIRST 70	E		0	999	01/01/2018	12/31/9999	1	0.00
99493	O6	SUBSEQUENT PSYCH COLLAB CARE MGT, FIRST	E		0	999	01/01/2018	12/31/9999	1	0.00
99494	O6	INITIAL OR SUBS PSYCH COLLAB CARE MGT, E	E		0	999	01/01/2018	12/31/9999	2	0.00
99495	O6	TRANS CARE MGMT MODERATE COMPLEXITY	E		0	999	01/01/2013	12/31/9999	2	0.00
99496	O6	TRANS CARE MGMT HIGH COMPLEXITY	E		0	999	01/01/2013	12/31/9999	2	0.00
99497	O6	ADVNCED CARE PLAN 30 MIN	E		0	999	01/01/2015	12/31/9999	1	0.00
99498	O6	ADVNCED CARE PLAN ADDL 30 MIN	E		0	999	01/01/2015	12/31/9999	1	0.00
99499	O6	UNLISTED EVALUATION AND MANAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
99500	O6	HOME VISIT, PRENATAL	E		0	999	09/01/2012	12/31/9999	1	0.00
99501	O6	HOME VISIT, POSTNATAL	E		0	999	09/01/2012	12/31/9999	1	0.00
99502	O6	HOME VISIT, NB CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
99503	O6	HOME VISIT, RESP THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
99504	O6	HOME VISIT MECH VENTILATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
99505	O6	HOME VISIT, STOMA CARE	E		0	999	09/01/2012	12/31/9999	1	0.00
99506	O6	HOME VISIT, IM INJECTION	E		0	999	09/01/2012	12/31/9999	1	0.00
99507	O6	HOME VISIT, CATH MAINTAIN	E		0	999	09/01/2012	12/31/9999	1	0.00
99509	O6	HOME VISIT DAY LIFE ACTIVITY	E		0	999	09/01/2012	12/31/9999	1	0.00
99510	O6	HOME VISIT, SING/M/FAM COUNS	E		0	999	09/01/2012	12/31/9999	1	0.00
99511	O6	HOME VISIT, FECAL/ENEMA MGMT	E		0	999	09/01/2012	12/31/9999	1	0.00
99512	O6	HOME VISIT FOR HEMODIALYSIS HOME	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
99600	06	HOME VISIT NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
99601	06	HOME INFUS/SPCLTY DRUG ADMIN-VISIT HOME	E		0	999	09/01/2012	12/31/9999	1	0.00
99602	06	HOM INFUS/RX-VISIT ADD HR HOM 1	E		0	999	09/01/2012	12/31/9999	1	0.00
99605	06	MED THER MGMT PHARM INDIV 15 MIN NEW PT	E		0	999	09/01/2012	12/31/9999	1	0.00
99606	06	MED THER MGMT PHARM INDIV 15 MIN EST PT	E		0	999	09/01/2012	12/31/9999	1	0.00
99607	06	MED THER MGMT PHARM INDIV EA ADDL 15 MI	E		0	999	09/01/2012	12/31/9999	1	0.00
A0021	06	OUTSIDE STATE AMBULANCE SERV	E		0	999	09/01/2012	12/31/9999	1	0.00
A0080	06	PER MILE - VEHICLE PROV BY VOLUNTEER	E		0	999	09/01/2012	12/31/9999	1	0.00
A0090	06	INTEREST ESCORT IN NON ER	E		0	999	09/01/2012	12/31/9999	1	0.00
A0100	01	NONEMERGENCY TRANSPORT TAXI	M1		0	999	07/01/2018	12/31/9999	2	0.00
A0110	01	GROUP FARES	M1		0	999	07/01/2018	12/31/9999	2	0.00
A0120	01	NONER TRANSPORT MINI-BUS	M1		0	999	07/01/2018	12/31/9999	2	0.00
A0130	01	WHEELCHAIR VAN	M1		0	999	07/01/2018	12/31/9999	2	0.00
A0140	06	AIR FARES	E		0	999	09/01/2012	12/31/9999	1	0.00
A0160	06	PER MILE - CASE WKR OR SOCIAL WKR	E		0	999	09/01/2012	12/31/9999	1	0.00
A0170	06	TRANSPORTATION ANCILLARY: PARKING FEES	E		0	999	09/01/2012	12/31/9999	1	0.00
A0180	06	ANCILLARY: LODGING - RECIPIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0190	06	ANCILLARY: MEALS - RECIPIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0200	06	ANCILLARY: LODGING - ESCORT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0210	06	ANCILLARY: MEALS - ESCORT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0225	06	AMBULANCE SERVICE NEONATAL TRA	E		0	1	09/01/2012	12/31/9999	1	0.00
A0380	06	BLS MILEAGE (PER MILE)	E		0	999	09/01/2012	12/31/9999	1	0.00
A0382	06	BASIC SUPPORT ROUTINE SUPPLS	E		0	999	09/01/2012	12/31/9999	1	0.00
A0384	06	BLS DEFIBRILLATION SUPPLIES	E		0	999	09/01/2012	12/31/9999	1	0.00
A0390	06	ALS MILEAGE (PER MILE IN OR	E		0	999	09/01/2012	12/31/9999	1	0.00
A0392	06	ALS DEFIBRILLATION SUPPLIES	E		0	999	09/01/2012	12/31/9999	1	0.00
A0394	06	ALS IV DRUG THERAPY SUPPLIES	E		0	999	09/01/2012	12/31/9999	1	0.00
A0396	06	ALS ESOPHAGEAL INTUB SUPPLS	E		0	999	09/01/2012	12/31/9999	1	0.00
A0398	06	ALS ROUTINE DISPOSBLE SUPPLS	E		0	999	09/01/2012	12/31/9999	1	0.00
A0420	06	AMBULANCE WAITING 1/2 HR	E		0	999	09/01/2012	12/31/9999	1	0.00
A0422	06	AMBULANCE 02 LIFE SUSTAINING	E		0	999	09/01/2012	12/31/9999	1	0.00
A0424	06	EXTRA AMBULANCE ATTENDANT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0425	06	GROUND MILEAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A0426	06	ALS 1	E		0	999	09/01/2012	12/31/9999	1	0.00
A0427	06	ALS1-EMERGENCY	E		0	999	09/01/2012	12/31/9999	1	0.00
A0428	06	AMBULANCE SERVICE, BASIC LIFE SUP, NET	E		0	999	09/01/2012	12/31/9999	1	0.00
A0429	06	BLS-EMERGENCY	E		0	999	09/01/2012	12/31/9999	1	0.00
A0430	06	FIXED WING AIR TRANSPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0431	06	ROTARY WING AIR TRANSPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0432	06	PI VOLUNTEER AMBULANCE CO	E		0	999	09/01/2012	12/31/9999	1	0.00
A0433	06	ALS 2	E		0	999	09/01/2012	12/31/9999	1	0.00
A0434	06	SPECIALTY CARE TRANSPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
A0435	06	FIXED WING AIR MILEAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A0436	06	ROTARY WING AIR MILEAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A0888	06	NONCOVERED AMBULANCE MILEAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A0998	06	Ambulance response/treatment	E		0	999	09/01/2012	12/31/9999	1	0.00
A0999	06	NON-EMERG TRANS CASE MANAGEMEN	E		0	999	09/01/2012	12/31/9999	1	0.00
A2001	06	INNOVAMATRIX AC, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2002	06	MIRRAGEN ADV WND MAT PER SQ	E		0	999	01/01/2022	12/31/9999	1	0.00
A2003	06	BIO-CONNKT WOUND MATRIX	E		0	999	01/01/2022	12/31/9999	1	0.00
A2004	06	XCELLITEM, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2005	06	MICROLYTE MATRIX, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2006	06	NOVOSORB SYNPATH PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2007	06	RESTRATA, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2008	06	THERAGENESIS, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2009	06	SYMPHONY, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
A2010	06	APIS, PER SQUARE CENTIMETER	E		0	999	01/01/2022	12/31/9999	1	0.00
A2011	01	SUPRA SDRM, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
A2012	01	SUPRATHEL, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
A2013	01	INNOVAMATRIX FS, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
A4100	01	SKIN SUB FDA CLRD AS DEV NOS	N		0	999	04/01/2022	12/31/9999	1	0.00
A4206	06	1 CC STERILE SYRINGE&NEEDLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4207	06	SYRINGE WITH NEEDLE, STERILE 2	E		0	999	09/01/2012	12/31/9999	1	0.00
A4208	06	SYRINGE WITH NEEDLE, STERILE 3	E		0	999	09/01/2012	12/31/9999	1	0.00
A4209	06	SYRINGE W/NEEDLE, STERILE 5CC	E		0	999	09/01/2012	12/31/9999	1	0.00
A4210	06	NEEDLE-FREE INJECTION DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4211	06	SUPP FOR SELF-ADM INJECTIONS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4212	06	NON-CORING NEEDLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4213	06	SYRINGE, STERILE, 20CC OR GREA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4215	06	STERILE NEEDLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4216	06	STERILE WATER/SALINE, 10 ML	E		0	999	09/01/2012	12/31/9999	1	0.00
A4217	06	STERILE WATER/SALINE, 500 ML	E		0	999	09/01/2012	12/31/9999	1	0.00
A4218	01	STERILE SALINE OR WATER	N		0	999	09/01/2012	12/31/9999	1	0.00
A4220	01	INFUSION PUMP REFILL KIT	N		0	999	09/01/2012	12/31/9999	1	0.00
A4221	06	SUPP NON-INSULIN INF CATH/WK	E		0	999	09/01/2012	12/31/9999	1	0.00
A4222	06	INFUSION SUPPLIES WITH PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4223	06	INFUSION SUPPLIES W/O PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4224	06	INSULIN INF CATH/WK	E		0	999	01/01/2017	12/31/9999	1	0.00
A4225	06	SUP/EXT INSULIN INF PUMP SYR	E		0	999	01/01/2017	12/31/9999	1	0.00
A4226	06	WEEKLY SUPPLY MAINT CGS PUMP	E		0	999	01/01/2020	12/31/9999	1	0.00
A4230	01	INFUS INSULIN PUMP NON NEEDL	N		0	999	09/01/2012	12/31/9999	1	0.00
A4231	01	INFUSION INSULIN PUMP NEEDLE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4232	06	SYRINGE W/NEEDLE INSULIN 3CC	E		0	999	09/01/2012	12/31/9999	1	0.00
A4233	06	ALKALIN BATT FOR GLUCOSEMON	E		0	999	09/01/2012	12/31/9999	1	0.00
A4234	06	J-CELL BATT FOR GLUCOSE MON	E		0	999	09/01/2012	12/31/9999	1	0.00
A4235	06	LITHIUM BATT FOR GLUCOSE MON	E		0	999	09/01/2012	12/31/9999	1	0.00
A4236	06	SILVR OXIDE BATT GLUCOSE MON	E		0	999	09/01/2012	12/31/9999	1	0.00
A4238	06	ADJU CGM SUPPLY ALLOWANCE	E		0	999	04/01/2022	12/31/9999	1	0.00
A4244	06	ALCOHOL OR PEROXIDE, PER PINT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4245	06	ALCOHOL WIPES, PER BOX	E		0	999	09/01/2012	12/31/9999	1	0.00
A4246	06	BETADINE OR PHISOHEX SOLUTION,	E		0	999	09/01/2012	12/31/9999	1	0.00
A4247	06	BETADINE OR IODINE SWABS/WIPES	E		0	999	09/01/2012	12/31/9999	1	0.00
A4248	01	CHLORHEXIDINE ANTISEPT	N		0	999	09/01/2012	12/31/9999	1	0.00
A4250	06	URINE REAGENT STRIPS/TABLETS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4252	06	BLOOD KETONE TEST/REAGENT STRIP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4253	06	BLOOD GLUCOSE TEST OR REAGENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4255	06	GLUCOSE MONITOR PLATFORMS	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A4256	O6	NORMAL, LOW, AND HIGH CALIBRAT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4257	O6	REPLACE LENS/SHIELD CARTRIDGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4258	O6	LANCET DEVICE EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4259	O6	LANCETS, PER BOX	E		0	999	09/01/2012	12/31/9999	1	0.00
A4261	O6	CERVICAL CAP CONTRACEPTIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4262	O1	TEMPORARY, ABSORBABLE LACRIMAL	N		0	999	09/01/2012	12/31/9999	1	0.00
A4263	O1	PERMANENT, LONG TERM, NON-DISS	N		0	999	09/01/2012	12/31/9999	1	0.00
A4264	O6	INTRATUBAL OCCLUSION DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4265	O6	PARAFFIN, PER POUND	E		0	999	09/01/2012	12/31/9999	1	0.00
A4266	O6	DIAPHRAGM	E		0	999	09/01/2012	12/31/9999	1	0.00
A4267	O6	MALE CONDOM	E		0	999	09/01/2012	12/31/9999	1	0.00
A4268	O6	FEMALE CONDOM	E		0	999	09/01/2012	12/31/9999	1	0.00
A4269	O6	SPERMICIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4270	O1	DISPOSABLE ENDOSCOPE SHEATH, E	N		0	999	09/01/2012	12/31/9999	1	0.00
A4280	O6	BRST PRSTHS ADHSV ATTCHMNT	E		0	20	09/01/2012	12/31/9999	1	0.00
A4281	O6	REPLACEMENT BREASTPUMP TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4282	O6	REPLACEMENT BREASTPUMP ADPT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4283	O6	REPLACEMENT BREASTPUMP CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4284	O6	REPLCMNT BREAST PUMP SHIELD	E		0	999	09/01/2012	12/31/9999	1	0.00
A4285	O6	REPLCMNT BREAST PUMP BOTTLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4286	O6	REPLCMNT BREASTPUMP LOK RING	E		0	999	09/01/2012	12/31/9999	1	0.00
A4290	O6	SACRAL NERVE STIM TEST LEAD	E		0	999	09/01/2012	12/31/9999	1	0.00
A4300	O1	CATH IMPL VASC ACCESS PORTAL	N		0	999	09/01/2012	12/31/9999	1	0.00
A4301	O1	IMPLANTABLE ACCESS SYST PERC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4305	O1	DISPOSABLE DRUG DELIVERY SYSTE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4306	O1	DRUG DELIVERY SYSTEM <=50ML	N		0	999	09/01/2012	12/31/9999	1	0.00
A4310	O6	INSERTION TRAY WITHOUT DRAINAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4311	O6	INSERTION TRAY WITHOUT DRAINAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4312	O6	INSERTION TRAY WITHOUT DRAINAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4313	O6	CATHETER W/BAG 3-WAY	E		0	999	09/01/2012	12/31/9999	1	0.00
A4314	O6	INSERTION TRAY WITH DRAINAGE B	E		0	999	09/01/2012	12/31/9999	1	0.00
A4315	O6	INSERTION TRAY WITH DRAINAGE B	E		0	999	09/01/2012	12/31/9999	1	0.00
A4316	O6	INSERTION TRAY WITH DRAINAGE B	E		0	999	09/01/2012	12/31/9999	1	0.00
A4320	O6	IRRIGATION TRAY WITH BULB OR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4321	O6	CATH THERAPEUTIC IRRIG AGENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4322	O6	SYRINGE, PISTON, BULB	E		0	999	09/01/2012	12/31/9999	1	0.00
A4326	O6	MALE EXTERNAL CATHETER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4327	O6	FEMALE EXTERNAL URINARY COLLEC	E		0	999	09/01/2012	12/31/9999	1	0.00
A4328	O6	FEMALE EXTERNAL URINARY COLLEC	E		0	999	09/01/2012	12/31/9999	1	0.00
A4330	O6	PERIANAL FECAL COLLECTION POUCC	E		0	999	09/01/2012	12/31/9999	1	0.00
A4331	O6	EXTENSION DRAINAGE TUBING	E		0	999	09/01/2012	12/31/9999	1	0.00
A4332	O6	LUBE STERILE PACKET	E		0	999	09/01/2012	12/31/9999	1	0.00
A4333	O6	URINARY CATH ANCHOR DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4334	O6	URINARY CATH LEG STRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4335	O6	INCONTINENCE SUPPLY; MISCELLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
A4336	O6	URETHRAL INSERT EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4337	O6	INCONTINENCE SPPLY RECTAL ANY TYPE EA	E		0	999	01/01/2016	12/31/9999	1	0.00
A4338	O6	INDWELLING CATHETER,FOLEY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4340	O6	INDWELLING CATHETER; SPECIALTY	E		0	999	09/01/2012	12/31/9999	1	0.00
A4344	O6	INDWELLING CATHETER, FOLEY T	E		0	999	09/01/2012	12/31/9999	1	0.00
A4346	O6	INDWELLING CATHETER; FOLEY TYP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4349	O6	URINARY COLLECTION, AND RETE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4351	O6	STRAIGHT TIP URINE CATHETER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4352	O6	COUDE TIP URINARY CATHETER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4353	O6	INTERMITTENT URINARY CATH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4354	O6	INSERTION TRAY WITH DRAINAGE B	E		0	999	09/01/2012	12/31/9999	1	0.00
A4355	O6	IRRIGATION TUBING SET FOR CONT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4356	O6	EXTERNAL URETHRAL CLAMP OR COM	E		0	999	09/01/2012	12/31/9999	1	0.00
A4357	O6	BEDSIDE DRAINAGE BAG, DAY OR N	E		0	999	09/01/2012	12/31/9999	1	0.00
A4358	O6	URINARY LEG OR ABDOMEN BAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4360	O6	DISPOSABLE EXT URETHRAL DEV EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4361	O6	OSTOMY FACE PLATE, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4362	O6	SKIN BARRIER, SOLID 4 X 4 OR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4363	O6	Ostomy clamp, replacement	E		0	999	09/01/2012	12/31/9999	1	0.00
A4364	O6	OSTOMY ADHESIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4366	O6	OSTOMY VENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4367	O6	OSTOMY BELT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4368	O6	OSTOMY FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4369	O6	SKIN BARRIER LIQUID PER OZ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4371	O6	SKIN BARRIER POWDER PER OZ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4372	O6	SKIN BARRIER SOLID 4X4 EQUIV	E		0	999	09/01/2012	12/31/9999	1	0.00
A4373	O6	SKIN BARRIER WITH FLANGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4375	O6	DRAINABLE PLASTIC PCH W FCPL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4376	O6	DRAINABLE RUBBER PCH W FCPLT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4377	O6	DRAINABLE PLSTIC PCH W/O FP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4378	O6	DRAINABLE RUBBER PCH W/O FP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4379	O6	URINARY PLASTIC POUCH W FCPL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4380	O6	URINARY RUBBER POUCH W FCPLT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4381	O6	URINARY PLASTIC POUCH W/O FP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4382	O6	URINARY HVY PLSTC PCH W/O FP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4383	O6	URINARY RUBBER POUCH W/O FP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4384	O6	OSTOMY FACEPLT/SILICONE RING	E		0	999	09/01/2012	12/31/9999	1	0.00
A4385	O6	OST SKN BARRIER SLD EXT WEAR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4387	O6	OST CLSD POUCH W ATT ST BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4388	O6	DRAINABLE PCH W EX WEAR BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4389	O6	DRAINABLE PCH W ST WEAR BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4390	O6	DRAINABLE PCH EX WEAR CONVEX	E		0	999	09/01/2012	12/31/9999	1	0.00
A4391	O6	URINARY POUCH W EX WEAR BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4392	O6	URINARY POUCH W ST WEAR BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4393	O6	URINE PCH W EX WEAR BAR CONV	E		0	999	09/01/2012	12/31/9999	1	0.00
A4394	O6	OSTOMY POUCH LIQ DEODORANT PER OZ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4395	O6	OSTOMY POUCH SOLID DEODORANT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4396	O6	PERISTOMAL HERNIA SUPPRT BLT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4398	O6	OSTOMY IRRIGATION BAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4399	O6	OSTOMY IRRIG CONE/CATH W BRS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4400	O6	OSTOMY IRRIGATION SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A4402	O6	LUBRICANT	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A4404	O6	OSTOMY RING, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4405	O6	NONPECTIN BASED OSTOMY PASTE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4406	O6	PECTIN BASED OSTOMY PASTE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4407	O6	EXT WEAR OST SKN BARR <=4SQ+	E		0	999	09/01/2012	12/31/9999	1	0.00
A4408	O6	EXT WEAR OST SKN BARR >4SQ+	E		0	999	09/01/2012	12/31/9999	1	0.00
A4409	O6	OST SKN BARR CONVEX <=4 SQ I	E		0	999	09/01/2012	12/31/9999	1	0.00
A4410	O6	OST SKN BARR EXTND >4 SQ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4411	O6	OST SKN BARR EXTND =4SQ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4412	O6	OST POUCH DRAIN HIGH OUTPUT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4413	O6	2 PC DRAINABLE OST POUCH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4414	O6	OST SKNBAR W/O CONV<=4 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A4415	O6	OST SKN BARR W/O CONV >4 SQI	E		0	999	09/01/2012	12/31/9999	1	0.00
A4416	O6	OST PCH CLSD W BARRIER/FILTR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4417	O6	OST PCH W BAR/BLTINCONV/FILTR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4418	O6	OST PCH CLSD W/O BAR W FILTR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4419	O6	OST PCH FOR BAR W FLANGE/FLT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4420	O6	OST PCH CLSD FOR BAR W LK FL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4421	O6	OSTOMY SUPPLY; MISCELLANEOUS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4422	O6	OST POUCH ABSORBENT MATERIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4423	O6	OST PCH FOR BAR W LK FL/FILTR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4424	O6	OST PCH DRAIN W BAR & FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4425	O6	OST PCH DRAIN FOR BARRIER FL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4426	O6	OST PCH DRAIN 2 PIECE SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
A4427	O6	OST PCH DRAIN/BARR LK FLNG/F	E		0	999	09/01/2012	12/31/9999	1	0.00
A4428	O6	URINE OST POUCH W FAUCET/TAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4429	O6	URINE OST POUCH W BLTINCONV	E		0	999	09/01/2012	12/31/9999	1	0.00
A4430	O6	OST URINE PCH W B/BLTIN CONV	E		0	999	09/01/2012	12/31/9999	1	0.00
A4431	O6	OST PCH URINE W BARRIER/TAPV	E		0	999	09/01/2012	12/31/9999	1	0.00
A4432	O6	OS PCH URINE W BAR/FANGE/TAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A4433	O6	URINE OST PCH BAR W LOCK FLN	E		0	999	09/01/2012	12/31/9999	1	0.00
A4434	O6	OST PCH URINE W LOCK FLNG/FT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4435	O6	1 PC OST PCH DRAIN HGH OUTPUT, EACH	E		0	999	01/01/2013	12/31/9999	35	0.00
A4436	O6	IRR SUPPLY SLEEV REUS PER MO	E		0	999	01/01/2022	12/31/9999	1	0.00
A4437	O6	IRR SUPPLY SLEEV DISP PER MO	E		0	999	01/01/2022	12/31/9999	1	0.00
A4450	O6	NON-WATERPROOF TAPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4452	O6	WATERPROOF TAPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4453	O6	REC CATH MAN PUMP ENEMA REPL	E		0	999	10/01/2021	12/31/9999	1	0.00
A4455	O6	ADHESIVE REMOVER,PER OUNCE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4456	O6	ADHESIVE REMOVER, WIPES EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4458	O6	REUSABLE ENEMA BAG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4459	O6	MANUAL PUMP-OPERATED ENEMA SYS	E		0	999	01/01/2015	12/31/9999	1	0.00
A4461	O6	Surgicl dress hold non-reuse	E		0	20	09/01/2012	12/31/9999	1	0.00
A4463	O6	Surgical dress holder reuse	E		0	20	09/01/2012	12/31/9999	1	0.00
A4465	O1	NON-ELASTIC BINDER FOR EXTREMI	N		0	999	09/01/2012	12/31/9999	1	0.00
A4467	O6	BELT STRAP SLEEV COVER	E		0	999	01/01/2017	12/31/9999	1	0.00
A4470	O1	GRAVLEE JET WASHER	N		0	999	09/01/2012	12/31/9999	1	0.00
A4480	O1	VABRA ASPIRATOR	N		0	999	09/01/2012	12/31/9999	1	0.00
A4481	O6	TRACHEOSTOMA FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4483	O6	MOISTURE EXCHANGER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4490	O6	SURGICAL STOCKINGS ABOVE KNEE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4495	O6	SURGICAL STOCKINGS THIGH LENG	E		0	999	09/01/2012	12/31/9999	1	0.00
A4500	O6	SURGICAL STOCKING BELOW KNEE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4510	O6	SURGICAL STOCKINGS FULL LENGT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4520	O6	INCONTINENCE GARMENT ANYTYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4550	O6	SURGICAL TRAYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4553	O6	NONDISP UNDERPADS ALL SIZES	E		0	999	01/01/2017	12/31/9999	1	0.00
A4554	O6	DISPOSABLE UNDERPADS, ALL SIZ	E		3	999	09/01/2012	12/31/9999	1	0.00
A4555	O6	CA TX E-STIM ELECTR/TRANSDUC	E		0	999	01/01/2014	12/31/9999	1	0.00
A4556	O6	ELECTRODES, PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4557	O6	LEAD WIRES, PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4558	O6	CONDUCTIVE GEL OR PASTE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4559	O6	Coupling gel or paste	E		0	999	09/01/2012	12/31/9999	1	0.00
A4561	O1	PESSARY RUBBER, ANY TYPE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4562	O1	PESSARY, NON RUBBER,ANY TYPE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4563	O6	VAG INSER RECTAL CONTROL SYS	E		0	999	01/01/2019	12/31/9999	1	0.00
A4565	O1	SLINGS	N		0	999	09/01/2012	12/31/9999	1	0.00
A4566	O6	SHOULDR SLING/VEST/ABRESTRAIN	E		0	20	09/01/2012	12/31/9999	1	0.00
A4570	O6	SPLINT	E		0	20	09/01/2012	12/31/9999	1	0.00
A4575	O6	HYPERBARIC O2 CHAMBER DISPS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4580	O6	CAST SUPPLIES (E.G. PLASTER)	E		0	999	09/01/2012	12/31/9999	1	0.00
A4590	O6	SPECIAL CASTING MATERIAL (E.G.	E		0	999	09/01/2012	12/31/9999	1	0.00
A4595	O6	TENS SUPPL 2 LEAD PER MONTH	E		0	20	09/01/2012	12/31/9999	1	0.00
A4600	O6	SLEEVE, INTER LIMB COMP DEV REPL ONLY EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4601	O6	LITHIUM ION BATT REPLACMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4602	O6	REPLC BATT EXTRNL INFUS PUMP 1.5V EA	E		0	999	01/01/2015	12/31/9999	10	0.00
A4604	O6	TUBING WITH HEATING ELEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4605	O6	TRACH SUCTION CATH CLOSE SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4606	O6	OXYGEN PROBE USED W OXIMETER	E		0	20	09/01/2012	12/31/9999	1	0.00
A4608	O6	TRANSTRACHEAL OXYGEN CATH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4611	O6	BATTERY, HEAVY DUTY; REPLACEME	E		0	999	09/01/2012	12/31/9999	1	0.00
A4612	O6	BATTERY CABLES; REPLACEMENT FO	E		0	999	09/01/2012	12/31/9999	1	0.00
A4613	O6	BATTERY CHARGER; REPLACEMENT F	E		0	999	09/01/2012	12/31/9999	1	0.00
A4614	O6	HAND-HELD PEFR METER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4615	O6	CANNULA NASAL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4616	O6	TUBING, (OXYGEN), PER FOOT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4617	O6	MOUTH PIECE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4618	O6	BREATHING CIRCUITS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4619	O6	FACE TENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4620	O6	VARIABLE CONCENTRATION MASK	E		0	999	09/01/2012	12/31/9999	1	0.00
A4623	O6	TRACHEOSTOMY INNER CANNULA	E		0	999	09/01/2012	12/31/9999	1	0.00
A4624	O6	TRACHEAL SUCTION TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4625	O6	TRACHEOSTOMY CARE KIT FOR NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
A4626	O6	TRACHEOSTOMY CLEANING BRUSH, E	E		0	999	09/01/2012	12/31/9999	1	0.00
A4627	O6	SPACER BAG/RESERVOIR	E		0	999	09/01/2012	12/31/9999	1	0.00
A4628	O6	OROPHARYNGEAL SUCTION CATH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4629	O6	TRACHEOSTOMY CARE KIT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4630	O6	REPL BAT T.E.N.S. OWN BY PT	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A4633	O6	UVL REPLACEMENT BULB	E		0	20	09/01/2012	12/31/9999	1	0.00
A4634	O6	REPLACEMENT BULB TH LIGHTBOX	E		0	20	09/01/2012	12/31/9999	1	0.00
A4635	O6	UNDERARM PAD, CRUTCH, REPLACE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4636	O6	REPLACEMENT, HANDGRIP, CANE, C	E		0	999	09/01/2012	12/31/9999	1	0.00
A4637	O6	RPLC TIP, CANE, CRUTCH, WALKER	E		0	999	09/01/2012	12/31/9999	1	0.00
A4638	O6	REPL BATT PULSE GEN SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4639	O6	INFRARED HT SYS REPLCMNT PAD	E		0	999	09/01/2012	12/31/9999	1	0.00
A4640	O6	REPLACEMENT PAD FOR USE WITH	E		0	999	09/01/2012	12/31/9999	1	0.00
A4641	O1	RADIOPHARM DX AGENT NOC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4642	O1	IN111 SATUMOMAB	N		0	999	09/01/2012	12/31/9999	1	0.00
A4648	O1	IMPLANTABLE TISSUE MARKER EA	N		0	999	09/01/2012	12/31/9999	1	0.00
A4649	O1	SURGICAL SUPPLIES	N		0	999	09/01/2012	12/31/9999	1	0.00
A4650	O1	IMPLANT RADIATION DOSIMETER	N		0	999	09/01/2012	12/31/9999	1	0.00
A4651	O6	CALIBRATED MICROCAP TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
A4652	O6	MICROCAPILLARY TUBE SEALANT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4653	O6	PD CATHETER ANCHOR BELT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4657	O1	SYRINGE W/WO NEEDLE	N		0	20	09/01/2012	12/31/9999	1	0.00
A4660	O1	SPHYG/BP APP W CUFF AND STET	N		0	999	09/01/2012	12/31/9999	1	0.00
A4663	O1	DIALYSIS BLOOD PRESSURE CUFF	N		0	999	09/01/2012	12/31/9999	1	0.00
A4670	O6	AUTOMATIC BP MONITOR, DIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
A4671	O6	DISPOSABLE CYCLER SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A4672	O6	DRAINAGE EXT LINE, DIALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
A4673	O6	EXT LINE W EASY LOCK CONNECT	E		0	999	09/01/2012	12/31/9999	1	0.00
A4674	O6	CHEM/ANTISEPT SOLUTION, 8OZ	E		0	999	09/01/2012	12/31/9999	1	0.00
A4680	O1	ACTIVATED CARBON FILTERS FOR	N		0	999	09/01/2012	12/31/9999	1	0.00
A4690	O1	DIALYZER'S ARTIFICIAL KIDNEY"	N		0	999	09/01/2012	12/31/9999	1	0.00
A4706	O1	BICARBONATE CONC SOL PER GAL	N		0	999	09/01/2012	12/31/9999	1	0.00
A4707	O1	BICARBONATE CONC POW PER PAC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4708	O1	ACETATE CONC SOL PER GALLON	N		0	999	09/01/2012	12/31/9999	1	0.00
A4709	O1	ACID CONC SOL PER GALLON	N		0	999	09/01/2012	12/31/9999	1	0.00
A4714	O1	TREATED WATER (DEIONIZED), DIS	N		0	999	09/01/2012	12/31/9999	1	0.00
A4719	O1	Y SET TUBING	N		0	999	09/01/2012	12/31/9999	1	0.00
A4720	O1	DIALYSATE ADMINISTRATION SET	N		0	999	09/01/2012	12/31/9999	1	0.00
A4721	O1	DIALYSAT SOL FLD VOL > 999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4722	O1	DIALYS SOL FLD VOL > 1999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4723	O1	DIALYS SOL FLD VOL > 2999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4724	O1	DIALYS SOL FLD VOL > 3999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4725	O1	DIALYS SOL FLD VOL > 4999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4726	O1	DIALYS SOL FLD VOL > 5999CC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4728	O6	DIALYSATE SOLUTION, NON-DEX	E		0	999	09/01/2012	12/31/9999	1	0.00
A4730	O1	FISTULA CANNULATION SET FOR D	N		0	999	09/01/2012	12/31/9999	1	0.00
A4736	O1	TOPICAL ANESTHETIC, PER GRAM	N		0	999	09/01/2012	12/31/9999	1	0.00
A4737	O1	INJ ANESTHETIC PER 10 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
A4740	O1	SHUNT ACCESSORIES FOR DIALYSI	N		0	999	09/01/2012	12/31/9999	1	0.00
A4750	O1	BLOOD TUBING FOR DIALYSIS	N		0	999	09/01/2012	12/31/9999	1	0.00
A4755	O1	BLOOD TUBING, ART AND VENOUS COMBINED	N		0	999	09/01/2012	12/31/9999	1	0.00
A4760	O1	DIALYSATE TESTING SUPPLIES FO	N		0	999	09/01/2012	12/31/9999	1	0.00
A4765	O1	DIALYSATE CONCENTRATE ADDITIVES, EACH	N		0	999	09/01/2012	12/31/9999	1	0.00
A4766	O1	DIALYSATE CONC SOL ADD 10 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
A4770	O1	BLOOD TESTING SUPPLIES FOR DI	N		0	999	09/01/2012	12/31/9999	1	0.00
A4771	O1	SERUM CLOTTING TIME TUBE, PER BOX	N		0	999	09/01/2012	12/31/9999	1	0.00
A4772	O1	DEXTRO STIX STRIPS	N		0	999	09/01/2012	12/31/9999	1	0.00
A4773	O1	HEMAOSTIX, PER BOTTLE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4774	O1	AMMONIA TEST PAPER, PER BOX	N		0	999	09/01/2012	12/31/9999	1	0.00
A4802	O1	PROTAMINE SULFATE PER 50 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
A4860	O1	DISPOSABLE CATHETER CAPS FOR	N		0	999	09/01/2012	12/31/9999	1	0.00
A4870	O1	PLUMBING AND/OR ELECTRICAL WO	N		0	999	09/01/2012	12/31/9999	1	0.00
A4890	O1	REPAIR/MAINT CONT HEMO EQUIP	N		0	999	09/01/2012	12/31/9999	1	0.00
A4911	O1	DRAIN BAG/BOTTLE	N		0	999	09/01/2012	12/31/9999	1	0.00
A4913	O1	MISC DIALYSIS SUPPLIES NOC	N		0	999	09/01/2012	12/31/9999	1	0.00
A4918	O1	VENOUS PRESSURE CLAMP	N		0	999	09/01/2012	12/31/9999	1	0.00
A4927	O1	NON-STERILE GLOVES	N		0	999	09/01/2012	12/31/9999	1	0.00
A4928	O1	SURGICAL MASK	N		0	999	09/01/2012	12/31/9999	1	0.00
A4929	O1	TOURNIQUET FOR DIALYSIS, EA	N		0	999	09/01/2012	12/31/9999	1	0.00
A4930	O1	STERILE, GLOVES PER PAIR	N		0	999	09/01/2012	12/31/9999	1	0.00
A4931	O1	REUSABLE ORAL THERMOMETER	N		0	20	09/01/2012	12/31/9999	1	0.00
A4932	O6	REUSABLE RECTAL THERMOMETER	E		0	20	09/01/2012	12/31/9999	1	0.00
A5051	O6	POUCH CLSD W BARR ATTACHED	E		0	999	09/01/2012	12/31/9999	1	0.00
A5052	O6	CLSD OSTOMY POUCH W/O BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5053	O6	CLSD OSTOMY POUCH FACEPLATE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5054	O6	CLSD OSTOMY POUCH W/FLANGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5055	O6	STOMA CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A5056	O6	OST POUCH, DRAINABLE, EXT WEAR BARR , FI	E		0	999	09/01/2012	12/31/9999	1	0.00
A5057	O6	OST POUCH DRAIN EXT WEAR BARR CONVEX FI	E		0	999	09/01/2012	12/31/9999	1	0.00
A5061	O6	POUCH, DRAINABLE; WITH BARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5062	O6	DRNBLE OSTOMY POUCH W/O BARR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5063	O6	DRAIN OSTOMY POUCH W/FLANGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5071	O6	URINARY POUCH W/BARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5072	O6	URINARY POUCH W/O BARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5073	O6	URINARY POUCH ON BARR W/FLNG	E		0	999	09/01/2012	12/31/9999	1	0.00
A5081	O6	STOMA PLUG OR SEAL, ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5082	O6	CONTINENT DEVICE; CATHETER FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5083	O6	STOMA ABSORPTIVE COVER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5093	O6	OSTOMY ACCESSORY; CONVEX INSER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5102	O6	BEDSIDE DRAIN BTL W/WO TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5105	O6	URINARY SUSPENSORY	E		0	999	09/01/2012	12/31/9999	1	0.00
A5112	O6	URINARY LEG BAG	E		0	20	09/01/2012	12/31/9999	1	0.00
A5113	O6	LATEX LEG STRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A5114	O6	FOAM/FABRIC LEG STRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A5120	O6	SKIN BARRIER, WIPE OR SWAB, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
A5121	O6	SKIN BARRIER, SOLID, 6 X 6 OF	E		0	999	09/01/2012	12/31/9999	1	0.00
A5122	O6	SKIN BARRIER, SOLID, 8 X 8 OR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5126	O6	DISK/FOAM PAD +OR- ADHESIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5131	O6	APPLIANCE CLEANER	E		0	999	09/01/2012	12/31/9999	1	0.00
A5200	O6	PERCUTANEOUS CATHETER ANCHOR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5500	O6	DIAB SHOE FOR DENSITY INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
A5501	O6	DIABETIC CUSTOM MOLDED SHOE	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A5503	O6	DIABETIC SHOE W/ROLLER/ROCKR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5504	O6	DIABETIC SHOE WITH WEDGE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5505	O6	DIAB SHOE W/METATARSAL BAR	E		0	999	09/01/2012	12/31/9999	1	0.00
A5506	O6	DIABETIC SHOE W/OFF SET HEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
A5507	O6	MODIFICATION DIABETIC SHOE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5508	O6	DIABETIC DELLUXE SHOE	E		0	999	09/01/2012	12/31/9999	1	0.00
A5510	O6	COMPRESSION FORM SHOE INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
A5512	O6	MULTI DEN INSERT DIRECT FORM	E		0	999	09/01/2012	12/31/9999	1	0.00
A5513	O6	MULTI DEN INSERT CUSTOM MOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
A5514	O6	MULT DEN INSERT DIR CARV/CAM	E		0	999	01/01/2019	12/31/9999	1	0.00
A6000	O6	WOUND WARMING WOUND COVER	E		0	999	09/01/2012	12/31/9999	1	0.00
A6010	O6	'COLLAGEN BASED WOUND FILLER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6011	O6	COLLAGEN GEL/PASTE WOUND FIL	E		0	20	09/01/2012	12/31/9999	1	0.00
A6021	O6	COLLAGEN DRESSG<=16 SQ IN, EACH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6022	O6	COLLAGEN DRSG>16<=48 SQ IN, EACH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6023	O6	COLLAGEN DRESSING>48SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6024	O6	'COLLAGEN DSG WOUND FILLER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6025	O6	SILICONE GEL SHEET, EACH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6154	O6	WOUND POUCH EACH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6196	O6	ALGINATE DRESSING <=16 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6197	O6	ALGINATE DRESSING >16 <= 48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6198	O6	ALGINATE DRESSING >48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6199	O6	ALGINATE DRESSING PER 6 INCHES	E		0	20	09/01/2012	12/31/9999	1	0.00
A6203	O6	'COMPOSITE DRSG <= 16 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6204	O6	'COMPOSITE DRSG >16<=48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6205	O6	'COMPOSITE DRSG > 48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6206	O6	'CONTACT LAYER <= 16 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6207	O6	'CONTACT LAYER >16<= 48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6208	O6	'CONTACT LAYER > 48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6209	O6	'FOAM DRSG <=16 SQ IN W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6210	O6	'FOAM DRG >16<=48 SQ IN W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6211	O6	'FOAM DRG > 48 SQ IN W/O BRDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6212	O6	'FOAM DRG <=16 SQ IN W/BORDER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6213	O6	'FOAM DRG >16<=48 SQ IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6214	O6	'FOAM DRG > 48 SQ IN W/BORDER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6215	O6	'FOAM DRESSING WOUND FILLER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6216	O6	NON-STERILE GAUZE<=16 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6217	O6	NON-STERILE GAUZE>16<=48 SQ	E		0	20	09/01/2012	12/31/9999	1	0.00
A6218	O6	NON-STERILE GAUZE > 48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6219	O6	'GAUZE <= 16 SQ IN W/BORDER	E		0	999	09/01/2012	12/31/9999	1	0.00
A6220	O6	'GAUZE >16 <=48 SQ IN W/BORDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6221	O6	'GAUZE > 48 SQ IN W/BORDER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6222	O6	'GAUZE <=16 IN NO W/SAL W/O B	E		0	999	09/01/2012	12/31/9999	1	0.00
A6223	O6	'GAUZE >16<=48 NO W/SAL W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6224	O6	'GAUZE > 48 IN NO W/SAL W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6228	O6	'GAUZE <= 16 SQ IN WATER/SAL	E		0	999	09/01/2012	12/31/9999	1	0.00
A6229	O6	'GAUZE >16<=48 SQ IN WATR/SAL	E		0	20	09/01/2012	12/31/9999	1	0.00
A6230	O6	'GAUZE > 48 SQ IN WATER/SALNE	E		0	20	09/01/2012	12/31/9999	1	0.00
A6231	O6	'HYDROGEL DSG<=16 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6232	O6	'HYDROGEL DSG>16<=48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6233	O6	'HYDROGEL DRESSING >48 SQ IN	E		0	20	09/01/2012	12/31/9999	1	0.00
A6234	O6	HYDROCOLD DRG <=16 W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6235	O6	HYDROCOLD DRG >16<=48 W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6236	O6	HYDROCOLD DRG > 48 IN W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6237	O6	HYDROCOLD DRG <=16 IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6238	O6	HYDROCOLD DRG >16<=48 W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6239	O6	HYDROCOLD DRG > 48 IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6240	O6	HYDROCOLD DRG FILLER PASTE	E		0	20	09/01/2012	12/31/9999	1	0.00
A6241	O6	HYDROCOLLOID DRG FILLER DRY	E		0	20	09/01/2012	12/31/9999	1	0.00
A6242	O6	HYDROGEL DRG <=16 IN W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6243	O6	HYDROGEL DRG >16<=48 W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6244	O6	HYDROGEL DRG >48 IN W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6245	O6	HYDROGEL DRG <= 16 IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6246	O6	HYDROGEL DRG >16<=48 IN W/B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6247	O6	HYDROGEL DRG > 48 SQ IN W/B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6248	O6	HYDROGEL DRSG GEL FILLER	E		0	20	09/01/2012	12/31/9999	1	0.00
A6250	O6	SKIN SEAL PROTECT MOISTURIZR	E		0	999	09/01/2012	12/31/9999	1	0.00
A6251	O6	ABSORPT DRG <=16 SQ IN W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6252	O6	ABSORPT DRG >16 <=48 W/O BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6253	O6	ABSORPT DRG > 48 SQ IN W/O B	E		0	20	09/01/2012	12/31/9999	1	0.00
A6254	O6	ABSORPT DRG <=16 SQ IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6255	O6	ABSORPT DRG >16<=48 IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6256	O6	ABSORPT DRG > 48 SQ IN W/BDR	E		0	20	09/01/2012	12/31/9999	1	0.00
A6257	O6	TRANSPARENT FILM <= 16 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6258	O6	TRANSPARENT FILM >16<=48 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6259	O6	TRANSPARENT FILM > 48 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6260	O6	WOUND CLEANSER ANY TYPE/SIZE	E		0	20	09/01/2012	12/31/9999	1	0.00
A6261	O6	WOUND FILLER GEL/PASTE /OZ	E		0	20	09/01/2012	12/31/9999	1	0.00
A6262	O6	WOUND FILLER DRY FORM / GRAM	E		0	20	09/01/2012	12/31/9999	1	0.00
A6266	O6	IMPREG GAUZE NO H2O/SAL/YARD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6402	O6	STERILE GAUZE <= 16 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6403	O6	STERILE GAUZE>16 <= 48 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6404	O6	STERILE GAUZE > 48 SQ IN	E		0	999	09/01/2012	12/31/9999	1	0.00
A6407	O6	PACKING STRIPS, NON-IMPREG	E		0	20	09/01/2012	12/31/9999	1	0.00
A6410	O6	STERILE EYE PAD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6411	O6	NON-STERILE EYE PAD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6412	O6	OCCCLUSIVE EYE PATCH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6413	O6	ADHESIVE BANDAGE, FIRST-AID EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A6441	O6	PAD BAND W>=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6442	O6	CONFORM BAND N/S W<3/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6443	O6	CONFORM BAND N/S W>=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6444	O6	CONFORM BAND N/S W>=5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6445	O6	CONFORM BAND S W <3/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6446	O6	CONFORM BAND S W>=3 <5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6447	O6	CONFORM BAND S W >=5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6448	O6	LT COMPRES BAND W<3/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6449	O6	LT COMPRES BAND W>3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A6450	O6	LT COMPRES BAND >=5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6451	O6	MOD COMPRESS BAND W>=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6452	O6	HIGH COMPRES BAND W>=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6453	O6	SELF-ADHER BAND W <3/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6454	O6	SELF-ADHER BAND W>=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6455	O6	SELF-ADHER BAND W>=5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6456	O6	ZINC PASTE BAND W >=3<5/YD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6457	O6	TUBULAR DRESSING	E		0	20	09/01/2012	12/31/9999	1	0.00
A6460	O6	SYNTHETIC DRSG <= 16 SQ IN	E		0	999	01/01/2019	12/31/9999	1	0.00
A6461	O6	SYNTHETIC DRSG >16<=48 SQ IN	E		0	999	01/01/2019	12/31/9999	1	0.00
A6501	O6	COMPRES BURNGARMENT BODYSUIT	E		0	20	09/01/2012	12/31/9999	1	0.00
A6502	O6	COMPRES BURNGARMENT CHINSTRP	E		0	20	09/01/2012	12/31/9999	1	0.00
A6503	O6	COMPRES BURNGARMENT FACEHOOD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6504	O6	CMPRS BURNGARMENT GLOVE-WRIST	E		0	20	09/01/2012	12/31/9999	1	0.00
A6505	O6	CMPRS BURNGARMENT GLOVE-ELBOW	E		0	20	09/01/2012	12/31/9999	1	0.00
A6506	O6	CMPRSBURNGRMNT GLOVE-AXILLA	E		0	20	09/01/2012	12/31/9999	1	0.00
A6507	O6	CMPRS BURNGARMENT FOOT-KNEE	E		0	20	09/01/2012	12/31/9999	1	0.00
A6508	O6	CMPRS BURNGARMENT FOOT-THIGH	E		0	20	09/01/2012	12/31/9999	1	0.00
A6509	O6	COMPRES BURN GARMENT JACKET	E		0	20	09/01/2012	12/31/9999	1	0.00
A6510	O6	COMPRES BURN GARMENT LEOTARD	E		0	20	09/01/2012	12/31/9999	1	0.00
A6511	O6	COMPRES BURN GARMENT PANTY	E		0	20	09/01/2012	12/31/9999	1	0.00
A6512	O6	COMPRES BURN GARMENT, NOC	E		0	20	09/01/2012	12/31/9999	1	0.00
A6513	O6	COMPRESS BURN MASK FACE/NECK	E		0	20	09/01/2012	12/31/9999	1	0.00
A6530	O6	COMPRESSION STOCKING BK18-30	E		0	999	09/01/2012	12/31/9999	1	0.00
A6531	O6	COMPRESSION STOCKING BK30-40	E		0	999	09/01/2012	12/31/9999	1	0.00
A6532	O6	COMPRESSION STOCKING BK40-50	E		0	999	09/01/2012	12/31/9999	1	0.00
A6533	O6	GC STOCKING THIGHLNGTH 18-30	E		0	999	09/01/2012	12/31/9999	1	0.00
A6534	O6	GC STOCKING THIGHLNGTH 30-40	E		0	999	09/01/2012	12/31/9999	1	0.00
A6535	O6	GC STOCKING THIGHLNGTH 40-50	E		0	999	09/01/2012	12/31/9999	1	0.00
A6536	O6	GC STOCKING FULL LNGTH 18-30	E		0	999	09/01/2012	12/31/9999	1	0.00
A6537	O6	GC STOCKING FULL LNGTH 30-40	E		0	999	09/01/2012	12/31/9999	1	0.00
A6538	O6	GC STOCKING FULL LNGTH 40-50	E		0	999	09/01/2012	12/31/9999	1	0.00
A6539	O6	GC STOCKING WAISTLNGTH 18-30	E		0	999	09/01/2012	12/31/9999	1	0.00
A6540	O6	GC STOCKING WAISTLNGTH 30-40	E		0	999	09/01/2012	12/31/9999	1	0.00
A6541	O6	GC STOCKING WAISTLNGTH 40-50	E		0	999	09/01/2012	12/31/9999	1	0.00
A6544	O6	GC STOCKING GARTER BELT	E		0	999	09/01/2012	12/31/9999	1	0.00
A6545	O6	GRAD COMP NON-ELAS BK 30-50 MM HG	E		0	999	09/01/2012	12/31/9999	1	0.00
A6549	O6	G COMPRESSION STOCKING NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
A6550	O6	NEG PRES WOUND THER DRSG SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A7000	O6	DISPOSABLE CANISTER FOR PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7001	O6	NONDISPOSABLE PUMP CANISTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7002	O6	TUBING USED W/ SUCTION PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7003	O6	NEBULIZER ADMINISTRATION SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A7004	O6	DISPOSABLE NEBULIZER SML VOL	E		0	999	09/01/2012	12/31/9999	1	0.00
A7005	O6	NONDISPOSABLE NEBULIZER SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A7006	O6	FILTERED NEBULIZER ADMIN SET	E		0	999	09/01/2012	12/31/9999	1	0.00
A7007	O6	LG VOL NEBULIZER DISPOSABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7008	O6	DISPOSABLE NEBULIZER PREFILL	E		0	999	09/01/2012	12/31/9999	1	0.00
A7009	O6	NEBULIZER RESERVOIR BOTTLE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7010	O6	DISPOSABLE CORRUGATED TUBING	E		0	999	09/01/2012	12/31/9999	1	0.00
A7012	O6	NEBULIZER WATER COLLEC DEVIC	E		0	999	09/01/2012	12/31/9999	1	0.00
A7013	O6	DISPOSABLE COMPRESSOR FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7014	O6	COMPRESSOR NONDISPOS FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7015	O6	AEROSOL MASK USED W/ NEBULIZE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7016	O6	NEBULIZER DOME & MOUTHPIECE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7017	O6	NEBULIZER NOT USED W/ OXYGEN	E		0	999	09/01/2012	12/31/9999	1	0.00
A7018	O6	WATER DISTILLED W/NEBULIZER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7020	O6	INTERFACE, COUGH STIM DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7025	O6	REPLACE CHEST COMPRESS VEST	E		0	999	09/01/2012	12/31/9999	1	0.00
A7026	O6	REPLACE CHST CMPRSS SYS HOSE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7027	O6	COMBINATION ORAL/NASAL MASK CPAP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A7028	O6	REPL ORAL CUSHION COMBO MASK EA	E		0	999	09/01/2012	12/31/9999	1	0.00
A7029	O6	REPL NASAL PILLOW COMB MASK PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
A7030	O6	CPAP FULL FACE MASK	E		0	999	09/01/2012	12/31/9999	1	0.00
A7031	O6	REPLACEMENT FACEMASK INTERFA	E		0	999	09/01/2012	12/31/9999	1	0.00
A7032	O6	REPLACEMENT NASAL CUSHION	E		0	999	09/01/2012	12/31/9999	1	0.00
A7033	O6	REPLACEMENT NASAL PILLOWS	E		0	999	09/01/2012	12/31/9999	1	0.00
A7034	O6	NASAL APPLICATION DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7035	O6	POS AIRWAY PRESS HEADGEAR	E		0	999	09/01/2012	12/31/9999	1	0.00
A7036	O6	POS AIRWAY PRESS CHINSTRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7037	O6	POS AIRWAY PRESSURE TUBING	E		0	999	09/01/2012	12/31/9999	1	0.00
A7038	O6	POS AIRWAY PRESSURE FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7039	O6	FILTER, NON DISPOSABLE W PAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7040	O6	ONE WAY CHEST DRAIN VALVE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7041	O6	WATER SEAL DRAIN CONTAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7044	O6	PAP ORAL INTERFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7045	O6	REPL EXHALATION PORT FOR PAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7046	O6	REPL WATER CHAMBER, PAP DEV	E		0	999	09/01/2012	12/31/9999	1	0.00
A7047	O6	RESP SUCTION ORAL INTERFACE	E		0	999	01/01/2014	12/31/9999	1	0.00
A7048	O6	VAC DRAIN COLL UNIT EA	E		0	20	01/01/2015	12/31/9999	10	0.00
A7501	O6	TRACHEOSTOMA VALVE W/ DIAPHRA	E		0	999	09/01/2012	12/31/9999	1	0.00
A7502	O6	REPLACEMENT DIAPHRAGM/FPLATE	E		0	999	09/01/2012	12/31/9999	1	0.00
A7503	O6	HMES FILTER HOLDER OR CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A7504	O6	TRACHEOSTOMA HMES FILTER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7505	O6	HMES OR TRACH VALVE HOUSING	E		0	999	09/01/2012	12/31/9999	1	0.00
A7506	O6	HMES/TRACHVALVE ADHESIVEDISK	E		0	999	09/01/2012	12/31/9999	1	0.00
A7507	O6	INTEGRATED FILTER & HOLDER	E		0	999	09/01/2012	12/31/9999	1	0.00
A7508	O6	HOUSING & INTEGRATED ADHESIV	E		0	999	09/01/2012	12/31/9999	1	0.00
A7509	O6	HEAT & MOISTURE EXCHANGE SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A7520	O6	TRACH/LARYN TUBE NON-CUFFED	E		0	999	09/01/2012	12/31/9999	1	0.00
A7521	O6	TRACH/LARYN TUBE CUFFED	E		0	999	09/01/2012	12/31/9999	1	0.00
A7522	O6	TRACH/LARYN TUBE STAINLESS	E		0	999	09/01/2012	12/31/9999	1	0.00
A7523	O6	TRACHEOSTOMY SHOWER PROTECT	E		0	999	09/01/2012	12/31/9999	1	0.00
A7524	O6	TRACHEOSTOMA STENT/STUD/BTTN	E		0	999	09/01/2012	12/31/9999	1	0.00
A7525	O6	TRACHEOSTOMY MASK	E		0	999	09/01/2012	12/31/9999	1	0.00
A7526	O6	TRACHEOSTOMY TUBE COLLAR	E		0	999	09/01/2012	12/31/9999	1	0.00
A7527	O6	TRACH/LARYN TUBE PLUG/STOP	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A8000	O6	Soft protect helmet prefab	E		0	20	09/01/2012	12/31/9999	1	0.00
A8001	O6	Hard protect helmet prefab	E		0	20	09/01/2012	12/31/9999	1	0.00
A8002	O6	Soft protect helmet custom	E		0	20	09/01/2012	12/31/9999	1	0.00
A8003	O6	Hard protect helmet custom	E		0	20	09/01/2012	12/31/9999	1	0.00
A8004	O6	Repl soft interface, helmet	E		0	20	09/01/2012	12/31/9999	1	0.00
A9150	O6	NON-PRESCRIPTION DRUGS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9152	O6	SINGLE VITAMIN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9153	O6	MULTI-VITAMIN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9155	O6	ARTIFICIAL SALIVA 30 ML	E		0	999	09/01/2012	12/31/9999	1	0.00
A9180	O6	LICE TREATMENT, TOPICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
A9270	O6	NON-COVERED ITEM OR SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A9272	O6	DISP WOUND SUCT, DRSG/ACCESS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9273	O6	HOT/COLD H2OBOT/CAP/COL/WRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
A9274	O6	EXT AMB INSULIN DEL SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9275	O6	DISP HOME GLUCOSE MONITOR	E		0	999	09/01/2012	12/31/9999	1	0.00
A9276	O6	DISPOSABLE SENSOR, CGM SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9277	O6	EXTERNAL TRANSMITTER, CGM	E		0	999	09/01/2012	12/31/9999	1	0.00
A9278	O6	EXTERNAL RECEIVER, CGM SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
A9279	O6	Monitoring feature/deviceNOC	E		0	999	09/01/2012	12/31/9999	1	0.00
A9280	O6	ALERT DEVICE, NOC	E		0	999	09/01/2012	12/31/9999	1	0.00
A9281	O6	REACHING/GRABBING DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A9282	O6	WIG ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
A9283	O6	FOOT PRESS OFF LOAD SUPP DEV	E		0	999	09/01/2012	12/31/9999	1	0.00
A9284	O1	NON-ELECTRONIC SPIROMETER + ACC	N		0	999	09/01/2012	12/31/9999	1	0.00
A9285	O6	INVERSION EVERSION COR DEVIC	E		0	999	01/01/2017	12/31/9999	1	0.00
A9286	O6	ANY HYGIENIC ITEM/DEVICE	E		0	999	01/01/2017	12/31/9999	1	0.00
A9291	O6	PRES DIGITAL BEHAV THERA FDA	E		0	999	04/01/2022	12/31/9999	1	0.00
A9300	O6	EXERCISE EQUIPMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
A9500	O1	TC99M SESTAMIBI PER STUDY DOSE	N		18	999	01/01/2015	12/31/9999	3	0.00
A9501	O1	TECHNETIUM TC-99M TEBOROXIME PER DOSE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9502	O1	TC99M TETROFOSMIN	N		18	999	01/01/2015	12/31/9999	3	0.00
A9503	O1	TC99M MEDRONATE	N		18	999	09/01/2012	12/31/9999	1	0.00
A9504	O6	TC99M APCITIDE	E		0	999	07/01/2014	12/31/9999	1	0.00
A9505	O1	TL201 THALLIUM	N		18	999	01/01/2015	12/31/9999	4	0.00
A9507	O1	IN111 CAPROMAB	N		18	999	09/01/2012	12/31/9999	1	0.00
A9508	O6	I131 IODOBENGUATE, DX	E		0	999	07/01/2014	12/31/9999	1	0.00
A9509	O6	IODINE I-123 SOD IODIDE MIL	E		0	999	07/01/2014	12/31/9999	1	0.00
A9510	O1	TC99M DISOFENIN	N		18	999	09/01/2012	12/31/9999	1	0.00
A9512	O1	TC99M PERTECHNETATE	N		0	999	01/01/2015	12/31/9999	10	0.00
A9513	O1	LUTETIUM LU 177 DOTATAT THER	G	Y	18	999	07/01/2021	12/31/9999	200	266.59
A9515	O1	CHOLINE C-11	N		18	999	07/01/2019	12/31/9999	1	0.00
A9516	O1	IODINE I-123 SOD IODIDE MIC	N		18	999	09/01/2012	12/31/9999	4	0.00
A9517	O1	I131 IODIDE CAP, RX	K		0	999	07/01/2021	12/31/9999	200	20.12
A9520	O1	TECHNETIUM TC-99M TILMANOCEPT,DIAG UP TO	N		18	999	07/01/2016	12/31/9999	1	0.00
A9521	O1	TC99M EXAMETAZIME	N		18	999	09/01/2012	12/31/9999	1	0.00
A9524	O1	I131 SERUM ALBUMIN, DX	N		18	999	09/01/2012	12/31/9999	1	0.00
A9526	O1	NITROGEN N-13 AMMONIA	N		0	999	09/01/2012	12/31/9999	1	0.00
A9527	O1	Iodine I-125 sodium iodide	U		0	999	07/01/2021	12/31/9999	195	20.89
A9528	O1	IODINE I-131 IODIDE CAP, DX	N		18	999	09/01/2012	12/31/9999	1	0.00
A9529	O1	I131 IODIDE SOL, DX	N		0	999	09/01/2012	12/31/9999	1	0.00
A9530	O1	ODINE I-131 SODIUM IODIDE SOLUTION	K		0	999	07/01/2021	12/31/9999	200	13.34
A9531	O1	I131 MAX 100UCI	N		0	999	09/01/2012	12/31/9999	1	0.00
A9532	O1	I125 SERUM ALBUMIN, DX	N		0	999	09/01/2012	12/31/9999	1	0.00
A9536	O6	TC99M DEPREOTIDE	E		0	999	07/01/2014	12/31/9999	1	0.00
A9537	O1	TC99M MEBROFENIN	N		0	999	09/01/2012	12/31/9999	1	0.00
A9538	O1	TC99M PYROPHOSPHATE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9539	O6	TC99M PENTETATE	E		0	999	07/01/2014	12/31/9999	1	0.00
A9540	O6	TC99M MAA	E		0	999	07/01/2014	12/31/9999	1	0.00
A9541	O1	TC99M SULFUR COLLOID	N		0	999	09/01/2012	12/31/9999	1	0.00
A9542	O1	IN111 IBRITUMOMAB, DX	N		0	999	09/01/2012	12/31/9999	1	0.00
A9543	O1	Y90 IBRITUMOMAB, RX	K		0	999	07/01/2021	12/31/9999	1	58,910.18
A9546	O1	CO57/58	N		0	999	09/01/2012	12/31/9999	1	0.00
A9547	O1	IN111 OXYQUINOLINE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9548	O1	IN111 PENTETATE	N		18	999	09/01/2012	12/31/9999	1	0.00
A9550	O1	TC99M GLUCEPTATE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9551	O1	TC99M SUCCIMER	N		0	999	09/01/2012	12/31/9999	1	0.00
A9552	O1	F18 FDG	N		0	999	09/01/2012	12/31/9999	1	0.00
A9553	O6	CR51 CHROMATE	E		0	999	07/01/2014	12/31/9999	1	0.00
A9554	O1	I125 IOTHALAMATE, DX	N		0	999	09/01/2012	12/31/9999	1	0.00
A9555	O1	RB82 RUBIDIUM	N		0	999	01/01/2016	12/31/9999	2	0.00
A9556	O1	GA67 GALLIUM	N		18	999	01/01/2015	12/31/9999	10	0.00
A9557	O1	TC99M BICISATE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9558	O1	XE133 XENON 10MCI	N		18	999	01/01/2015	12/31/9999	2	0.00
A9559	O1	CO57 CYANO	N		0	999	09/01/2012	12/31/9999	1	0.00
A9560	O1	TC99M LABELED RBC	N		18	999	09/01/2012	12/31/9999	1	0.00
A9561	O1	TC99M OXIDRONATE	N		18	999	09/01/2012	12/31/9999	1	0.00
A9562	O1	TC99M MERTIATIDE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9563	O1	P32 NA PHOSPHATE	K		0	999	07/01/2021	12/31/9999	10	458.34
A9564	O1	P32 CHROMIC PHOSPHATE	B		0	999	07/01/2020	12/31/9999	20	71.14
A9566	O1	TC99M FANOLESOMAB	N		0	999	09/01/2012	12/31/9999	1	0.00
A9567	O1	TECHNETIUM TC-99M AEROSOL	N		0	999	09/01/2012	12/31/9999	1	0.00
A9568	O1	Technetium tc99m arcitumomab	N		0	999	09/01/2012	12/31/9999	1	0.00
A9569	O1	TECHNETIUM TC-99M AUTO WBC PER DOSE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9570	O1	INDIUM IN-111 AUTO WBC PER DOSE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9571	O1	INDIUM IN-111 AUTO PLATELET PER DOSE	N		0	999	09/01/2012	12/31/9999	1	0.00
A9572	O1	INDIUM IN-111 PENTETREOTIDE UP TO 6 MILL	N		0	999	09/01/2012	12/31/9999	1	0.00
A9575	O1	GADOTERATE MEGLIUMINE INJ 0.1 ML	N		2	999	01/01/2014	12/31/9999	32	0.00
A9576	O1	INJ PROHANCE MULTIPACK PER ML	N		0	999	07/01/2020	12/31/9999	100	0.00
A9577	O1	INJ MULTHANCE PER ML	N		0	999	07/01/2020	12/31/9999	50	0.00
A9578	O1	INJ MULTHANCE MULTIPACK PER ML	N		0	999	07/01/2020	12/31/9999	50	0.00
A9579	O1	GAD-BASE MR CONTRAST NOS,1ML PER ML	N		0	999	07/01/2020	12/31/9999	100	0.00
A9580	O1	SODIUM FLUORIDE F-18 PER STUDY	N		0	999	09/01/2012	12/31/9999	1	0.00
A9581	O1	GADOXETATE DISODIUM INJ 1 ML	N		0	999	09/01/2012	12/31/9999	14	0.00
A9582	O1	IODINE I-123 IOBENGUANE 15 MILL	N		0	999	09/01/2012	12/31/9999	1	0.00
A9583	O1	GADOFOSVESET TRISODIUM 1 ML	N		0	999	09/01/2012	12/31/9999	17	0.00
A9584	O1	IODINE I-123 IOFLUPANE DIAG PER STUDY DO	N		21	999	07/01/2020	12/31/9999	1	0.00
A9585	O1	GADOBUTROL INJ, 0.1 ML	N		2	999	04/01/2017	12/31/9999	300	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A9586	O6	FLORBETAPIR F18, UP TO 10 MILLICURIES	E		18	999	01/01/2013	12/31/9999	1	0.00
A9587	O1	GALLIUM GA-68	N		0	999	07/01/2020	12/31/9999	1	0.00
A9588	O1	FLUCICLOVINE F-18 1MC	N		18	999	07/01/2020	12/31/9999	10	0.00
A9589	O6	INSTI HEXAMINOLEVULINATE HCL	E		0	999	01/01/2019	12/31/9999	1	0.00
A9590	O6	IODINE I-131 IOBENGUANE 1MCI	E		12	999	01/01/2020	12/31/9999	1	0.00
A9591	O1	FLUOROESTRADIOL F 18	G		18	999	01/01/2021	12/31/9999	6	0.75
A9592	O1	COPPER CU 64 DOTATATE DIAG	G		18	999	04/01/2021	12/31/9999	4	917.96
A9593	O1	GALLIUM GA-68 PSMA-11 UCSF	N		0	999	07/01/2021	12/31/9999	6	0.00
A9594	O1	GALLIUM GA-68 PSMA-11, UCLA	N		0	999	07/01/2021	12/31/9999	6	0.00
A9595	O1	PIFLU F-18, DIA 1 MILLICURIE	G		18	999	01/01/2022	12/31/9999	10	526.44
A9597	O6	PET RADIOPHRM TUMOR NOS	E		0	999	01/01/2017	12/31/9999	1	0.00
A9598	O6	PET RADIOPHRM NON-TUMOR NOS	E		0	999	01/01/2017	12/31/9999	1	0.00
A9600	O1	SR89 STRONTIUM	K		0	999	07/01/2021	12/31/9999	7	3,975.00
A9604	O1	SM 153 LEXIDRONAM	K		0	999	07/01/2021	12/31/9999	1	17,089.61
A9606	O1	RADIUM RA223 DICHLORIDE THER	K		18	999	07/01/2021	12/31/9999	224	143.39
A9698	O1	NON-RAD CONTRAST MATERIALNOC	N		0	999	09/01/2012	12/31/9999	1	0.00
A9699	O1	RADIOPHARM RX AGENT NOC	N		0	999	09/01/2012	12/31/9999	1	0.00
A9700	O6	ECHOCARDIOGRAPHY CONTRAST	E		0	999	09/01/2012	12/31/9999	1	0.00
A9900	O6	SUPPLY/ACCESSORY/SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
A9901	O6	DELIVERY/SET UP/DISPENSING	E		0	999	09/01/2012	12/31/9999	1	0.00
A9999	O6	DME SUPPLY OR ACCESSORY, NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
B4034	O6	ENTER FEED SUPKIT SYR BY DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
B4035	O6	ENTERAL FEED SUPP PUMP PER D	E		0	999	09/01/2012	12/31/9999	1	0.00
B4036	O6	ENTERAL FEED SUP KIT GRAV BY	E		0	999	09/01/2012	12/31/9999	1	0.00
B4081	O6	NASOGASTRIC TUBING WITH STYLET	E		0	999	09/01/2012	12/31/9999	1	0.00
B4082	O6	NG TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
B4083	O6	LEVINE TUBES	E		0	999	09/01/2012	12/31/9999	1	0.00
B4087	O6	GASTRO/JEJUNO TUBE, STD EA	E		0	999	09/01/2012	12/31/9999	1	0.00
B4088	O6	GASTRO/JEJUNO TUBE, LOW-PRO EA	E		0	999	09/01/2012	12/31/9999	1	0.00
B4100	O6	FOOD THICKENER ORAL	E		0	999	09/01/2012	12/31/9999	1	0.00
B4102	O6	EF ADULT FLUIDS AND ELECTRO	E		0	999	09/01/2012	12/31/9999	1	0.00
B4103	O6	EF PED FLUID AND ELECTROLYTE	E		0	999	09/01/2012	12/31/9999	1	0.00
B4104	O6	ADDITIVE FOR ENTERAL FORMULA	E		0	999	09/01/2012	12/31/9999	1	0.00
B4105	O6	ENZYME CARTRIDGE ENTERAL NUT	E		0	999	01/01/2019	12/31/9999	1	0.00
B4149	O6	EF BLENDERIZED FOODS	E		0	999	09/01/2012	12/31/9999	1	0.00
B4150	O6	EF COMPLETE W/INTACT NUTRIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
B4152	O6	EF CALORIE DENSE>/=1.5KCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
B4153	O6	EF HYDROLYZED/AMINO ACIDS	E		0	999	09/01/2012	12/31/9999	1	0.00
B4154	O6	EF SPEC METABOLIC NONINHERIT	E		0	999	09/01/2012	12/31/9999	1	0.00
B4155	O6	EF INCOMPLETE/MODULAR	E		0	999	09/01/2012	12/31/9999	1	0.00
B4157	O6	EF SPECIAL METABOLIC INHERIT	E		0	999	09/01/2012	12/31/9999	1	0.00
B4158	O6	EF PED COMPLETE INTACT NUT	E		0	999	09/01/2012	12/31/9999	1	0.00
B4159	O6	EF PED COMPLETE SOY BASED	E		0	999	09/01/2012	12/31/9999	1	0.00
B4160	O6	EF PED CALORIC DENSE>/=0.7KC	E		0	999	09/01/2012	12/31/9999	1	0.00
B4161	O6	EF PED HYDROLYZED/AMINO ACID	E		0	999	09/01/2012	12/31/9999	1	0.00
B4162	O6	EF PED SPECMETABOLIC INHERIT	E		0	999	09/01/2012	12/31/9999	1	0.00
B4164	O6	PARENTERAL NUTRITION SOLUTION;	E		0	999	09/01/2012	12/31/9999	1	0.00
B4168	O6	PARENTERAL NUTRITION SOLUTION;	E		0	999	09/01/2012	12/31/9999	1	0.00
B4172	O6	PARENTERAL NUTRITION SOLUTION;	E		0	999	09/01/2012	12/31/9999	1	0.00
B4176	O6	PARENTERAL NUTRITION SOLUTION;	E		0	999	09/01/2012	12/31/9999	1	0.00
B4178	O6	PARENTAL NUTRITION SOLUTION :	E		0	999	09/01/2012	12/31/9999	1	0.00
B4180	O6	PARENTERAL NUTRITION SOLUTION;	E		0	999	09/01/2012	12/31/9999	1	0.00
B4185	O6	PN SOLN NOS 10 GRAMS LIPIDS	E		0	999	09/01/2012	12/31/9999	1	0.00
B4187	O6	OMEGAVEN, 10 GRAMS LIPIDS	E		0	999	01/01/2020	12/31/9999	1	0.00
B4189	O6	PARENTERAL NUTRITION SOLUTION	E		0	999	09/01/2012	12/31/9999	1	0.00
B4193	O6	PARENTERAL NUTRITION SOLUTION	E		0	999	09/01/2012	12/31/9999	1	0.00
B4197	O6	PARENTERAL NUTRITION SOLUTION	E		0	999	09/01/2012	12/31/9999	1	0.00
B4199	O6	PARENTERAL NUTRITION SOLUTION	E		0	999	09/01/2012	12/31/9999	1	0.00
B4216	O6	PARENTERAL NUTRITION; ADDITIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
B4220	O6	PARENTERAL NUTRITION SUPPLY KI	E		0	999	09/01/2012	12/31/9999	1	0.00
B4222	O6	PARENTERAL NUTRITION SUPPLY KI	E		0	999	09/01/2012	12/31/9999	1	0.00
B4224	O6	PARENTERAL NUTRITION ADMINISTR	E		0	999	09/01/2012	12/31/9999	1	0.00
B5000	O6	PARENTERAL NUTRI SOL RENAL	E		0	999	09/01/2012	12/31/9999	1	0.00
B5100	O6	PARENTERAL NUTRI SOL HEPATIC	E		0	999	09/01/2012	12/31/9999	1	0.00
B5200	O6	PARENTERAL NUTRI SOL STRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
B9002	O6	ENTER NUTR INF PUMP ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
B9004	O6	PARENTERAL INFUS PUMP PORTAB	E		0	999	09/01/2012	12/31/9999	1	0.00
B9006	O6	PARENTERAL INFUS PUMP STATIO	E		0	999	09/01/2012	12/31/9999	1	0.00
B9998	O6	NOC FOR EXTERNAL SUPPLIES	E		0	999	09/01/2012	12/31/9999	1	0.00
B9999	O6	NOC FOR PARENTERAL SUPPLIES	E		0	999	09/01/2012	12/31/9999	1	0.00
C1052	O6	HEMOSTATIC AGENT, GI, TOPIC	E		0	999	01/01/2021	12/31/9999	1	0.00
C1062	O6	INTRAVERTEBRAL FX AUG IMPL	E		0	999	01/01/2021	12/31/9999	1	0.00
C1713	O1	ANCHOR/SCREW BN/BN,TIS/BN	N		0	999	09/01/2012	12/31/9999	1	0.00
C1714	O1	CATH, TRANS ATHERECTOMY, DIR	N		0	999	09/01/2012	12/31/9999	1	0.00
C1715	O1	BRACHYTHERAPY NEEDLE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1716	O1	BRACHYTX SOURCE, GOLD 198	U		0	999	07/01/2021	12/31/9999	4	225.38
C1717	O1	BRACHYTX SOURCE, HDR IR-192	U		0	999	07/01/2021	12/31/9999	10	261.59
C1719	O1	BRACHYTX SOUR,NON-HDR IR-192	U		0	999	07/01/2021	12/31/9999	99	220.75
C1721	O1	AICD, DUAL CHAMBER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1722	O1	AICD, SINGLE CHAMBER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1724	O1	CATH, TRANS ATHEREC,ROTATION	N		0	999	09/01/2012	12/31/9999	1	0.00
C1725	O1	CATH, TRANSLUMIN NON-LASER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1726	O1	CATH, BAL DIL, NON-VASCULAR	N		0	999	09/01/2012	12/31/9999	1	0.00
C1727	O1	CATH, BAL TIS DIS, NON-VAS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1728	O1	CATH, BRACHYTX SEED ADM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1729	O1	CATH, DRAINAGE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1730	O1	CATH, EP, 19 OR FEW ELECT	N		0	999	09/01/2012	12/31/9999	1	0.00
C1731	O1	CATH, EP, 20 OR MORE ELEC	N		0	999	09/01/2012	12/31/9999	1	0.00
C1732	O1	CATH, EP, DIAG/ABL, 3D/VECT	N		0	999	09/01/2012	12/31/9999	1	0.00
C1733	O1	CATH, EP, OTHER THAN COOL-TIP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1734	O6	ORTH/DEVIC/DRUG BN/BN,TIS/BN	E		0	999	01/01/2020	12/31/9999	1	0.00
C1748	O6	ENDOSCOPE, SINGLE, UGI	E		0	999	07/01/2020	12/31/9999	1	0.00
C1749	O6	ENDO COLON RETRO IMAGING	E		0	999	09/01/2012	12/31/9999	1	0.00
C1750	O1	CATH, HEMODIALYSIS, LONG-TERM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1751	O1	CATH, INF, PER/CENT/MIDLINE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1752	O1	CATH,HEMODIALYSIS,SHORT-TERM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1753	O1	CATH, INTRAVAS ULTRASOUND	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
C1754	01	CATHETER, INTRADISCAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1755	01	CATHETER, INTRASPINAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1756	01	CATH, PACING, TRANSESOPH	N		0	999	09/01/2012	12/31/9999	1	0.00
C1757	01	CATH, THROMBECTOMY/EMBOLECT	N		0	999	09/01/2012	12/31/9999	1	0.00
C1758	01	CATHETER, URETERAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1759	01	CATH, INTRA ECHOCARDIOGRAPHY	N		0	999	09/01/2012	12/31/9999	1	0.00
C1760	01	CLOSURE DEV, VASC	N		0	999	09/01/2012	12/31/9999	1	0.00
C1761	06	CATH, TRANS INTRA LITHO/CORO	E		0	999	07/01/2021	12/31/9999	1	0.00
C1762	01	CONN TISS, HUMAN(INC FASCIA)	N		0	999	09/01/2012	12/31/9999	1	0.00
C1763	01	CONN TISS, NON-HUMAN	N		0	999	09/01/2012	12/31/9999	1	0.00
C1764	01	EVENT RECORDER, CARDIAC	N		0	999	09/01/2012	12/31/9999	1	0.00
C1765	01	ADHESION BARRIER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1766	01	INTRO/SHEATH,STRBLE,NON-PEEL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1767	01	GENERATOR NEURO NON-RECHARGE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1768	01	GRAFT, VASCULAR	N		0	999	09/01/2012	12/31/9999	1	0.00
C1769	01	GUIDE WIRE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1770	01	IMAGING COIL, MR, INSERTABLE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1771	01	REP DEV, URINARY, W/SLING	N		0	999	09/01/2012	12/31/9999	1	0.00
C1772	01	INFUSION PUMP, PROGRAMMABLE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1773	01	RET DEV, INSERTABLE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1776	01	JOINT DEVICE (IMPLANTABLE)	N		0	999	09/01/2012	12/31/9999	1	0.00
C1777	01	LEAD, AICD, ENDO SINGLE COIL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1778	01	LEAD, NEUROSTIMULATOR	N		0	999	09/01/2012	12/31/9999	1	0.00
C1779	01	LEAD, PMKR, TRANSVENOUS VDD	N		0	999	09/01/2012	12/31/9999	1	0.00
C1780	01	LENS, INTRAOCULAR (NEW TECH)	N		0	999	09/01/2012	12/31/9999	1	0.00
C1781	01	MESH (IMPLANTABLE)	N		0	999	09/01/2012	12/31/9999	1	0.00
C1782	01	MORCELLATOR	N		0	999	09/01/2012	12/31/9999	1	0.00
C1783	01	OCULAR IMP, AQUEOUS DRAIN DE	N		0	999	09/01/2012	12/31/9999	1	0.00
C1784	01	OCULAR DEV, INTRAOP, DET RET	N		0	999	09/01/2012	12/31/9999	1	0.00
C1785	01	PMKR, DUAL, RATE-RESP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1786	01	PMKR, SINGLE, RATE-RESP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1787	01	PATIENT PROGR, NEUROSTIM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1788	01	PORT, INDWELLING, IMP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1789	01	PROSTHESIS, BREAST, IMP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1813	06	PROSTHESIS, PENILE, INFLATAB	E		0	999	09/01/2012	12/31/9999	1	0.00
C1814	01	RETINAL TAMPONADE DEVICE, SI	N		0	999	09/01/2012	12/31/9999	1	0.00
C1815	01	PROS, URINARY SPH, IMP	N		0	999	09/01/2012	12/31/9999	1	0.00
C1816	01	RECEIVER/TRANSMITTER, NEURO	N		0	999	09/01/2012	12/31/9999	1	0.00
C1817	01	SEPTAL DEFECT IMP SYS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1818	01	INTEGRATED KERATOPROSTHESIS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1819	01	TISSUE LOCALIZATION-EXCISION DEV	N		0	999	09/01/2012	12/31/9999	1	0.00
C1820	01	GEN, NEURO, NON-HF RECHG BAT	N		0	999	09/01/2012	12/31/9999	1	0.00
C1821	01	Interspinous implant	N		0	999	09/01/2012	12/31/9999	1	0.00
C1822	06	GEN, NEURO, HF, RECHG BAT	E		0	999	01/01/2016	12/31/9999	1	0.00
C1823	06	GEN, NEURO, TRANS SEN/STIM	E		0	999	01/01/2019	12/31/9999	1	0.00
C1824	06	GENERATOR, CCM, IMPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
C1825	06	GEN, NEURO, CAROT SINUS BARO	E		0	999	01/01/2021	12/31/9999	1	0.00
C1830	06	POWER BONE MARROW BX NEEDLE	E		0	999	09/01/2012	12/31/9999	1	0.00
C1831	06	PERSONALIZED INTERBODY CAGE	E		0	999	10/01/2021	12/31/9999	1	0.00
C1832	06	AUTO CELL PROCESS SYS	E		0	999	01/01/2022	12/31/9999	1	0.00
C1833	06	CARDIAC MONITOR SYS	E		0	999	01/01/2022	12/31/9999	1	0.00
C1839	06	IRIS PROSTHESIS	E		0	999	01/01/2020	12/31/9999	1	0.00
C1840	06	TELESCOPIC INTRAOCULAR LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
C1841	06	RETINAL PROSTH INT/EXT COMP	E		0	999	10/01/2013	12/31/9999	1	0.00
C1842	06	RETINAL PROSTH ALL COMP ADD-ON C1841	E		0	999	01/01/2017	12/31/9999	1	0.00
C1849	06	SKIN SUBSTITUTE, SYNTHETIC	E		0	999	07/01/2020	12/31/9999	1	0.00
C1874	01	STENT, COATED/COV W/DEL SYS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1875	01	STENT, COATED/COV W/O DEL SY	N		0	999	09/01/2012	12/31/9999	1	0.00
C1876	01	STENT, NON-COA/NON-COV W/DEL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1877	01	STENT, NON-COAT/COV W/O DEL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1878	01	MATRL FOR VOCAL CORD	N		0	999	09/01/2012	12/31/9999	1	0.00
C1880	01	VENA CAVA FILTER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1881	01	DIALYSIS ACCESS SYSTEM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1882	01	AICD, OTHER THAN SING/DUAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1883	01	ADAPT/EXT, PACING/NEURO LEAD	N		0	999	09/01/2012	12/31/9999	1	0.00
C1884	01	EMBOLIZATION PROTECT SYS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1885	01	CATH, TRANSLUMIN ANGIO LASER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1886	06	CATHETER, EXTRAVASC TISSUE ABLATION, ANY	E		0	999	09/01/2012	12/31/9999	1	0.00
C1887	01	CATHETER, GUIDING	N		0	999	09/01/2012	12/31/9999	1	0.00
C1888	01	ENDOVAS NON-CARDIAC ABL CATH	N		0	999	09/01/2012	12/31/9999	1	0.00
C1889	06	IMPL/INSERT DEV INTEN PROC NOS	E		0	999	01/01/2017	12/31/9999	1	0.00
C1890	06	NO DEVICE W/DEV-INTENSIVE PX	E		0	999	01/01/2019	12/31/9999	1	0.00
C1891	01	INFUSION PUMP,NON-PROG, PERM	N		0	999	09/01/2012	12/31/9999	1	0.00
C1892	01	INTRO/SHEATH,FIXED,PEEL-AWAY	N		0	999	09/01/2012	12/31/9999	1	0.00
C1893	01	INTRO/SHEATH, FIXED,NON-PEEL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1894	01	INTRO/SHEATH, NON-LASER	N		0	999	09/01/2012	12/31/9999	1	0.00
C1895	01	LEAD, AICD, ENDO DUAL COIL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1896	01	LEAD, AICD, NON SING/DUAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C1897	01	LEAD, NEUROSTIM TEST KIT	N		0	999	09/01/2012	12/31/9999	1	0.00
C1898	01	LEAD, PMKR, OTHER THAN TRANS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1899	01	LEAD, PMKR/AICD COMBINATION	N		0	999	09/01/2012	12/31/9999	1	0.00
C1900	01	LEAD, CORONARY VENOUS	N		0	999	09/01/2012	12/31/9999	1	0.00
C1982	06	CATH, PRESSURE,VALVE-OCCLU	E		0	999	01/01/2020	12/31/9999	1	0.00
C2596	06	PROBE, ROBOTIC, WATER-JET	E		0	999	01/01/2020	12/31/9999	1	0.00
C2613	06	LUNG BX PLUG W/DEL SYS	E		0	999	07/01/2015	12/31/9999	1	0.00
C2614	01	PROBE, PERC LUMB DISC	N		0	999	09/01/2012	12/31/9999	1	0.00
C2615	01	SEALANT, PULMONARY, LIQUID	N		0	999	09/01/2012	12/31/9999	1	0.00
C2616	01	BRACHYTX SOURCE, YTTRIUM-90	U		0	999	07/01/2021	12/31/9999	1	13,597.96
C2617	01	STENT, NON-COR, TEM W/O DEL	N		0	999	09/01/2012	12/31/9999	1	0.00
C2618	01	PROBE, CRYOABLATION	N		0	999	09/01/2012	12/31/9999	1	0.00
C2619	01	PMKR, DUAL, NON RATE-RESP	N		0	999	09/01/2012	12/31/9999	1	0.00
C2620	01	PMKR, SINGLE, NON RATE-RESP	N		0	999	09/01/2012	12/31/9999	1	0.00
C2621	01	PMKR, OTHER THAN SING/DUAL	N		0	999	09/01/2012	12/31/9999	1	0.00
C2622	06	PROSTHESIS, PENILE, NON-INF	E		0	999	09/01/2012	12/31/9999	1	0.00
C2623	01	CATH TRANSLUMIN DRUG-COAT	N		0	999	04/01/2015	12/31/9999	1	0.00
C2624	01	IMPLANT WIRELESS PULMON ARTERY SENSOR	N		0	999	01/01/2015	12/31/9999	1	0.00
C2625	01	STENT, NON-COR, TEM W/DEL SY	N		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
C2626	01	INFUSION PUMP, NON-PROG,TEMP	N		0	999	09/01/2012	12/31/9999	1	0.00
C2627	01	CATH, SUPRAPUBLIC/CYSTOSCOPIC	N		0	999	09/01/2012	12/31/9999	1	0.00
C2628	01	CATHETER, OCCLUSION	N		0	999	09/01/2012	12/31/9999	1	0.00
C2629	01	INTRO/ SHEATH, LASER	N		0	999	09/01/2012	12/31/9999	1	0.00
C2630	01	CATH, EP, COOL-TIP	N		0	999	09/01/2012	12/31/9999	1	0.00
C2631	01	REP DEV, URINARY, W/O SLING	N		0	999	09/01/2012	12/31/9999	1	0.00
C2634	01	BRACHYTX SOURCE, HA, I-125	U		0	999	07/01/2021	12/31/9999	24	115.75
C2635	01	BRACHYTX SOURCE, HA, P-103	U		0	999	07/01/2021	12/31/9999	124	35.60
C2636	01	BRACHYTX LINEAR SOURCE, P-103	U		0	999	07/01/2021	12/31/9999	690	24.55
C2637	06	BRACHYTX, YTTERBIUM-169	E		0	999	09/01/2012	12/31/9999	1	0.00
C2638	01	BRCHTHRPY STRANDED IODINE-125	U		0	999	07/01/2021	12/31/9999	150	29.23
C2639	01	BRCHTHRPY NON-STRANDED IODINE-125	U		0	999	07/01/2021	12/31/9999	150	26.66
C2640	01	BRCHTHRPY STRANDED PALLADIUM-103	U		0	999	07/01/2021	12/31/9999	150	68.58
C2641	01	BRCHTHRPY NON-STRANDED PALLADIUM-130	U		0	999	07/01/2021	12/31/9999	150	54.32
C2642	01	BRCHTHRPY STRANDED CESIUM-131	U		0	999	07/01/2021	12/31/9999	150	56.17
C2643	01	BRCHTHRPY NON-STRANDED CESIUM-131	U		0	999	07/01/2021	12/31/9999	150	62.80
C2644	01	BRACHYTX CESIUM-131	U		0	999	07/01/2020	12/31/9999	500	86.48
C2645	01	BRACHYTX PLANAR, P-103	U		18	999	07/01/2021	12/31/9999	4608	3.66
C2698	01	BRCHTHRPY STRANDED NOS	U		0	999	07/01/2021	12/31/9999	1	29.23
C2699	01	BRCHYTHRPY NON-STRANDED NOS	U		0	999	07/01/2021	12/31/9999	1	24.55
C5271	06	APPL SKIN SUB TRUNK 1-25 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5272	06	APPL SKIN SUB TRUNK EA ADDL 25 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5273	06	APPL SKIN SUB TRUNK 100+ SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5274	06	APPL SKIN SUB TRUNK EA ADDL 100 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5275	06	APPL SKIN SUB FACE 1-25 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5276	06	APPL SKIN SUB FACE EA ADDL 25 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5277	06	APPL SKIN SUB FACE 100+ SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C5278	06	APPL SKIN SUB FACE EA ADDL 100 SQ CM	E		0	999	01/01/2014	12/31/9999	1	0.00
C8900	06	MRA W/CONT, ABD	E		0	999	09/01/2012	12/31/9999	1	0.00
C8901	06	MRA W/O CONT, ABD	E		0	999	09/01/2012	12/31/9999	1	0.00
C8902	06	MRA W/O FOL W/CONT, ABD	E		0	999	09/01/2012	12/31/9999	1	0.00
C8903	06	MRI W/CONT, BREAST, UNI	E		0	999	09/01/2012	12/31/9999	1	0.00
C8905	06	MRI W/O FOL W/CONT, BRST, UN	E		0	999	09/01/2012	12/31/9999	1	0.00
C8906	06	MRI W/CONT, BREAST, BI	E		0	999	09/01/2012	12/31/9999	1	0.00
C8908	06	MRI W/O FOL W/CONT, BREAST,	E		0	999	09/01/2012	12/31/9999	1	0.00
C8909	06	MRA W/CONT, CHEST	E		0	999	09/01/2012	12/31/9999	1	0.00
C8910	06	MRA W/O CONT, CHEST	E		0	999	09/01/2012	12/31/9999	1	0.00
C8911	06	MRA W/O FOL W/CONT, CHEST	E		0	999	09/01/2012	12/31/9999	1	0.00
C8912	06	MRA W/CONT, LWR EXT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8913	06	MRA W/O CONT, LWR EXT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8914	06	MRA W/O FOL W/CONT, LWR EXT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8918	06	MRA W/CONT, PELVIS	E		0	999	09/01/2012	12/31/9999	1	0.00
C8919	06	MRA W/O CONT, PELVIS	E		0	999	09/01/2012	12/31/9999	1	0.00
C8920	06	MRA W/O FOL W/CONT, PELVIS	E		0	999	09/01/2012	12/31/9999	1	0.00
C8921	06	COMP TRANSTHO ECHO W/CONTR	E		0	999	09/01/2012	12/31/9999	1	0.00
C8922	06	TTE W OR W/O FOL W/CONT, F/U	E		0	999	09/01/2012	12/31/9999	1	0.00
C8923	06	TRANSTHOR ECG CONTRST W/O COLOR DOP	E		0	999	09/01/2012	12/31/9999	1	0.00
C8924	06	TRANSTHOR ECG CONTRST LIMITED	E		0	999	09/01/2012	12/31/9999	1	0.00
C8925	06	2D TEE W/CONTRAST, INT/REPT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8926	06	CONG TEE W/CONTR, INT/REPT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8927	06	TEE W/CONTRAST; MONITOR	E		0	999	09/01/2012	12/31/9999	1	0.00
C8928	06	TRANSTHOR ECG AT REST OR STRESSED	E		0	999	09/01/2012	12/31/9999	1	0.00
C8929	06	TTE W OR WO FOL WCON,DOPPLER	E		0	999	09/01/2012	12/31/9999	1	0.00
C8930	06	TTE W OR W/O CONTR, CONT ECG	E		0	999	09/01/2012	12/31/9999	1	0.00
C8931	06	MRA W/CONTR SPINE/CONTENTS	E		0	999	09/01/2012	12/31/9999	1	0.00
C8932	06	MRA W/O CONTR SPINE/CONTENTS	E		0	999	09/01/2012	12/31/9999	1	0.00
C8933	06	MRA W/O CONTR-W/CONTR SPINE	E		0	999	09/01/2012	12/31/9999	1	0.00
C8934	06	MRA W/CONTR UPPER EXTR	E		0	999	09/01/2012	12/31/9999	1	0.00
C8935	06	MRA W/O CONTR UPPER EXTR	E		0	999	09/01/2012	12/31/9999	1	0.00
C8936	06	MRA W/O CONTR-W/CONTR UPR EXT	E		0	999	09/01/2012	12/31/9999	1	0.00
C8937	06	CAD BREAST MRI	E		0	999	01/01/2019	12/31/9999	1	0.00
C8957	06	PROLONGED IV INF REQ PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
C9046	01	COCAINE HCL NASAL SOLUTION, 1MG	G		0	999	07/01/2021	12/31/9999	160	1.26
C9047	01	INJECTION, CAPLACIZUMAB-YHDP	G		18	999	07/01/2021	12/31/9999	22	691.29
C9067	06	GALLIUM GA-68 DOTATOC	E		0	999	10/01/2020	12/31/9999	540	0.00
C9084	07	LONCASTUXIMAB-LPYL, 0.1 MG	D		18	999	04/01/2022	12/31/9999	1	0.00
C9085	07	INJ AVALGLUCOSID ALFA-NGPT	D		1	999	04/01/2022	12/31/9999	1	0.00
C9086	07	INJ, ANIFROLUMAB-FNIA	D		18	999	04/01/2022	12/31/9999	1	0.00
C9087	07	INJ CYCLOPHOSPHAMD AUROMEDIC	D		0	999	04/01/2022	12/31/9999	1	0.00
C9088	01	INSTILL, BUPIVAC AND MELOXIC	N		18	999	01/01/2022	12/31/9999	400	0.00
C9089	01	BUPIVACAINE IMPLANT, 1 MG	N		18	999	01/01/2022	12/31/9999	300	0.00
C9090	01	PLASMINOGEN, HUMAN-TVMH 1 MG	G		0	999	04/01/2022	12/31/9999	1050	31.80
C9091	01	SIROLIMUS, PROTEIN-BOUND,1MG	G		0	999	04/01/2022	12/31/9999	300	101.58
C9092	01	INJ., XUPIRE, 1 MG	G		0	999	04/01/2022	12/31/9999	4	42.49
C9093	01	INJ., SUSVIMO, 0.1 MG	G		0	999	04/01/2022	12/31/9999	20	82.40
C9113	01	INJ PANTOPRAZOLE SODIUM, VIA	N		0	999	09/01/2012	12/31/9999	1	0.00
C9248	06	INJ, CLEVIDIPINE BUTYRATE 1 MG	E		0	999	09/01/2012	12/31/9999	1	0.00
C9250	06	ARTISS FIBRIN SEALANT	E		0	999	09/01/2012	12/31/9999	1	0.00
C9254	06	INJECTION, LACOSAMIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
C9257	06	BEVACIZUMAB INJECTION	E		0	999	09/01/2012	12/31/9999	1	0.00
C9285	06	PATCH, LIDOCAINE/TETRACAINE	E		0	999	09/01/2012	12/31/9999	1	0.00
C9290	06	BUPIVACAINE LIPOSOME INJ	E		0	999	07/01/2013	12/31/9999	1	0.00
C9293	06	INJ, GLUCARPIDASE, 10 UNITS	E		0	999	07/01/2013	12/31/9999	1	0.00
C9352	01	NEURAGEN NERVE GUIDE, PER CM	N		0	999	09/01/2012	12/31/9999	1	0.00
C9353	01	NEURAWRAP NERVE PROTECTOR,CM	N		0	999	09/01/2012	12/31/9999	1	0.00
C9354	01	ACELL PERICARD TISS NONHUMAN VERITAS PER	N		0	999	09/01/2012	12/31/9999	1	0.00
C9355	01	COLLAGEN NERVE CUFF NEUROMATRIX PER .5 C	N		0	999	09/01/2012	12/31/9999	1	0.00
C9356	01	TENOGLIDE TENDON PROCT, CM2	N		0	999	09/01/2012	12/31/9999	1	0.00
C9358	06	SURGIMEND, 0.5CM2	E		0	999	09/01/2012	12/31/9999	1	0.00
C9359	01	IMPLANT, BONE VOID FILLER	N		0	999	09/01/2012	12/31/9999	1	0.00
C9360	06	SURGIMEND, NEONATAL	E		0	999	09/01/2012	12/31/9999	1	0.00
C9361	01	NEUROMEND NERVE WRAP	N		0	999	09/01/2012	12/31/9999	1	0.00
C9362	01	IMPLNT,BON VOID FILLER-STRIP	N		0	999	09/01/2012	12/31/9999	1	0.00
C9363	06	INTEGRA MESHED BIL WOUND MAT	E		0	999	09/01/2012	12/31/9999	1	0.00
C9364	01	PORCINE IMPLANT, PERMACOL	N		0	999	09/01/2012	12/31/9999	1	0.00
C9399	05	UNCLASSIFIED DRUGS OR BIOLOGICALS	A		0	999	01/01/2015	12/31/9999	9999	0.00
C9460	01	INJECTION, CANGRELOR	K		18	999	07/01/2021	12/31/9999	100	15.46

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
C9462	O1	DELAFOXACIN INJ 1 MG	G		18	999	07/01/2021	12/31/9999	600	0.29
C9482	O1	SOTALOL HYDROCHLORIDE IV 1 MG	K		2	999	07/01/2021	12/31/9999	300	16.00
C9488	O1	CONIVAPTAN HCL INJ, 1MG	K		18	999	07/01/2021	12/31/9999	40	36.17
C9507	O1	COVID-19 CONVALESCENT PLASMA	S		0	999	12/28/2021	12/31/9999	1	750.50
C9600	O6	PERC DRUG-EL COR STENT SING	E		0	999	07/01/2013	12/31/9999	1	0.00
C9601	O6	PERC DRUG-EL COR STENT BRAN	E		0	999	07/01/2013	12/31/9999	1	0.00
C9602	O6	PERC DRUG-EL COR STENT ATHER S	E		0	999	07/01/2013	12/31/9999	1	0.00
C9603	O6	PERC D-E COR STENT ATHER BR	E		0	999	07/01/2013	12/31/9999	1	0.00
C9604	O6	PERC D-E COR REVASC CABG S	E		0	999	07/01/2013	12/31/9999	1	0.00
C9605	O6	PERC D-E COR REVASC CABG B	E		0	999	07/01/2013	12/31/9999	1	0.00
C9606	O6	PERC D-E COR REVASC T CABG B, SINGLE VES	E		0	999	07/01/2013	12/31/9999	1	0.00
C9607	O6	PERC D-E COR REVASC CHRO SIN, SINGLE VES	E		0	999	07/01/2013	12/31/9999	1	0.00
C9608	O6	PERCD-E COR REVASC CHRO ADD	E		0	999	07/01/2013	12/31/9999	1	0.00
C9725	O6	PLACE ENDORECTAL APP	E		0	999	09/01/2012	12/31/9999	1	0.00
C9726	O6	RXT BREAST APPL PLACE/REMOV	E		0	999	09/01/2012	12/31/9999	1	0.00
C9727	O6	NSERT PALATE IMPLANTS	E		0	999	09/01/2012	12/31/9999	1	0.00
C9728	O6	PLACE DEVICE/MARKER, NON PRO	E		0	999	09/01/2012	12/31/9999	1	0.00
C9733	O6	NON-OPHTHALMIC F/A	E		0	999	07/01/2013	12/31/9999	1	0.00
C9734	O6	U/S TRTMT NOT LEIOMYOMATA	E		0	999	04/01/2013	12/31/9999	1	0.00
C9738	O6	BLUE LIGHT CYSTO IMAG AGENT	E		0	999	01/01/2018	12/31/9999	1	0.00
C9739	O6	CYCSTOSCOPY PROSTATIC IMP 1-3	E		0	999	04/01/2014	12/31/9999	1	0.00
C9740	O6	CYCSTO IMPL 4 OR MORE	E		0	999	04/01/2014	12/31/9999	1	0.00
C9751	O6	MICROWAVE BRONCH, 3D, EBUS	E		0	999	01/01/2019	12/31/9999	1	0.00
C9756	O1	FLUORESCENCE LYMPH MAP W/ICG	N		0	999	07/01/2019	12/31/9999	1	0.00
C9757	O6	SPINE/LUMBAR DISK SURGERY	E		0	999	01/01/2020	12/31/9999	1	0.00
C9758	O6	BLIND INTERATRIAL SHUNT IDE	E		0	999	01/01/2020	12/31/9999	1	0.00
C9759	O6	TRANSATH INTRAOP MICROINF	E		0	999	07/01/2020	12/31/9999	1	0.00
C9760	O6	NON-BLIND INTERATRIAL SHUNT	E		0	999	07/01/2020	12/31/9999	1	0.00
C9761	O6	CYSTO, LITHO, VACUUM KIDNEY	E		0	999	10/01/2020	12/31/9999	1	0.00
C9762	O6	CARDIAC MRI SEG DYS STRAIN	E		0	999	07/01/2020	12/31/9999	1	0.00
C9763	O6	CARDIAC MRI SEG DYS STRESS	E		0	999	07/01/2020	12/31/9999	1	0.00
C9764	O6	REVASC INTRAVASC LITHOTRIPSY	E		0	999	07/01/2020	12/31/9999	1	0.00
C9765	O6	REVASC INTRA LITHOTRIP-STENT	E		0	999	07/01/2020	12/31/9999	1	0.00
C9766	O6	REVASC INTRA LITHOTRIP-ATHER	E		0	999	07/01/2020	12/31/9999	1	0.00
C9767	O6	REVASC LITHOTRIP-STENT-ATHER	E		0	999	07/01/2020	12/31/9999	1	0.00
C9768	O6	ENDO US-GUIDE HEP PORTO GRAD	E		0	999	10/01/2020	12/31/9999	1	0.00
C9769	O6	CYSTO W/TEMP PROS IMPLANT	E		0	999	10/01/2020	12/31/9999	1	0.00
C9770	O6	VITREC/MECH PARS, SUBRET INJ	E		0	999	01/01/2021	12/31/9999	1	0.00
C9771	O6	NSL/SINS CRVO POST NASAL TIS	E		0	999	01/01/2021	12/31/9999	1	0.00
C9772	O6	REVASC LITHOTRIP TIBI/PERONE	E		0	999	01/01/2021	12/31/9999	1	0.00
C9773	O6	REVASC LITHOTR-STENT TIB/PER	E		0	999	01/01/2021	12/31/9999	1	0.00
C9774	O6	REVASC LITHOTR-ATHER TIB/PER	E		0	999	01/01/2021	12/31/9999	1	0.00
C9775	O6	REVASC LITH-STEN-ATH TIB/PER	E		0	999	01/01/2021	12/31/9999	1	0.00
C9776	O6	FLUO BILE DUCT IMAGING W/ICG	E		0	999	04/01/2021	12/31/9999	1	0.00
C9777	O6	ESOPHAG MUCOSAL INTEG ADD-ON	E		0	999	04/01/2021	12/31/9999	1	0.00
C9778	O6	COLPOPEXY, MIN/INV, EX-PERIT	E		0	999	07/01/2021	12/31/9999	1	0.00
C9779	O6	ESD ENDOSCOPY OR COLONOSCOPY	E		0	999	10/01/2021	12/31/9999	1	0.00
C9780	O6	INSERT CV CATH INF & SUP APP	E		0	999	10/01/2021	12/31/9999	1	0.00
C9781	O6	ARTHRO/SHOUL SURG; W/SPACER	E		0	999	04/01/2022	12/31/9999	1	0.00
C9782	O6	BLIND MYOCAR TRPL BON MARROW	E		0	999	04/01/2022	12/31/9999	1	0.00
C9783	O6	BLIND COR SINUS REDUCER IMPL	E		0	999	04/01/2022	12/31/9999	1	0.00
C9803	O1	HOSP OUTPT SPEC COLL (SARS-COV-2) , ANY	S		0	999	07/01/2021	12/31/9999	1	19.28
C9898	O1	INPUT STAY RADIOLABELED ITEM	N		0	999	09/01/2012	12/31/9999	1	0.00
C9899	O6	INPT IMPLANT PROS DEV,NO COV	E		0	999	09/01/2012	12/31/9999	1	0.00
D0120	O6	PERIODIC ORAL EXAM ESTABLISHED PATIENT	E		0	20	09/01/2012	12/31/9999	1	0.00
D0140	O6	LIMIT ORAL EVAL PROBLM FOCUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0145	O6	ORAL EVAL <3 YRS	E		0	2	09/01/2012	12/31/9999	1	0.00
D0150	O6	COMPREHENSIVE ORAL EVALUATION	E		0	20	09/01/2012	12/31/9999	1	0.00
D0160	O6	EXTENSV ORAL EVAL PROB FOCUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0170	O6	RE-EVAL,EST PT,PROBLEM FOCUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0171	O6	RE-EVAL POST -OP VISIT	E		0	999	01/01/2015	12/31/9999	1	0.00
D0180	O6	COMP PERIODONTAL EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
D0190	O6	SCREENING OF A PATIENT	E		0	999	01/01/2013	12/31/9999	1	0.00
D0191	O6	ASSESSMENT OF A PATIENT	E		0	999	01/01/2013	12/31/9999	1	0.00
D0210	O6	INTRAORAL COMPLT SERIES IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0220	O6	INTRAORAL/PERIAPICAL 1ST IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0230	O6	INTRAORAL/PERIAPICAL EA ADDL IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0240	O6	INTRAORAL/OCCUSAL IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0250	O6	EXTRA-ORAL 2D PROJ IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0251	O6	EXTRA-ORAL POSTERIOR IMAGE	E		0	999	01/01/2016	12/31/9999	1	0.00
D0270	O1	BITEWING-SNGL IMAGE	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D0272	O1	BITEWINGS 2 IMAGES	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D0273	O6	BITEWINGS 3 IMAGES	E		0	999	09/01/2012	12/31/9999	1	0.00
D0274	O1	BITEWINGS 4 IMAGES	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D0277	O6	VERTI BITEWINGS 7-8 IMAGES	E		0	999	09/01/2012	12/31/9999	1	0.00
D0310	O6	SIALOGRAPHY	E		0	999	09/01/2012	12/31/9999	1	0.00
D0320	O6	TEMP/MANDIB JNT ARTHRGRM, INCL INJ	E		0	999	09/01/2012	12/31/9999	1	0.00
D0321	O6	OTH TEMPOROMANDIB JNT IMAGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0322	O6	TOMOGRAPHIC SURVEY	E		0	999	09/01/2012	12/31/9999	1	0.00
D0330	O1	PANORAMIC IMAGE	MT		0	999	07/01/2021	12/31/9999	1	57.25
D0340	O6	2D CELPHALOMETRIC IMAGE	E		0	20	03/01/2019	12/31/9999	1	0.00
D0350	O1	2D ORAL/FACIAL PHOTO	MT		0	20	07/01/2021	12/31/9999	1	30.79
D0351	O6	3D PHOTO IMAGE	E		0	20	01/01/2015	12/31/9999	1	0.00
D0364	O6	CONE BEAM CT<1WHOLE JAW+INTERP LMTD VIEW	E		0	999	01/01/2013	12/31/9999	1	0.00
D0365	O6	CONE BEAM CT MANDIBL+INT FULL VIEW	E		0	999	01/01/2013	12/31/9999	1	0.00
D0366	O6	CONE BEAM CT-MAXILLA, W/ OR W/OUT CRANIU	E		0	999	01/01/2013	12/31/9999	1	0.00
D0367	O6	CONE BEAM CT BOTH JAWS W/ OR W/OUT CRANI	E		0	999	01/01/2013	12/31/9999	1	0.00
D0368	O6	CONE BEAM CT TMJ 2 OR MORE EXPOSURES+IN	E		0	999	01/01/2013	12/31/9999	1	0.00
D0369	O6	MAXILOFACIAL MRI+INTERP	E		0	999	01/01/2013	12/31/9999	1	0.00
D0370	O6	MAXILOFACIAL ULTRASOUND+INTERP	E		0	999	01/01/2013	12/31/9999	1	0.00
D0371	O6	SIALOENDOSCOPY+INTERP	E		0	999	01/01/2013	12/31/9999	1	0.00
D0380	O6	CONE BEAM CT LMTD VIEW <1 WHOLE JAW IMG	E		0	999	01/01/2013	12/31/9999	1	0.00
D0381	O6	CONE BEAM CT W/ VIEW OF 1 FULL DENTAL MA	E		0	999	01/01/2013	12/31/9999	1	0.00
D0382	O6	CONE BEAM CT ONE FULL ARCH-MAXILLA W/ OR	E		0	999	01/01/2013	12/31/9999	1	0.00
D0383	O6	CONE BEAM CT BOTH JAWS, W/OR W/OUT CRAMI	E		0	999	01/01/2013	12/31/9999	1	0.00
D0384	O6	CONE BEAM CT IMAGE ONLY TMJ 2 OR MORE E	E		0	999	01/01/2013	12/31/9999	1	0.00
D0385	O6	MAXILOFACIAL MRI IMAGE ONLY	E		0	999	01/01/2013	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0386	O6	MAXILLOFACIAL ULTRASOUND IMAGE ONLY	E		0	999	01/01/2013	12/31/9999	1	0.00
D0391	O6	INTERP OF IMG BY PRAC NOT ASSOC W/ CAPT	E		0	999	01/01/2013	12/31/9999	1	0.00
D0393	O6	TRTMENT SIMULATION USING 3D IMAGE	E		0	999	01/01/2014	12/31/9999	1	0.00
D0394	O6	DGTL SUBTRACT OF TEO OR MORE IMGS	E		0	999	01/01/2014	12/31/9999	1	0.00
D0395	O6	FUSIN OF2/MRE 3D IMG VLM OF1/MRE MDLTIS	E		0	999	01/01/2014	12/31/9999	1	0.00
D0411	O6	HBA1C IN-OFFICE POS TESTING	E		0	999	03/01/2019	12/31/9999	1	0.00
D0412	O6	BLOOD GLUCOSE TEST	E		0	999	01/01/2019	12/31/9999	1	0.00
D0414	O6	LAB MICRO INCL CULTURE STUDY PREP & RPT	E		0	999	01/01/2017	12/31/9999	1	0.00
D0415	O6	COLLECTION OF MICROORGANISMS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0416	O6	VIRAL CULTURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0417	O6	COLL / PREP SALIVA DIAG TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
D0418	O6	ANALYSIS SALIVA SAMPLE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0419	O6	ASSESS OF SALIVARY FLOW	E		0	999	01/01/2020	12/31/9999	1	0.00
D0422	O6	COLL/PREP GENETIC SAMPLE	E		0	999	01/01/2016	12/31/9999	1	0.00
D0423	O6	GENETIC TEST - SPECIMEN ANALYSIS	E		0	999	01/01/2016	12/31/9999	1	0.00
D0425	O6	CARIES SUSCEPTIBILITY TESTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0431	O6	DIAG TST DETECT MUCOS ABNORM	E		0	999	09/01/2012	12/31/9999	1	0.00
D0460	O6	PULP VITALITY TESTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0470	O6	DIAGNOSTIC CASTS	E		0	20	03/01/2019	12/31/9999	1	0.00
D0472	O6	GROSS EXAM, PREP & REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D0473	O6	MICRO EXAM, PREP & REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D0474	O6	MICRO W EXAM OF SURG MARGINS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0475	O6	DECALCIFICATION PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0476	O6	SPEC STAINS FOR MICROORGANIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0477	O6	SPEC STAINS NOT FOR MICROORG	E		0	999	09/01/2012	12/31/9999	1	0.00
D0478	O6	IMMUNOHISTOCHEMICAL STAINS	E		0	999	09/01/2012	12/31/9999	1	0.00
D0479	O6	TISSUE IN-SITUHYBRIDIZATION	E		0	999	09/01/2012	12/31/9999	1	0.00
D0480	O6	ACC EXFOL CYT SMEARS MICRO EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
D0481	O6	ELECTRON MICROSCOPY DIAGNOST	E		0	999	09/01/2012	12/31/9999	1	0.00
D0482	O6	DIRECT IMMUNOFLUORESCENCE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0483	O6	INDIRECT IMMUNOFLUORESCENCE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0484	O6	CONSULT SLIDES PREP ELSEWHERE	E		0	999	09/01/2012	12/31/9999	1	0.00
D0485	O6	CONSULT INC PRE OF SLIDES	E		0	999	09/01/2012	12/31/9999	1	0.00
D0486	O6	ACC TRANSEPIHELIAL CYTLGY	E		0	999	09/01/2012	12/31/9999	1	0.00
D0502	O6	OTHR ORAL PATH PROCED, BY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D0600	O6	DIAG REC CHG ENAM DENTIN CEMENTUM	E		0	999	01/01/2017	12/31/9999	1	0.00
D0601	O6	CARIES RSK ASSESS/DOC W/FINDINGS LOW RSK	E		0	999	01/01/2014	12/31/9999	1	0.00
D0602	O6	CARIES RSK ASSESS/DOC W/FINDINGS MOD RSK	E		0	999	01/01/2014	12/31/9999	1	0.00
D0603	O6	CARIES RSK ASSESS/DOC W/FNDGS HIGH RSK	E		0	999	01/01/2014	12/31/9999	1	0.00
D0604	O6	ANTIGEN TEST PUB HLTH PATHOG	E		0	999	01/01/2021	12/31/9999	1	0.00
D0605	O6	ANTIBODY TEST PUB HLTH PATH	E		0	999	01/01/2021	12/31/9999	1	0.00
D0606	O6	MOLECULAR TEST PUB HLTH PATH	E		0	999	03/16/2021	12/31/9999	1	0.00
D0701	O6	PANO RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0702	O6	2D CEPHAL RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0703	O6	2D ORAL/FACIAL PHOTO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0704	O6	3D PHOTO IMAGE CAPTURE ONLY	E		0	999	01/01/2021	12/31/9999	1	0.00
D0705	O6	EXTRA ORAL POST RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0706	O6	INTRAORAL OCCLUS RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0707	O6	INTRAORAL PERIAP RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0708	O6	INTRAORAL BITE RADIO IMAGE	E		0	999	01/01/2021	12/31/9999	1	0.00
D0709	O6	INTRAORAL CMPLT RADIO IMAGES	E		0	999	01/01/2021	12/31/9999	1	0.00
D0999	O6	UNSPECIFIED DIAGNOSTIC PROCED	E		0	999	09/01/2012	12/31/9999	1	0.00
D1110	O6	PROPHYLAXIS, ADULTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D1120	O1	PROPHYLAXIS, CHILDREN	MT		0	20	07/01/2021	12/31/9999	1	31.62
D1206	O1	TOPICAL APPL/FLUORIDE VARNISH	MT		0	20	07/01/2021	12/31/9999	1	26.30
D1208	O1	TOPICAL APPL OF FLUORIDE	MT		0	20	07/01/2021	12/31/9999	1	17.54
D1310	O6	NUTRITIONAL COUNSELING FOR THE	E		0	999	09/01/2012	12/31/9999	1	0.00
D1320	O6	TOBACCO COUNSELING	E		0	999	09/01/2012	12/31/9999	1	0.00
D1321	O6	COUNS FOR HIGH RISK SUB USE	E		0	999	01/01/2021	12/31/9999	1	0.00
D1330	O6	ORAL HYGIENE INSTRUCTION	E		0	999	09/01/2012	12/31/9999	1	0.00
D1351	O1	SEALANT PER TOOTH	MT		0	20	07/01/2021	12/31/9999	1	29.81
D1352	O6	RESIN RESTORE PERM TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D1353	O6	SEALANT REPAIR	E		0	20	01/01/2015	12/31/9999	1	0.00
D1354	O6	INT CARIES MED APP PER TOOTH	E		0	999	01/01/2016	12/31/9999	1	0.00
D1355	O6	CARIES MED APP PER TOOTH	E		0	999	01/01/2021	12/31/9999	1	0.00
D1510	O1	SPACE MAINTAINER FXD UNILAT	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1516	O1	SPACE MAINT FIXED BILAT MAX	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1517	O1	SPACE MAINT FIXED BILAT MAND	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1520	O1	REMOVE UNILAT SPACE MAINTAIN	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1526	O1	SPACE MAINT FIXED BILAT MAX	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1527	O1	SPACE MAINT FIXED BILAT MAND	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D1551	O6	RECEMENT/REBOND BL SPACE MAINT-MAXILLARY	E		0	20	01/01/2020	12/31/9999	1	0.00
D1552	O6	RECEMENT/REBOND BL SPACE MAINT-MANDIBULA	E		0	20	01/01/2020	12/31/9999	1	0.00
D1553	O6	RECEMENT/REBOND UL SPACE MAINTAINER- PER	E		0	20	01/01/2020	12/31/9999	1	0.00
D1556	O6	R/O FIXED UL SPACE MAINTAIN-PER QUAD	E		0	20	01/01/2020	12/31/9999	1	0.00
D1557	O6	R/O FIXED BL SPACE MAINT-MAXILLARY	E		0	20	01/01/2020	12/31/9999	1	0.00
D1558	O6	R/O FIXED BL SPACE MAINT-MANDIBULAR	E		0	20	01/01/2020	12/31/9999	1	0.00
D1575	O6	DIST SPACE MAINT, FIXED UNIL	E		0	999	01/01/2017	12/31/9999	1	0.00
D1701	O6	PFIZER VACC ADMIN 1ST DOSE	E		0	999	03/16/2021	12/31/9999	1	0.00
D1702	O6	PFIZER VACC ADMIN 2ND DO	E		0	999	03/16/2021	12/31/9999	1	0.00
D1703	O6	MODERNA VACC ADMIN 1ST DOSE	E		0	999	03/16/2021	12/31/9999	1	0.00
D1704	O6	MODERNA VACC ADMIN 2ND DOSE	E		0	999	03/16/2021	12/31/9999	1	0.00
D1705	O6	ASTRAZENECA VACC ADM 1ST DOS	E		0	999	03/16/2021	12/31/9999	1	0.00
D1706	O6	ASTRAZENECA VACC ADM 2ND DOS	E		0	999	03/16/2021	12/31/9999	1	0.00
D1707	O6	JANSEN VACCINE ADMIN	E		0	999	03/16/2021	12/31/9999	1	0.00
D1999	O6	UNSPEC PREV PROCEDURE	E		0	999	01/01/2014	12/31/9999	1	0.00
D2140	O1	AMALGAM ONE SURFACE PERMANEN	MT		0	20	03/01/2019	12/31/9999	1	69.58
D2150	O1	AMALGAM TWO SURFACES PERMANE	MT		0	20	03/01/2019	12/31/9999	1	90.05
D2160	O1	AMALGAM THREE SURFACES PERMA	MT		0	20	03/01/2019	12/31/9999	1	108.87
D2161	O1	AMALGAM 4 OR > SURFACES PERM	MT		0	20	03/01/2019	12/31/9999	1	132.61
D2330	O1	RESIN-ONE SURFACE, ANTERIOR	MT		0	20	03/01/2019	12/31/9999	1	72.89
D2331	O1	RESIN-TWO SURFACES, ANTERIOR	MT		0	20	03/01/2019	12/31/9999	1	93.03
D2332	O1	RESIN-THREE SURFACES, ANTERIOR	MT		0	20	03/01/2019	12/31/9999	1	113.85
D2335	O1	RESIN-FOUR OR MORE SURFACES ON	MT		0	20	03/01/2019	12/31/9999	1	134.68
D2390	O1	ANT RESIN-BASED CMPST CROWN	MT		0	20	03/01/2019	12/31/9999	1	149.26
D2391	O1	POST 1 SRFC RESINBASED CMPST	MT		0	20	03/01/2019	12/31/9999	1	85.39
D2392	O1	POST 2 SRFC RESINBASED CMPST	MT		0	20	03/01/2019	12/31/9999	1	111.17

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D2393	O1	POST 3 SRFC RESINBASED CMPST	MT		0	20	03/01/2019	12/31/9999	1	138.85
D2394	O1	POST >=4SRFC RESINBASE CMPST	MT		0	20	03/01/2019	12/31/9999	1	170.09
D2410	O6	GOLD FOIL - ONE SURFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2420	O6	GOLD FOIL - TWO SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2430	O6	GOLD FOIL - THREE SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2510	O6	INLAY - GOLD, ONE SURFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2520	O6	INLAY - GOLD, TWO SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2530	O6	INLAY - GOLD, THREE SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2542	O6	DENTAL ONLAY METALLIC 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D2543	O6	DENTAL ONLAY METALLIC 3 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D2544	O6	DENTAL ONLAY METL 4/MORE SUR	E		0	999	09/01/2012	12/31/9999	1	0.00
D2610	O6	INLAY - PORCELAIN	E		0	999	09/01/2012	12/31/9999	1	0.00
D2620	O6	INLAY - PORCELAIN/CERAMIC-TWO SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2630	O6	INLAY - PORCELAIN/CERAMIC-THREE SURFACES	E		0	999	09/01/2012	12/31/9999	1	0.00
D2642	O6	DENTAL ONLAY PORCELIN 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D2643	O6	DENTAL ONLAY PORCELIN 3 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D2644	O6	DENTAL ONLAY PORC 4/MORE SUR	E		0	999	09/01/2012	12/31/9999	1	0.00
D2650	O6	INLAY COMPOSITE/RESIN ONE SU	E		0	999	09/01/2012	12/31/9999	1	0.00
D2651	O6	INLAY COMPOSITE/RESIN TWO SU	E		0	999	09/01/2012	12/31/9999	1	0.00
D2652	O6	DENTAL INLAY RESIN 3/MRE SUR	E		0	999	09/01/2012	12/31/9999	1	0.00
D2662	O6	DENTAL ONLAY RESIN 2 SURFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2663	O6	DENTAL ONLAY RESIN 3 SURFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2664	O6	DENTAL ONLAY RESIN 4/MRE SUR	E		0	999	09/01/2012	12/31/9999	1	0.00
D2710	O6	CROWN RESIN BSD COMP (INDIRECT)	E		0	999	09/01/2012	12/31/9999	1	0.00
D2712	O6	CROWN 3/4 RESIN-BASED COMPOS	E		0	999	09/01/2012	12/31/9999	1	0.00
D2720	O6	PLASTIC WITH GOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
D2721	O6	PLASTIC WITH NONPRECIOUS META	E		0	999	09/01/2012	12/31/9999	1	0.00
D2722	O6	PLASTIC WITH SEMIPRECIOUS MET	E		0	999	09/01/2012	12/31/9999	1	0.00
D2740	O6	CROWN-PROC/CER-SUBSTRATE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2750	O1	PORCELAIN WITH GOLD	MT		0	20	03/01/2019	12/31/9999	1	549.74
D2751	O6	CROWN-PROCELAIN FUSED TO PREDO	E		0	20	03/01/2019	12/31/9999	1	0.00
D2752	O6	PORCELAIN WITH SEMIPRECIOUS M	E		0	20	03/01/2019	12/31/9999	1	0.00
D2753	O6	CROWN-PORC FUSED TO TITANIUM AND TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D2780	O6	CROWN 3/4 CAST HI NOBLE MET	E		0	999	09/01/2012	12/31/9999	1	0.00
D2781	O6	CROWN 3/4 CAST BASE METAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D2782	O6	CROWN 3/4 CAST NOBLE METAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D2783	O6	CROWN 3/4 PORCELAIN/CERAMIC	E		0	999	09/01/2012	12/31/9999	1	0.00
D2790	O6	GOLD (FULL CAST)	E		0	999	09/01/2012	12/31/9999	1	0.00
D2791	O6	NONPRECIOUS METAL (FULL CAST)	E		0	999	09/01/2012	12/31/9999	1	0.00
D2792	O6	SEMIPRECIOUS METAL (FULL CAS	E		0	999	09/01/2012	12/31/9999	1	0.00
D2794	O6	CROWN-TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D2799	O6	INTERIM CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D2910	O6	RECEMENT INLAY ONLAY OR PART	E		0	999	09/01/2012	12/31/9999	1	0.00
D2915	O6	RECEMENT CAST OR PREFAB POST	E		0	999	09/01/2012	12/31/9999	1	0.00
D2920	O6	RECEMENT CROWNS	E		0	999	09/01/2012	12/31/9999	1	0.00
D2921	O6	REATTACH TOOTH FRAG INCISAL EDGE/CUSP	E		0	999	01/01/2014	12/31/9999	1	0.00
D2928	O6	PREFAB PORC/CER CROWN PERM	E		0	999	01/01/2021	12/31/9999	1	0.00
D2929	O6	PREFAB PORCELAIN/CERAMIC CROWN-PRIMARY T	E		0	999	01/01/2013	12/31/9999	1	0.00
D2930	O1	PREFABRICATED STAINLESS STEEL	MT		0	20	03/01/2019	12/31/9999	1	134.79
D2931	O1	PREFABRICATED STAINLESS STEEL	MT		0	20	03/01/2019	12/31/9999	1	152.40
D2932	O6	PREFABRICATED RESIN CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D2933	O1	PREFABRICATED STAINLESS STEEL	MT		0	20	03/01/2019	12/31/9999	1	186.27
D2934	O1	PREFAB STEEL CROWN PRIMARY	MT		0	20	03/01/2019	12/31/9999	1	186.27
D2940	O1	PROTECTIVE RESTORATION	MT		0	20	03/01/2019	12/31/9999	1	51.48
D2941	O6	INTERIM THERAP RESTORA-PRIM DENITITION	E		0	999	01/01/2014	12/31/9999	1	0.00
D2949	O6	RESTOR FOUNDATION/INDIRECT RESTOR	E		0	999	01/01/2014	12/31/9999	1	0.00
D2950	O6	CORE BUILDUP INCL PINS	E		0	999	09/01/2012	12/31/9999	1	0.00
D2951	O6	PIN RETENTION - PER TOOTH IN A	E		0	20	09/01/2012	12/31/9999	1	0.00
D2952	O6	POST & CORE IN ADD CROWN INDIR FAB	E		0	20	03/01/2019	12/31/9999	1	0.00
D2953	O6	CROWN EA ADD FAB POST - SAME TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D2954	O6	PREFAB POST AND CORE IN ADD TO CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D2955	O6	POST REMOVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D2957	O6	EACH ADDTNL PREFAB POST	E		0	999	09/01/2012	12/31/9999	1	0.00
D2960	O6	LABIAL VENEER RESIN DIRECT	E		0	999	09/01/2012	12/31/9999	1	0.00
D2961	O6	LABIAL VENEER RESIN INDIRECT	E		0	999	09/01/2012	12/31/9999	1	0.00
D2962	O6	LABIAL VENEER PORC INDIRECT	E		0	999	09/01/2012	12/31/9999	1	0.00
D2971	O6	ADD PROC CONSTRUCT NEW CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D2975	O6	COPING	E		0	999	09/01/2012	12/31/9999	1	0.00
D2980	O6	CROWN REPAIR MATERIAL FAILURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D2981	O6	INLAY REPAIR - MATERIAL FAILURE	E		0	999	01/01/2013	12/31/9999	1	0.00
D2982	O6	ONLAY REPAIR MATERIAL FAILURE	E		0	999	01/01/2013	12/31/9999	1	0.00
D2983	O6	VENEER REPAIR MATERIAL FAILURE	E		0	999	01/01/2013	12/31/9999	1	0.00
D2990	O6	RESIN INFILTRATE OF INCIPIENT LOSION	E		0	999	01/01/2013	12/31/9999	1	0.00
D2999	O1	UNSPECIFIED RESTORATIVE PROCED	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D3110	O6	PULP CAP - DIRECT (EXCLUDING	E		0	999	09/01/2012	12/31/9999	1	0.00
D3120	O6	PULP CAP (INDIRECT)	E		0	999	09/01/2012	12/31/9999	1	0.00
D3220	O1	THERAPEUTIC PULPOTOMY	MT		0	20	03/01/2019	12/31/9999	1	97.28
D3221	O6	GROSS PULPAL DEBRIDEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D3222	O6	PART PULPOTOMY APEXOGENESIS	E		0	20	03/01/2019	12/31/9999	1	0.00
D3230	O6	PULPAL THERAPY ANTERIOR PRIM	E		0	999	09/01/2012	12/31/9999	1	0.00
D3240	O6	PULPAL THERAPY POSTERIOR PRI	E		0	999	09/01/2012	12/31/9999	1	0.00
D3310	O1	END THXPY, ANTERIOR TOOTH	MT		0	20	03/01/2019	12/31/9999	1	372.43
D3320	O1	ENDODONTIC THERAPY PREMOLAR BICUS	MT		0	20	03/01/2019	12/31/9999	1	456.41
D3330	O1	ENDODONTIC THERAPY MOLAR	MT		0	20	03/01/2019	12/31/9999	1	565.95
D3331	O6	NON-SURG TX ROOT CANAL OBS	E		0	999	09/01/2012	12/31/9999	1	0.00
D3332	O6	INCOMPLETE ENDODONTIC TX	E		0	999	09/01/2012	12/31/9999	1	0.00
D3333	O6	INTERNAL ROOT REPAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D3346	O6	RETREATMENT-ANTERIOR, BY REPOR	E		0	20	03/01/2019	12/31/9999	1	0.00
D3347	O6	RETREAT PREV ROOT CANAL THERAPY	E		0	20	03/01/2019	12/31/9999	1	0.00
D3348	O1	RETREATMENT-MOLAR, BY REPORT	MT		0	20	03/01/2019	12/31/9999	1	722.96
D3351	O6	APEXIFICATION/RECALCIFICATN-INIT VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
D3352	O6	APEX/RECALC-INTERIM MED REPLAC	E		0	999	09/01/2012	12/31/9999	1	0.00
D3353	O6	APEXIFICATION/RECALCIFICATION-	E		0	999	09/01/2012	12/31/9999	1	0.00
D3355	O6	PULPAL REGENERATION- INITIAL VISIT	E		0	999	01/01/2014	12/31/9999	1	0.00
D3356	O6	PULPAL REGEN-INTERIM MEDICATION RPLCMNT	E		0	999	01/01/2014	12/31/9999	1	0.00
D3357	O6	PULPAL REGENERATION-CMPLTION OF TRTMMNT	E		0	999	01/01/2014	12/31/9999	1	0.00
D3410	O6	APICOECTOMY- ANTERIOR	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D3421	O6	APICOECTOMY-BICUSPID PREMOLAR	E		0	999	09/01/2012	12/31/9999	1	0.00
D3425	O6	APICOECTOMY MOLAR-FIRST ROOT	E		0	999	09/01/2012	12/31/9999	1	0.00
D3426	O6	APICOECTOMY EA ADDL ROOT	E		0	999	09/01/2012	12/31/9999	1	0.00
D3428	O6	BONE GRAFT W/PERIRDCULAR SURG PER TOOTH	E		0	999	01/01/2014	12/31/9999	1	0.00
D3429	O6	BONE GRAFT W/PERIRDCULAR SURG-EACH ADDL	E		0	999	01/01/2014	12/31/9999	1	0.00
D3430	O6	RETROGRADE FILLING	E		0	999	09/01/2012	12/31/9999	1	0.00
D3431	O6	BIO MATERIAL AID OSSEOUS TISSUE REGEN	E		0	999	01/01/2014	12/31/9999	1	0.00
D3432	O6	TISSUE REGEN/RESORB BARRIER PER STE	E		0	999	01/01/2014	12/31/9999	1	0.00
D3450	O6	ROOT RESECTION	E		0	999	09/01/2012	12/31/9999	1	0.00
D3460	O6	ENDODONTIC IMPLANTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D3470	O6	INTENTIONAL REPLANTATION (INCL	E		0	999	09/01/2012	12/31/9999	1	0.00
D3471	O6	SURG REP ROOT RES ANTERIOR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3472	O6	SURG REP ROOT RES PREMOLAR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3473	O6	SURG REP ROOT RES MOLAR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3501	O6	SURG EXP ROOT SURF ANTERIOR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3502	O6	SURG EXP ROOT SURF PREMOLAR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3503	O6	SURG EXP ROOT SURF MOLAR	E		0	999	01/01/2021	12/31/9999	1	0.00
D3910	O6	SURGICAL PROCEDURE FOR ISOLAT	E		0	999	09/01/2012	12/31/9999	1	0.00
D3911	O6	INTRAORIFICE BARRIER	E		0	999	01/01/2022	12/31/9999	1	0.00
D3920	O6	HEMISECTION	E		0	999	09/01/2012	12/31/9999	1	0.00
D3921	O6	DECOR OR SUBMERG ERUPT TOOTH	E		0	20	01/01/2021	12/31/9999	1	0.00
D3950	O6	CANAL PREPARATION AND FITTING	E		0	999	09/01/2012	12/31/9999	1	0.00
D3999	O1	UNSPECIFIED ENDODONTIC PROCED	MT		0	20	07/01/2021	12/31/9999	1	1,089.18
D4210	O1	GINGIVECTOMY/GINGIVOPLASTY 4+	MT		0	999	03/01/2019	12/31/9999	1	329.17
D4211	O1	GINGIVECTOMY/GINGIVOPLASTY 1-3	MT		0	999	03/01/2019	12/31/9999	1	146.30
D4212	O6	GINGIVTMY/GINGPLATY PER TOOTH	E		0	999	01/01/2013	12/31/9999	1	0.00
D4230	O6	CROWN EXP 4+ CONTIG TEETH/QUAD	E		0	999	09/01/2012	12/31/9999	1	0.00
D4231	O6	CROWN EXP 1-3 TEETH/QUAD	E		0	999	09/01/2012	12/31/9999	1	0.00
D4240	O6	GINGIVAL FLAP 4+ TEETH	E		10	20	03/01/2019	12/31/9999	1	0.00
D4241	O1	GINGIVAL FLAP 1-3 TEETH	MT		10	20	03/01/2019	12/31/9999	1	241.40
D4245	O6	APICALLY POSITIONED FLAP	E		0	999	09/01/2012	12/31/9999	1	0.00
D4249	O6	CROWN LENGTHENING-HARD AND SOF	E		0	999	09/01/2012	12/31/9999	1	0.00
D4260	O6	OSSEOUS SURGERY 4+	E		0	999	03/01/2019	12/31/9999	1	0.00
D4261	O6	OSSEOUS SURGERY 1-3	E		0	999	03/01/2019	12/31/9999	1	0.00
D4263	O6	BONE GRAFT FIRST TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D4264	O6	BONE GRAFT ADDITIONAL TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D4265	O6	BIO MTRLs TO AID SOFT/OS REG	E		0	999	09/01/2012	12/31/9999	1	0.00
D4266	O6	GUIDED TISS REGEN REABSORB PER SITE	E		0	999	09/01/2012	12/31/9999	1	0.00
D4267	O6	GUIDED TISS REGEN- NON RESORB PER SITE	E		0	999	09/01/2012	12/31/9999	1	0.00
D4268	O6	SURGICAL REVISION PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D4270	O6	PEDICLE SOFT TISSUE GRAFTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D4273	O6	AUTOGENOUS TISS GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
D4274	O6	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TO	E		0	999	09/01/2012	12/31/9999	1	0.00
D4275	O6	NON-AUTOGENOUS TISS GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
D4276	O6	CON TISSUE W PEDICLE GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
D4277	O6	FREE SOFT TISS GRAFT 1ST	E		0	999	01/01/2013	12/31/9999	1	0.00
D4278	O6	FREE SOFT TISS GRAFT EA ADD	E		0	999	01/01/2013	12/31/9999	1	0.00
D4283	O6	AUTOGENOUS TISS GRAFT EA ADD	E		0	999	01/01/2016	12/31/9999	1	0.00
D4285	O6	NON-AUTOGEN TISS GRAFT EA ADD	E		0	999	01/01/2016	12/31/9999	1	0.00
D4322	O6	SPLINT INTRA-CORONAL	E		0	999	01/01/2022	12/31/9999	1	0.00
D4323	O6	SPLINT EXTRA-CORONAL	E		0	999	01/01/2022	12/31/9999	1	0.00
D4341	O1	PERIODONTAL SCALING & ROOT	MT		10	20	03/01/2019	12/31/9999	1	110.54
D4342	O6	PERIODONTAL SCALING 1-3TEETH	E		10	20	03/01/2019	12/31/9999	1	0.00
D4346	O6	SCALING GINGIVAL INFLAM FULL MOUTH	E		0	999	01/01/2017	12/31/9999	1	0.00
D4355	O6	FULL MOUTH DEBRIDE FOR SUBSQ VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
D4381	O6	LOCAL DELIV OF ANTIMICROBIAL AGENTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D4910	O6	PERIODONTAL MAINT PROCEDURES	E		0	999	09/01/2012	12/31/9999	1	0.00
D4920	O6	UNSCHEDULED DRESSING CHANGE (	E		0	999	09/01/2012	12/31/9999	1	0.00
D4921	O6	GINGIVAL IRRIGATION- PER QUAD	E		0	999	07/01/2018	12/31/9999	1	0.00
D4999	O6	UNSPECIFIED PERIODONTAL SERVI	E		0	999	09/01/2012	12/31/9999	1	0.00
D5110	O6	COMPLETE UPPER	E		0	20	03/01/2019	12/31/9999	1	0.00
D5120	O6	COMPLETE LOWER	E		0	20	03/01/2019	12/31/9999	1	0.00
D5130	O6	IMMEDIATE UPPER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5140	O6	IMMEDIATE LOWER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5211	O6	MAXILLARY PARTIAL DENTURE-RESIN	E		0	20	03/01/2019	12/31/9999	1	0.00
D5212	O6	MANDIBULAR PARTIAL DENTURE-RESIN	E		0	20	03/01/2019	12/31/9999	1	0.00
D5213	O6	DENTURES MAXILL PART METAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D5214	O6	DENTURES MANDIBL PART METAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D5221	O6	IMMED MAX PART DENTURE RESIN	E		0	20	01/01/2016	12/31/9999	1	0.00
D5222	O6	IMMED MAN PART DENTURE RESIN	E		0	20	01/01/2016	12/31/9999	1	0.00
D5223	O6	IMMED MAX PART DENT METAL	E		0	999	01/01/2016	12/31/9999	1	0.00
D5224	O6	IMMED MAND PART DENT METAL	E		0	999	01/01/2016	12/31/9999	1	0.00
D5225	O6	MAXILLARY PART DENTURE FLEX	E		0	999	09/01/2012	12/31/9999	1	0.00
D5226	O6	MANDIBULAR PART DENTURE FLEX	E		0	999	09/01/2012	12/31/9999	1	0.00
D5227	O6	IMMED MAX PART DENTURE	E		0	999	01/01/2022	12/31/9999	1	0.00
D5228	O6	IMMED MAND PART DENTURE	E		0	999	01/01/2022	12/31/9999	1	0.00
D5282	O6	REMOVE UNIL PART DENTURE,MAX	E		14	20	01/01/2019	12/31/9999	1	0.00
D5283	O6	REMOVE UNIL PART DENTURE,MAN	E		14	20	01/01/2019	12/31/9999	1	0.00
D5284	O6	REM UNILAT DENT FLEX BASE	E		0	999	01/01/2020	12/31/9999	1	0.00
D5286	O6	REM UNILAT DENT 1 PC RESIN	E		0	999	01/01/2020	12/31/9999	1	0.00
D5410	O6	COMPLETE DENTURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D5411	O6	ADJUST COMPLETE DENTURE - LOWER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5421	O6	PARTIAL DENTURE (UPPER)	E		0	20	09/01/2012	12/31/9999	1	0.00
D5422	O6	PARTIAL DENTURE (LOWER)	E		0	20	09/01/2012	12/31/9999	1	0.00
D5511	O6	REP BROKEN CMPLT DENTURE MANDIB	E		0	999	01/01/2018	12/31/9999	1	0.00
D5512	O6	REP BROKEN CMPLT DENTURE MAXILL	E		0	999	01/01/2018	12/31/9999	1	0.00
D5520	O6	REPL MISS/BROKE TEETH-COMPL DENT ECH TOO	E		0	999	09/01/2012	12/31/9999	1	0.00
D5611	O6	REP RESIN PARTIAL DENT BASE MANDIB	E		0	999	01/01/2018	12/31/9999	1	0.00
D5612	O6	REP RESIN PARTIAL DENT BASE MAXILL	E		0	999	01/01/2018	12/31/9999	1	0.00
D5621	O6	REP CAST PARTIAL FRMWK MANDIB	E		0	999	01/01/2018	12/31/9999	1	0.00
D5622	O6	REP CAST PART FRMWK MAX	E		0	999	01/01/2018	12/31/9999	1	0.00
D5630	O6	REPAIR/REPLACE BROKEN MATERIAL/TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D5640	O6	REPLACE BROKEN TOOTH ON DENTU	E		0	999	09/01/2012	12/31/9999	1	0.00
D5650	O6	ADDING TOOTH TO PARTIAL DENTU	E		0	999	09/01/2012	12/31/9999	1	0.00
D5660	O6	ADD CLASP EXISTING DENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5670	O6	REPLC TTH&ACRLC ON MTL FRMWK	E		0	999	09/01/2012	12/31/9999	1	0.00
D5671	O6	REPLC TTH&ACRLC MANDIBULAR	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5710	O6	DUPLICATE UPPER OR LOWER COMP	E		0	999	09/01/2012	12/31/9999	1	0.00
D5711	O6	REBASE COMPLETE LOWER DENTURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D5720	O6	DUPLICATE UPPER OR LOWER PART	E		0	999	09/01/2012	12/31/9999	1	0.00
D5721	O6	REBASE LOWER PARTIAL DENTURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D5725	O6	REBASE HYBRID PROSTHESIS	E		0	999	01/01/2022	12/31/9999	1	0.00
D5730	O6	DENTURE RELN CMPLT MAX DIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5731	O6	DENTURE RELN CMPLT MAND DIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5740	O6	DENTURE RELN PART MAX DIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5741	O6	DENTURE RELN PART MAND DIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5750	O6	DENTURE RELN CMPLT MAX INDIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5751	O6	DENTURE RELN CMPLT MAND IND	E		0	999	09/01/2012	12/31/9999	1	0.00
D5760	O6	DENTURE RELN PART MAX INDIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5761	O6	DENTURE RELN PART MAND INDIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5765	O6	LINER COMPL/PARTIAL REM DENT	E		0	999	01/01/2022	12/31/9999	1	0.00
D5810	O6	INTERIM COMPLETE DENTURE (UPPE	E		0	999	09/01/2012	12/31/9999	1	0.00
D5811	O6	INTERIM COMPLETE DENTURE (LOWE	E		0	999	09/01/2012	12/31/9999	1	0.00
D5820	O6	DENTURE INTERM PART MAXILL	E		0	999	09/01/2012	12/31/9999	1	0.00
D5821	O6	DENTURE INTERM PART MANDBL	E		0	999	09/01/2012	12/31/9999	1	0.00
D5850	O6	TISSUE CONDITIONING, UPPER-PER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5851	O6	TISSUE CONDITIONING, LOWER-PER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5862	O6	PRECISION ATTACHMENT, BY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5863	O6	OVERDENTURE- CMPLT MAXILLARY	E		0	999	01/01/2014	12/31/9999	1	0.00
D5864	O6	OVERDENTURE- PART MAXILLARY	E		0	999	01/01/2014	12/31/9999	1	0.00
D5865	O6	OVERDENTURE - CMPLT MANDIBULAR	E		0	999	01/01/2014	12/31/9999	1	0.00
D5866	O6	OVERDENTURE- PART MANDIBULAR	E		0	999	01/01/2014	12/31/9999	1	0.00
D5867	O6	REPLACEMENT OF PRECISION ATT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5875	O6	PROSTHESIS MODIFICATION	E		0	999	09/01/2012	12/31/9999	1	0.00
D5876	O6	ADD METAL SUBSTRUCT TO ACRYLIC DENTURE	E		0	20	01/01/2019	12/31/9999	1	0.00
D5899	O6	UNSPEC REMOV PROSTHDNTIC PROC BY REPT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5911	O6	FACIAL MOULAGE (SECTIONAL)	E		0	999	09/01/2012	12/31/9999	1	0.00
D5912	O6	FACIAL MOULAGE (COMPLETE)	E		0	999	09/01/2012	12/31/9999	1	0.00
D5913	O6	NASAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5914	O6	AURICULAR PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5915	O6	ORBITAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5916	O6	OCULAR PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5919	O6	FACIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5922	O6	NASAL SEPTAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5923	O6	OCULAR PROSTHESIS, INTERIM	E		0	999	09/01/2012	12/31/9999	1	0.00
D5924	O6	CRANIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D5925	O6	FACIAL AUGMENTATION IMPLANT PR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5926	O6	NASAL PROSTHESIS REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5927	O6	AURICULAR PROSTHESIS, REPLACEM	E		0	999	09/01/2012	12/31/9999	1	0.00
D5928	O6	ORBITAL PROSTHESIS REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5929	O6	FACIAL PROSTHESIS, REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5931	O6	OBTURATOR PROSTHESIS, SURGICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D5932	O6	OBTURATOR PROSTHESIS, DEFINITI	E		0	999	09/01/2012	12/31/9999	1	0.00
D5933	O6	OBTURATOR PROSTHESIS, MODIFICA	E		0	999	09/01/2012	12/31/9999	1	0.00
D5934	O6	MANDIBULAR RESECTION PROSTHESI	E		0	999	09/01/2012	12/31/9999	1	0.00
D5935	O6	MANDIBULAR RESECTION PROSTHESI	E		0	999	09/01/2012	12/31/9999	1	0.00
D5936	O6	OBTURATOR/PROSTHESIS, INTERIM	E		0	999	09/01/2012	12/31/9999	1	0.00
D5937	O6	TRISMUS APPLIANCE (NOT FOR TMD	E		0	999	09/01/2012	12/31/9999	1	0.00
D5951	O6	FEEDING AID	E		0	999	09/01/2012	12/31/9999	1	0.00
D5952	O6	SPEECH AID PROSTHESIS, PEDIATR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5953	O6	SPEECH AID PROSTHESIS, ADULT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5954	O6	PALATAL AUGMENTATION PROSTHESI	E		0	999	09/01/2012	12/31/9999	1	0.00
D5955	O6	PALATAL LIFT PROSTHESIS, DEFIN	E		0	20	03/01/2019	12/31/9999	1	0.00
D5958	O6	PALATAL LIFT PROSTHESIS, INTER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5959	O6	PALATAL LIFT PROSTHESIS, MODIF	E		0	999	09/01/2012	12/31/9999	1	0.00
D5960	O6	SPEECH AID PROSTHESIS, MODIFIC	E		0	999	09/01/2012	12/31/9999	1	0.00
D5982	O6	SURGICAL STENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5983	O6	RADIATION CARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5984	O6	RADIATION SHIELD	E		0	999	09/01/2012	12/31/9999	1	0.00
D5985	O6	RADIATION CONE LOCATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5986	O6	FLUORIDE GEL CARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
D5987	O6	COMMISSURE SPLINT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5988	O6	SURIGAL SPLINT	E		0	999	09/01/2012	12/31/9999	1	0.00
D5991	O6	VESICULOBULLOUS DISEASE MED CARR	E		0	999	09/01/2012	12/31/9999	1	0.00
D5992	O6	ADULT PROSTHETIC	E		0	999	09/01/2012	12/31/9999	1	0.00
D5993	O6	MAINT MAXIL PROSTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D5995	O6	PERI MEDICAMENT W/SEAL, MAX	E		0	999	01/01/2021	12/31/9999	1	0.00
D5996	O6	PERI MEDICAMENT W/SEAL, MAND	E		0	999	01/01/2021	12/31/9999	1	0.00
D5999	O6	UNSPEC MAXILLFAC PROSTH, BY REPT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6010	O6	ODONTICS ENDOSTEAL IMPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6011	O6	SECOND STAGE IMPLANT SURGERY	E		0	999	01/01/2014	12/31/9999	1	0.00
D6012	O6	SURG PLACE INTERIM IMPLANT BODY	E		0	999	09/01/2012	12/31/9999	1	0.00
D6013	O6	SURGICAL PLACEMENT OF MINI IMPLANT	E		0	999	01/01/2014	12/31/9999	1	0.00
D6040	O6	SUPERIOSTEAL IMPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6050	O6	TRANSASSEOUS IMPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6051	O6	INTERIM IMPLANT ABUTMENT	E		0	999	01/01/2013	12/31/9999	1	0.00
D6055	O6	CONNECTING BAR	E		0	999	09/01/2012	12/31/9999	1	0.00
D6056	O6	PREFAB ABUTMENT INCL MOD/PLACE	E		0	999	09/01/2012	12/31/9999	1	0.00
D6057	O6	CSTM FAB ABUTMNT INCL PLACMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6058	O6	ABUTMENT SUPPORTED CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6059	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6060	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6061	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6062	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6063	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6064	O6	ABUTMENT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6065	O6	IMPLANT SUPPORTED CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6066	O6	IMPLANT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6067	O6	IMPLANT SUPPORTED MTL CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6068	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6069	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6070	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6071	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6072	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6073	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6074	O6	ABUTMENT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6075	O6	IMPLANT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6076	O6	IMPLANT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6077	O6	IMPLANT SUPPORTED RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6080	O6	IMPLANT MAINTENANCE PROC	E		0	999	09/01/2012	12/31/9999	1	0.00
D6081	O6	SCALING/DEBRIDEMENT INFLAMM OR MUCOSITIS	E		0	999	01/01/2017	12/31/9999	1	0.00
D6082	O6	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A	E		0	999	01/01/2020	12/31/9999	1	0.00
D6083	O6	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A	E		0	999	01/01/2020	12/31/9999	1	0.00
D6084	O6	IMPL SUPRT CROWN-PORC FUSED TO TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D6085	O6	INTERIM IMPLANT CROWN	E		0	999	01/01/2017	12/31/9999	1	0.00
D6086	O6	IMPL SUPRT CROWN-PREDOM BASE ALLOY	E		0	999	01/01/2020	12/31/9999	1	0.00
D6087	O6	IMPL SUPRT CROWN- NOBLE ALLOYS	E		0	999	01/01/2020	12/31/9999	1	0.00
D6088	O6	IMPL SUPRT CROWN- TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D6090	O6	REPAIR IMPLANT, BY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6091	O6	REPL SEMI/PRECISION ATTACH	E		0	999	09/01/2012	12/31/9999	1	0.00
D6092	O6	RECEMENT IMPLANT/CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6093	O6	RECEMENT IMPLANT/FIXED PARTIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D6094	O6	ABUT SUPPORT CROWN TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6095	O6	ODONTICS REPR ABUTMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6096	O6	REM BROKE IMPLANT RETAIN SCREW	E		0	999	01/01/2018	12/31/9999	1	0.00
D6097	O6	ABUTMENT SUPPORT CROWN-PORC FUSED TO TIT	E		0	999	01/01/2020	12/31/9999	1	0.00
D6098	O6	IMPLT SUPPORT RETAINER-PORC FSED TO PRED	E		0	999	01/01/2020	12/31/9999	1	0.00
D6099	O6	IMPLANT SUPPORT RETAINER FOR FPD-PORC FS	E		0	999	01/01/2020	12/31/9999	1	0.00
D6100	O6	SURG REMOVAL OF IMPLANT BODY	E		0	999	09/01/2012	12/31/9999	1	0.00
D6101	O6	DEBRIDE OF PERIIMPLANT DEFECT	E		0	999	01/01/2013	12/31/9999	1	0.00
D6102	O6	DEBRIDE & OSSEOUS CONTOUR OR PERIIMPLANT	E		0	999	01/01/2013	12/31/9999	1	0.00
D6103	O6	BONE GRAFT PER-IMPLANT	E		0	999	01/01/2013	12/31/9999	1	0.00
D6104	O6	BONE GRFT @ TIME OF IMPLANT PLCEMENT	E		0	999	01/01/2013	12/31/9999	1	0.00
D6110	O6	IMPLANT REMOV ARCH MAX	E		0	999	01/01/2015	12/31/9999	1	0.00
D6111	O6	IMPLANT REMOV ARCH MAN	E		0	999	01/01/2015	12/31/9999	1	0.00
D6112	O6	IMPLANT REMOV PART ARCH MAX	E		0	999	01/01/2015	12/31/9999	1	0.00
D6113	O6	IMPLANT REMOV PART ARCH MAN	E		0	999	01/01/2015	12/31/9999	1	0.00
D6114	O6	IMPLANT FIXED ARCH MAX	E		0	999	01/01/2015	12/31/9999	1	0.00
D6115	O6	IMPLANT FIXED ARCH MAN	E		0	999	01/01/2015	12/31/9999	1	0.00
D6116	O6	IMPLANT FIXED PART ARCH MAX	E		0	999	01/01/2015	12/31/9999	1	0.00
D6117	O6	IMPLANT FIXED PART ARCH MAN	E		0	999	01/01/2015	12/31/9999	1	0.00
D6118	O6	IMPL/ABUT INTERIM FIXED DENT MANDIB	E		0	999	01/01/2018	12/31/9999	1	0.00
D6119	O6	IMPL/ABUT INTERIM FIXED DENT MAXILL	E		0	999	01/01/2018	12/31/9999	1	0.00
D6120	O6	IMPLT SUPPORT RETAINER-PORC FSED TO TITA	E		0	999	01/01/2020	12/31/9999	1	0.00
D6121	O6	IMPLT SUPPORT RETAINER FOR METAL-ALLOY	E		0	999	01/01/2020	12/31/9999	1	0.00
D6122	O6	IMPLT SUPPORTED RETAINER FOR METAL FPD-A	E		0	999	01/01/2020	12/31/9999	1	0.00
D6123	O6	IMPLT SUPPT RETAINER FOR METAL -NOBLE AL	E		0	999	01/01/2020	12/31/9999	1	0.00
D6190	O6	RADIO/SURGICAL IMPLANT INDEX	E		0	999	09/01/2012	12/31/9999	1	0.00
D6191	O6	SEMI PRECISION ABUTMENT	E		0	999	01/01/2021	12/31/9999	1	0.00
D6192	O6	SEMI PRECISION ATTACHMENT	E		0	999	01/01/2021	12/31/9999	1	0.00
D6194	O6	ABUT SUPPORT RETAINER TITANI	E		0	999	09/01/2012	12/31/9999	1	0.00
D6195	O6	ABUTMENT SUPPORT RETAINER-PORCE TO TITAN	E		0	999	01/01/2020	12/31/9999	1	0.00
D6198	O6	REMOVE INTERIM IMPLANT	E		0	999	01/01/2022	12/31/9999	1	0.00
D6199	O6	UNSPECIFIED IMPLANT PROCEDURE	E		0	999	09/01/2012	12/31/9999	1	0.00
D6205	O6	PONTIC - INDIRECT RESIN BASED	E		0	999	09/01/2012	12/31/9999	1	0.00
D6210	O6	CAST GOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
D6211	O6	CAST NONPRECIOUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D6212	O6	CAST SEMI-PRECIOUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D6214	O6	PONTIC TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6240	O6	PORCELAIN FUSED TO GOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
D6241	O6	PORCELAIN FUSED TO NON-PRECIO	E		0	999	09/01/2012	12/31/9999	1	0.00
D6242	O6	PORCELAIN FUSED TO SEMI-PRECI	E		0	999	09/01/2012	12/31/9999	1	0.00
D6243	O6	PONTIC-PORC FSD TO TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D6245	O6	BRIDGE PORCELAIN/CERAMIC	E		0	999	09/01/2012	12/31/9999	1	0.00
D6250	O6	PLASTIC PROCESSED TO GOLD	E		0	999	09/01/2012	12/31/9999	1	0.00
D6251	O6	PLASTIC PROCESSED TO NONPRECI	E		0	999	09/01/2012	12/31/9999	1	0.00
D6252	O6	PLASTIC PROCESSED TO SEMIPREC	E		0	999	09/01/2012	12/31/9999	1	0.00
D6253	O6	INTERIM PONTIC	E		0	999	09/01/2012	12/31/9999	1	0.00
D6545	O6	RETAINER-CAST METAL FOR ACID E	E		0	999	09/01/2012	12/31/9999	1	0.00
D6548	O6	PORCELAIN/CERAMIC RETAINER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6549	O6	RESIN RETAINER PROSTHESIS	E		0	999	01/01/2015	12/31/9999	1	0.00
D6600	O6	RETAINER INLAY-PORC/CER 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6601	O6	RETAINER INLAY-PORC/CER 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6602	O6	RETAINER INLAY-CHNM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6603	O6	RETAINER INLAY-CHNM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6604	O6	RETAINER INLAY-CPBM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6605	O6	RETAINER INLAY-CPBM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6606	O6	RETAINER INLAY-CNM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6607	O6	RETAINER INLAY-CNM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6608	O6	RETAINER ONLAY-PORC/CER 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6609	O6	RETAINER ONLAY-PORC/CER 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6610	O6	RETAINER ONLAY-CHNM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6611	O6	RETAINER ONLAY-CHNM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6612	O6	RETAINER ONLAY-CPBM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6613	O6	RETAINER ONLAY-CPBM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6614	O6	RETAINER ONLAY-CNM 2 SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6615	O6	RETAINER ONLAY-CNM 3+ SURF	E		0	999	09/01/2012	12/31/9999	1	0.00
D6624	O6	RETAINER INLAY-TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6634	O6	RETAINER ONLAY-TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6710	O6	RETAINER CROWN-IRBC	E		0	999	09/01/2012	12/31/9999	1	0.00
D6720	O6	RETAINER CROWN-RESIN W/HNM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6721	O6	RETAINER CROWN-RESIN W/PBM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6722	O6	RETAINER CROWN-RESIN W/NM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6740	O6	RETAINER CROWN-PROC/CER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6750	O6	RETAINER CROWN-PROC W/HNM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6751	O6	RETAINER CROWN-PROC W/PBM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6752	O6	RETAINER CROWN-PORC W/NM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6753	O6	RETAINER CROWN-PORC FUSED TO TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D6780	O6	RETAINER CROWN-3/4 CHNM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6781	O6	RETAINER CROWN-3/4 CPBM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6782	O6	RETAINER CROWN-3/4 CNM	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6783	O6	RETAINER CROWN-3/4 PROC/CER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6784	O6	RETAINER CROWN 3/4-TITANIUM	E		0	999	01/01/2020	12/31/9999	1	0.00
D6790	O6	RETAINER CROWN-FULL CHNM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6791	O6	RETAINER CROWN-FULL CPBM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6792	O6	RETAINER CROWN-FULL CNM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6793	O6	INTERIM RETAINER CROWN	E		0	999	09/01/2012	12/31/9999	1	0.00
D6794	O6	CROWN TITANIUM	E		0	999	09/01/2012	12/31/9999	1	0.00
D6920	O6	DENTAL CONNECTOR BAR	E		0	999	09/01/2012	12/31/9999	1	0.00
D6930	O6	RECEMENT BRIDGE	E		0	999	09/01/2012	12/31/9999	1	0.00
D6940	O6	STRESS BREAKER	E		0	999	09/01/2012	12/31/9999	1	0.00
D6950	O6	PRECISION ATTCHMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
D6980	O6	FXD PARTIAL DENTURE REPAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D6985	O6	PEDIATRIC PARTIAL DENTURE FX	E		0	999	09/01/2012	12/31/9999	1	0.00
D6999	O6	UNSPECIFIED PROSTHETIC SERVIC	E		0	20	09/01/2012	12/31/9999	1	0.00
D7111	O6	EXTRACT COR REMNT PRIMARY TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D7140	O1	EXTRACTION ERUPTED TOOTH/EXR	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7210	O1	EXTRACT ERUPTED TOOTH INCL BONE	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7220	O1	IMPACTION THAT REQUIRES INCIS	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7230	O1	IMPACTION THAT REQUIRES INCIS	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7240	O1	IMPACTION THAT REQUIRES INCIS	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7241	O1	REM. TOOTH, COMPLETELY BONY, W	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7250	O1	REMOVE TOOTH ROOTS	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7251	O6	CORONECTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7260	O1	ORAL ANTRAL FISTULA CLOSURE	MT		0	999	07/01/2021	12/31/9999	1	1,089.18
D7261	O6	PRIMARY CLOSURE SINUS PERF	E		0	999	09/01/2012	12/31/9999	1	0.00
D7270	O6	TOOTH REIMPLANTATION	E		0	20	03/01/2019	12/31/9999	1	0.00
D7272	O6	TOOTH TRANSPLANTATION	E		0	20	03/01/2019	12/31/9999	1	0.00
D7280	O1	EXPOSURE UNERUPTED TOOTH	MT		0	999	03/01/2019	12/31/9999	1	400.75
D7282	O6	MOBILIZE ERUPTED/MALPOS TOOT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7283	O6	PLACE DEVICE IMPACTED TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D7285	O6	BIOPSY ORAL HARD BONE/ TOOTH	E		0	999	03/01/2019	12/31/9999	1	0.00
D7286	O1	BIOPSY ORAL TISSUE- SOFT	MT		0	999	07/01/2019	12/31/9999	1	313.00
D7287	O6	EXFOLIATIVE CYTOLOG COLLECT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7288	O6	BRUSH BIOPSY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7290	O6	SURGICAL REPOSITIONING OF TEE	E		0	999	03/01/2019	12/31/9999	1	0.00
D7291	O6	TRANSSEPTAL FIBEROTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7292	O6	SCREW RETAINED PLATE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7293	O6	TEMP ANCHORAGE DEV W/ FLAP	E		0	999	09/01/2012	12/31/9999	1	0.00
D7294	O6	TEMP ANCHORAGE DEV W/O FLAP	E		0	999	09/01/2012	12/31/9999	1	0.00
D7295	O6	HARVEST BONE GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7296	O6	CORTICOTOMY 1-3 TEETH PER QUAD	E		0	999	03/01/2019	12/31/9999	1	0.00
D7297	O6	CORTICOTOMY 4+ TEETH PER QUAD	E		0	999	03/01/2019	12/31/9999	1	0.00
D7298	O6	REMOVE SCREW RETAINED PLATE	E		0	999	01/01/2022	12/31/9999	1	0.00
D7299	O6	REM ANCHORAGE DEVICE W/FLAP	E		0	999	01/01/2022	12/31/9999	1	0.00
D7300	O6	REM ANCHORAGE DEV W/O FLAP	E		0	999	01/01/2022	12/31/9999	1	0.00
D7310	O1	ALVEO W/EXTRACT 4+ TOOTH SP PER QUAD	MT		0	999	03/01/2019	12/31/9999	1	124.42
D7311	O1	ALVEOLOPLASY W/EXTRACT 1-3	MT		0	999	03/01/2019	12/31/9999	1	108.87
D7320	O1	ALVEO W/O EXTRACT 4+ TOOTH SP PER QUAD	MT		0	999	03/01/2019	12/31/9999	1	202.19
D7321	O1	ALVEOLOPLASTY NOT W/EXTRACTS	MT		0	999	07/01/2020	12/31/9999	1	345.00
D7340	O6	VESTIBULOPLASTY - RIDGE EXTENS	E		0	999	03/01/2019	12/31/9999	1	0.00
D7350	O6	STOMATOPLASTY, PER ARCH, PLIC	E		0	999	03/01/2019	12/31/9999	1	0.00
D7410	O6	RAD EXC LESION UP TO 1.25 CM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7411	O6	EXCISION BENIGN LESION>1.25C	E		0	999	03/01/2019	12/31/9999	1	0.00
D7412	O6	EXCISION BENIGN LESION COMPL	E		0	999	09/01/2012	12/31/9999	1	0.00
D7413	O6	EXCISION MALIG LESION<=1.25C	E		0	999	03/01/2019	12/31/9999	1	0.00
D7414	O6	EXCISION MALIG LESION>1.25CM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7415	O6	EXCISION MALIG LES COMPLICAT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7440	O6	EXC MAL TUMOR <= 1.25 CM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7441	O6	EXC MAL TUMOR DIA>1.25 CM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7450	O1	REM ODONTOGEN CYST TO 1.25CM	MT		0	999	03/01/2019	12/31/9999	1	373.27
D7451	O1	REM ODONTOGEN CYST > 1.25 CM	MT		0	999	03/01/2019	12/31/9999	1	510.14
D7460	O1	REM NONODONTO CYST TO 1.25CM	MT		0	999	03/01/2019	12/31/9999	1	373.27
D7461	O1	REM NONODONTO CYST > 1.25 CM	MT		0	999	03/01/2019	12/31/9999	1	510.14
D7465	O6	DESTRUCTION OF LESIONS BY PHY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7471	O1	REM EXOSTOSIS ANY SITE	MT		0	999	03/01/2019	12/31/9999	1	462.23
D7472	O6	REMOVAL OF TORUS PALATINUS	E		0	999	09/01/2012	12/31/9999	1	0.00
D7473	O6	REMOVE TORUS MANDIBULARIS	E		0	999	09/01/2012	12/31/9999	1	0.00
D7485	O6	REDUCTION OSSEOUS TUBEROSITY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7490	O6	MAXILLA OR MANDIBLE RESECTIO	E		0	999	07/01/2013	12/31/9999	1	0.00
D7510	O1	INCISION AND DRAINAGE OF ABSC	MT		0	999	03/01/2019	12/31/9999	1	133.76
D7511	O6	INCISION/DRAIN ABSCESS INTRA	E		0	999	09/01/2012	12/31/9999	1	0.00
D7520	O1	INCISION AND DRAINAGE OF ABSC	MT		0	999	03/01/2019	12/31/9999	1	637.05
D7521	O6	INCISION/DRAIN ABSCESS EXTRA	E		0	999	09/01/2012	12/31/9999	1	0.00
D7530	O1	REMOVAL FB SKIN/AREOLAR TISS	MT		0	999	03/01/2019	12/31/9999	1	229.56
D7540	O1	REMOVAL OF REACTION-PRODUCING	MT		0	999	03/01/2019	12/31/9999	1	254.45
D7550	O1	REMOVAL OF SLOUGHED OFF BONE	MT		0	999	03/01/2019	12/31/9999	1	158.64
D7560	O6	MAXILLARY SINUSOTOMY FOR REMO	E		0	999	03/01/2019	12/31/9999	1	0.00
D7610	O6	MAXILLA - OPEN REDUCTION, TEE	E		0	999	03/01/2019	12/31/9999	1	0.00
D7620	O6	MAXILLA - CLOSED REDUCTION, T	E		0	999	03/01/2019	12/31/9999	1	0.00
D7630	O6	MANDIBLE - OPEN REDUCTION, TE	E		0	999	03/01/2019	12/31/9999	1	0.00
D7640	O6	MANDIBLE - CLOSED REDUCTION,	E		0	999	03/01/2019	12/31/9999	1	0.00
D7650	O6	MALAR AND/OR ZYGOMATIC ARCH O	E		0	999	03/01/2019	12/31/9999	1	0.00
D7660	O6	MALAR AND/OR ZYGOMATIC ARCH C	E		0	999	03/01/2019	12/31/9999	1	0.00
D7670	O6	CLOSD RDUCTN SPLINT ALVEOLUS	E		0	999	03/01/2019	12/31/9999	1	0.00
D7671	O6	ALVEOLUS OPEN REDUCTION	E		0	999	03/01/2019	12/31/9999	1	0.00
D7680	O6	FACIAL BONES - COMPLICATED RE	E		0	999	03/01/2019	12/31/9999	1	0.00
D7710	O6	MAXILLA - OPEN REDUCTION, COM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7720	O6	MAXILLA - CLOSED REDUCTION, C	E		0	999	03/01/2019	12/31/9999	1	0.00
D7730	O6	MANDIBLE - OPEN REDUCTION, CO	E		0	999	03/01/2019	12/31/9999	1	0.00
D7740	O6	MANDIBLE - CLOSED REDUCTION,	E		0	999	03/01/2019	12/31/9999	1	0.00
D7750	O6	MALAR AND/OR ZYGOMATIC ARCH,	E		0	999	03/01/2019	12/31/9999	1	0.00
D7760	O6	MALAR AND/OR ZYGOMATIC ARCH,	E		0	999	03/01/2019	12/31/9999	1	0.00
D7770	O6	OPEN REDUC COMPD ALVEOLUS FX	E		0	999	03/01/2019	12/31/9999	1	0.00
D7771	O6	ALVEOLUS CLSD REDUC STBLZ TE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7780	O6	FACIAL BONES REDUCTION W/ FIXATION	E		0	999	03/01/2019	12/31/9999	1	0.00
D7810	O6	OPEN REDUCTION OF DISLOCATION	E		0	999	03/01/2019	12/31/9999	1	0.00
D7820	O6	CLOSED REDUCTION OF DISLOCATI	E		0	999	03/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7830	O6	MANIPULATION UNDER ANESTHESIA	E		0	999	03/01/2019	12/31/9999	1	0.00
D7840	O6	CONDYLECTOMY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7850	O6	SURGICAL DISCECTOMY, WITH/WITH	E		0	999	03/01/2019	12/31/9999	1	0.00
D7852	O6	DISC REPAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
D7854	O6	SYNOVECTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7856	O6	MYOTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7858	O6	JOINT RECONSTRUCTION	E		0	999	09/01/2012	12/31/9999	1	0.00
D7860	O6	ARTHROTOMY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7865	O6	ARTHROPLASTY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7870	O6	ARTHROCENTESIS	E		0	999	03/01/2019	12/31/9999	1	0.00
D7871	O6	LYSIS + LAVAGE W CATHETERS	E		0	999	09/01/2012	12/31/9999	1	0.00
D7872	O6	ARTHRSROPY, DIAGNOSIS, WITH OR	E		0	999	09/01/2012	12/31/9999	1	0.00
D7873	O6	ARTHROSCOPY LAVAGE AND LYSIS OF ADHESION	E		0	999	09/01/2012	12/31/9999	1	0.00
D7874	O6	ARTHROSCOPY DISC REPOSITION/STABILIZE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7875	O6	ARTHROSCOPY SYNOVECTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7876	O6	ARTHROSCOPY DISCECTOMY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7877	O6	ARTHROSCOPY DEBRIDEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7880	O6	OCCCLUSAL ORTHOTIC APPLIANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7881	O6	OCCCLUSAL ORTH DEVICE ADJ	E		0	999	01/01/2016	12/31/9999	1	0.00
D7899	O6	UNSPECIFIED TMD THERAPY, BY RE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7910	O6	SIMPLE SUTURE OF RECENT SMALL	E		0	999	03/01/2019	12/31/9999	1	0.00
D7911	O6	COMPLICATED SUTURE- UP TO 5CM	E		0	999	03/01/2019	12/31/9999	1	0.00
D7912	O6	COMPLICATED SUTURE- GREATER TH	E		0	999	03/01/2019	12/31/9999	1	0.00
D7920	O6	SKIN GRAFTS (IDENTIFY DEFECT	E		0	999	03/01/2019	12/31/9999	1	0.00
D7921	O6	COLLECT/APPLIC OF AUTOLOGOUS BLOOD	E		0	999	01/01/2013	12/31/9999	1	0.00
D7922	O6	PLACEMENT OF INTRA-SOCKET BIOLOG DRESS T	E		0	999	01/01/2020	12/31/9999	1	0.00
D7940	O6	OSTEOPLASTY FOR ORTHOGNATHIC	E		0	999	03/01/2019	12/31/9999	1	0.00
D7941	O6	BONE CUTTING RAMUS CLOSED	E		0	999	03/01/2019	12/31/9999	1	0.00
D7943	O6	CUTTING RAMUS OPEN W/GRAFT	E		0	999	03/01/2019	12/31/9999	1	0.00
D7944	O6	OSTEOTOMY - SEGMENTED OR SUBAPICAL	E		0	999	03/01/2019	12/31/9999	1	0.00
D7945	O6	OSTEOTOMY, BODY OF MANDIBLE	E		0	999	03/01/2019	12/31/9999	1	0.00
D7946	O6	MAXILLA, TOTAL (LE FORT I)	E		0	999	03/01/2019	12/31/9999	1	0.00
D7947	O6	MAXILLA, SEGMENTED	E		0	999	03/01/2019	12/31/9999	1	0.00
D7948	O6	OSTEOPLASTY OF MAXILLA AND/OR	E		0	999	03/01/2019	12/31/9999	1	0.00
D7949	O6	OSTEOPLASTY OF MAXILLA WITH BO	E		0	999	03/01/2019	12/31/9999	1	0.00
D7950	O6	OSSEOUS OSTEOPEL OR CARTILAGE GRAFT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7951	O6	SINUS AUGMENTATION	E		0	999	09/01/2012	12/31/9999	1	0.00
D7952	O6	SINUS AUGUMENT VIA VERTICAL APPROACH	E		0	999	01/01/2013	12/31/9999	1	0.00
D7953	O6	BONE REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7955	O6	REPAIR MAXILLOFACIAL DEFECTS	E		0	999	09/01/2012	12/31/9999	1	0.00
D7961	O1	BUCCAL/LABIAL FRENECTOMY	MT		0	999	01/01/2021	12/31/9999	1	171.08
D7962	O1	LINGUAL FRENECTOMY	MT		0	999	01/01/2021	12/31/9999	1	171.08
D7963	O6	FRENULOPLASY	E		0	999	09/01/2012	12/31/9999	1	0.00
D7970	O1	EXCISION OF HYPERPLASTIC TISS	MT		0	999	03/01/2019	12/31/9999	1	248.85
D7971	O6	EXCISION OF PERICORONAL GINGIV	E		0	999	09/01/2012	12/31/9999	1	0.00
D7972	O6	SURG REDCT FIBROUS TUBEROSIT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7979	O6	NON-SURGICAL SIALOLITHOTOMY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7980	O6	SURGICAL SIALOLITHOTOMY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7981	O6	EXCISION OF SALIVARY GLAND	E		0	999	09/01/2012	12/31/9999	1	0.00
D7982	O6	SIALDDOCHOPLASTY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7983	O6	CLOSURE OF SALIVARY FISTULA	E		0	999	03/01/2019	12/31/9999	1	0.00
D7990	O6	EMERGENCY TRACHEOTOMY	E		0	999	07/01/2013	12/31/9999	1	0.00
D7991	O6	CORONOIDECTOMY	E		0	999	03/01/2019	12/31/9999	1	0.00
D7993	O6	SURG PLACE CRANIOFACIAL IMPL	E		0	999	01/01/2021	12/31/9999	1	0.00
D7994	O6	SURG PLACE ZYGOMATIC IMPL	E		0	999	01/01/2021	12/31/9999	1	0.00
D7995	O6	SYNTHETIC GRAFT FACIAL BONES	E		0	999	09/01/2012	12/31/9999	1	0.00
D7996	O6	IMPLANT MANDIBLE FOR AUGMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
D7997	O6	APPLIANCE REMOVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D7998	O6	INTRAORAL PLACE FIX DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
D7999	O6	UNSPECIFIED ORAL SURGICAL PRO	E		0	999	09/01/2012	12/31/9999	1	0.00
D8010	O6	LIMITED DENTAL TX PRIMARY	E		0	999	09/01/2012	12/31/9999	1	0.00
D8020	O6	LIMITED DENTAL TX TRANSITION	E		0	999	09/01/2012	12/31/9999	1	0.00
D8030	O6	LIMITED DENTAL TX ADOLESCENT	E		0	20	09/01/2012	12/31/9999	1	0.00
D8040	O6	LIMITED DENTAL TX ADULT	E		0	999	09/01/2012	12/31/9999	1	0.00
D8070	O6	COMPRE DENTAL TX TRANSITION	E		0	999	09/01/2012	12/31/9999	1	0.00
D8080	O6	COMPRE DENTAL TX ADOLESCENT	E		0	20	03/01/2019	12/31/9999	1	0.00
D8090	O6	COMPRE DENTAL TX ADULT	E		0	999	09/01/2012	12/31/9999	1	0.00
D8210	O6	REMOVABLE APPLIANCE THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
D8220	O6	FIXED OR CEMENTED APPLIANCE T	E		0	999	09/01/2012	12/31/9999	1	0.00
D8660	O6	PREORTHODONTIC TX VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
D8670	O6	PERIODIC OTHRO TRMT VISIT	E		0	20	03/01/2019	12/31/9999	1	0.00
D8680	O6	ORTHODONTIC RETENTION	E		0	999	09/01/2012	12/31/9999	1	0.00
D8681	O6	REMOV ORTHOD RETAINER ADJ	E		0	999	01/01/2016	12/31/9999	1	0.00
D8695	O6	REM FIXED ORTH APPL TRMT NOT CMPLT	E		0	999	01/01/2018	12/31/9999	1	0.00
D8696	O6	RPR OF ORTHODON APPL-MAX	E		0	999	01/01/2020	12/31/9999	1	0.00
D8697	O6	RPR OF ORTHODON APPL-MANDIBULAR	E		0	999	01/01/2020	12/31/9999	1	0.00
D8698	O6	RE-CEMENT OF REBOND FXD RTNR-MAX	E		0	999	01/01/2020	12/31/9999	1	0.00
D8699	O6	RECEMENT OF REBOND FXD RTNR-MANDIB	E		0	999	01/01/2020	12/31/9999	1	0.00
D8701	O6	RPR OF FXD RTNR-MAX	E		0	999	01/01/2020	12/31/9999	1	0.00
D8702	O6	RPR OF FXD RTNR-MAND	E		0	999	01/01/2020	12/31/9999	1	0.00
D8703	O6	REPLACE OF LST OF BRKN RETAINER-MAX	E		0	20	01/01/2020	12/31/9999	1	0.00
D8704	O6	REPLACE OF LST OF BRKN RETAINER-MAND	E		0	20	01/01/2020	12/31/9999	1	0.00
D8999	O6	UNSPECIFIED ORTHODONTIC TREAT	E		0	20	09/01/2012	12/31/9999	1	0.00
D9110	O6	PALLIATIVE (EMERGENCY) TREATM	E		0	999	09/01/2012	12/31/9999	1	0.00
D9120	O6	RIXED PARTIAL SECTIONING	E		0	999	09/01/2012	12/31/9999	1	0.00
D9130	O6	MANDIBULAR JOINT DYSFUNC-THERAPIES	E		0	20	01/01/2019	12/31/9999	1	0.00
D9210	O6	LOCAL (NOT IN CONJUNCTION WIT	E		0	999	09/01/2012	12/31/9999	1	0.00
D9211	O6	REGIONAL BLOCK ANESTHESIA	E		0	999	09/01/2012	12/31/9999	1	0.00
D9212	O6	TRIGEMINAL DIVISION BLOCK	E		0	999	09/01/2012	12/31/9999	1	0.00
D9215	O6	LOCAL ANESTHESIA	E		0	999	09/01/2012	12/31/9999	1	0.00
D9219	O6	EVAL-MOD/DEEP SEDATION OR GEN ANESTH	E		0	999	01/01/2015	12/31/9999	1	0.00
D9222	O6	DEEP SEDATION/GEN ANESTH FIRST 15 MIN	E		0	999	03/01/2019	12/31/9999	1	0.00
D9223	O6	DEEP SEDATION EA SUB 15 MIN	E		0	999	01/01/2016	12/31/9999	1	0.00
D9230	O6	INHAL NITROUS OXIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
D9239	O6	IV MOD CONCIOUS SEDAT FIRST 15 MIN	E		0	999	03/01/2019	12/31/9999	1	0.00
D9243	O6	IV MOD CONCIOUS SEDAT EA SUB 15 MIN	E		0	999	01/01/2016	12/31/9999	1	0.00
D9248	O6	NON-IV CONS SEDATION	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D9310	06	CONSULT DIAG NOT REQ DENTIST OR PHY	E		0	999	03/01/2019	12/31/9999	1	0.00
D9311	06	CONSULT MED HEALTH CARE PROF	E		0	999	01/01/2017	12/31/9999	1	0.00
D9410	06	DENTAL HOUSE CALL	E		0	999	09/01/2012	12/31/9999	1	0.00
D9420	06	HOSP OR ASC CALL	E		0	999	09/01/2012	12/31/9999	1	0.00
D9430	06	OFFICE VISIT DURING REGULARLY	E		0	999	09/01/2012	12/31/9999	1	0.00
D9440	06	OFFICE VISIT AFTER REGULARLY	E		0	999	09/01/2012	12/31/9999	1	0.00
D9450	06	CASE PRESENTATION TX PLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
D9610	06	THERAP PARENTERAL DRUG SINGL ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
D9612	06	THERAP DRUGS, 2+ ADMIN DIFF MEDS	E		0	999	09/01/2012	12/31/9999	1	0.00
D9613	06	INFILTRATION THERA DRUG	E		0	20	01/01/2019	12/31/9999	1	0.00
D9630	06	DRUGS/MEDICAMENTS DISPNSD HOME USE	E		0	999	09/01/2012	12/31/9999	1	0.00
D9910	06	APPLICATION OF DESENSITIZING	E		0	999	09/01/2012	12/31/9999	1	0.00
D9911	06	APPL DESENSITIZING RESIN	E		0	999	09/01/2012	12/31/9999	1	0.00
D9912	06	PRE-VISIT PATIENT SCREENING	E		0	999	01/01/2022	12/31/9999	1	0.00
D9920	06	BEHAVIOR MANAGEMENT, BY REPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
D9930	06	COMPLICATIONS (POST SURGICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
D9932	06	CLEAN/INSP COMPLT DENT MAX	E		0	999	01/01/2016	12/31/9999	1	0.00
D9933	06	CLEAN/INSP COMPLT DENT MAN	E		0	999	01/01/2016	12/31/9999	1	0.00
D9934	06	CLEAN/INSP PARTIAL DENT MAX	E		0	999	01/01/2016	12/31/9999	1	0.00
D9935	06	CLEAN/INSP PARTIAL DENT MAN	E		0	999	01/01/2016	12/31/9999	1	0.00
D9941	06	FABRICATION OF ATHLETIC MOUTHGUARDS	E		0	999	09/01/2012	12/31/9999	1	0.00
D9942	06	REPAIR/RELINE OCCLUSAL GUARD	E		0	999	09/01/2012	12/31/9999	1	0.00
D9943	06	OCCLUSAL GUARD ADJ	E		0	20	01/01/2016	12/31/9999	1	0.00
D9944	06	OCCLUSAL GUARD HARD-FULL ARCH	E		0	20	01/01/2019	12/31/9999	1	0.00
D9945	06	OCCLUSAL GUARD SOFT-FULL ARCH	E		0	20	01/01/2019	12/31/9999	1	0.00
D9946	06	OCCLUSAL GUARD HARD-PARTIAL ARCH	E		0	20	01/01/2019	12/31/9999	1	0.00
D9947	06	SLEEP APNEA APPLIANCE	E		0	999	01/01/2022	12/31/9999	1	0.00
D9948	06	ADJUST SLEEP APNEA APPLIANCE	E		0	999	01/01/2022	12/31/9999	1	0.00
D9949	06	REPAIR SLEEP APNEA APPLIANCE	E		0	999	01/01/2022	12/31/9999	1	0.00
D9950	06	OCCLUSION ANALYSIS (MOUNTED C	E		0	999	09/01/2012	12/31/9999	1	0.00
D9951	06	OCCLUSAL ADJUSTMENT - LIMITED	E		0	999	09/01/2012	12/31/9999	1	0.00
D9952	06	OCCLUSAL ADJUSTMENT - COMPLETE	E		0	999	09/01/2012	12/31/9999	1	0.00
D9961	06	DUPLICATE/COPY PATIENT RECORDS	E		0	20	01/01/2019	12/31/9999	1	0.00
D9970	06	ENAMEL MICROABRASION	E		0	999	09/01/2012	12/31/9999	1	0.00
D9971	06	ODONTOPLASTY PER TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D9972	06	EXTRNL BLEACHING PER ARCH	E		0	999	09/01/2012	12/31/9999	1	0.00
D9973	06	EXTRNL BLEACHING PER TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D9974	06	INTRNL BLEACHING PER TOOTH	E		0	999	09/01/2012	12/31/9999	1	0.00
D9975	06	EXT BLEACHING HOME PER ARCH	E		0	999	01/01/2013	12/31/9999	1	0.00
D9985	06	SALES TAX	E		0	999	01/01/2014	12/31/9999	1	0.00
D9986	06	MISSED APPT	E		0	999	01/01/2015	12/31/9999	1	0.00
D9987	06	CANCELLED APPT	E		0	999	01/01/2015	12/31/9999	1	0.00
D9990	06	CERT TRANSLATION/SIGN LANGUAGE/VISIT	E		0	20	01/01/2019	12/31/9999	1	0.00
D9991	06	CASE MGMT COMPLIANCE BARRIERS	E		0	999	01/01/2017	12/31/9999	1	0.00
D9992	06	CASE MGMT CARE COORDINATION	E		0	999	01/01/2017	12/31/9999	1	0.00
D9993	06	CASE MGMT MOTIVATIONAL INTERVIEW	E		0	999	01/01/2017	12/31/9999	1	0.00
D9994	06	CASE MGMT IMPROVE ORAL HLTH LITERACY	E		0	999	01/01/2017	12/31/9999	1	0.00
D9995	06	TELEDENISTRY - SYNCHRONOUS	E		0	999	03/01/2019	12/31/9999	1	0.00
D9996	06	TELEDENISTRY - ASYNCHRONOUS	E		0	999	03/01/2019	12/31/9999	1	0.00
D9997	06	DENTAL CSE MANG- PATIENT W/ SPECIAL NEED	E		0	999	01/01/2020	12/31/9999	1	0.00
D9999	06	UNSPECIFIED (BY REPORT TO BE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0100	06	CANE ADJUST/FIXED WITH TIP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0105	06	CANE ADJUST/FIXED QUAD/3 PRO	E		0	999	09/01/2012	12/31/9999	1	0.00
E0110	06	CRUTCH FOREARM PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0111	06	CRUTCH, FOREARM, ADJ, FIXED EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E0112	06	CRUTCHES, UNDERARM, WOOD, PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0113	06	CRUTCH, UNDERARM, WOOD, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0114	06	CRUTCHES, UNDERARM, OTHER THAN	E		0	999	09/01/2012	12/31/9999	1	0.00
E0116	06	CRUTCH UNDERARM EACH NO WOOD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0117	06	UNDERARM SPRINGASSIST CRUTCH	E		0	20	09/01/2012	12/31/9999	1	0.00
E0118	06	CRUTCH SUBSTITUTE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0130	06	WALKER RIGID ADJUST/FIXED HT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0135	06	WALKER FOLDING ADJUST/FIXED	E		0	999	09/01/2012	12/31/9999	1	0.00
E0140	06	WALKER W/TRUNK SUPPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0141	06	RIGID WHEELED WALKER ADJ/FIX	E		0	999	09/01/2012	12/31/9999	1	0.00
E0143	06	WALKER FOLDING WHEELED W/O S	E		0	999	09/01/2012	12/31/9999	1	0.00
E0144	06	ENCLOSED WALKER W REAR SEAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0147	06	WALKER VARIABLE WHEEL RESIST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0148	06	HEAVYDUTY WALKER NO WHEELS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0149	06	HEAVY DUTY WHEELED WALKER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0153	06	PLATFORM ATTACHMENT, FOREARM	E		3	20	09/01/2012	12/31/9999	1	0.00
E0154	06	PLATFORM ATTACHMENT, WALKER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0155	06	WALKER WHEEL ATTACHMENT,PAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0156	06	SEAT ATTACHMENT, WALKER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0157	06	CRUTCH ATTACHMENT, WALKER,EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0158	06	WALKER LEG EXTENDERS SET OF4	E		0	999	09/01/2012	12/31/9999	1	0.00
E0159	06	BRAKE ATTACH FOR WHEELED WALK	E		0	999	09/01/2012	12/31/9999	1	0.00
E0160	06	SITZ TYPE BATH OR EQUIPMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0161	06	SITZ TYPE BATH, FITS OVER COMM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0162	06	SITZ BATH CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0163	06	COMMODE CHAIR WITH FIXED ARM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0165	06	COMMODE CHAIR WITH DETACHARM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0167	06	COMMODE CHAIR PAIL OR PAN	E		0	999	09/01/2012	12/31/9999	1	0.00
E0168	06	HEAVYDUTY/WIDE COMMODE CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0170	06	Commode chair electric	E		0	999	09/01/2012	12/31/9999	1	0.00
E0171	06	COMMODE CHAIR NON-ELECTRIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0172	06	SEAT LIFT MECHANISM TOILET	E		0	999	09/01/2012	12/31/9999	1	0.00
E0175	06	FOOT REST, FOR USE WITH COMMOD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0181	06	PRESS PAD ALTERNATING W/ PUM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0182	06	REPLACE PUMP, ALT PRESS PAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0184	06	DRY PRESSURE MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0185	06	GEL OR GEL LIKE PRESSURE PAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0186	06	AIR PRESSURE MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0187	06	WATER PRESSURE MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0188	06	SYNTHETIC SHEEPSKIN PAD	E		0	20	09/01/2012	12/31/9999	1	0.00
E0189	06	LAMBSWOOL SHEEPSKIN PAD, ANY	E		0	20	09/01/2012	12/31/9999	1	0.00
E0190	06	POSITIONING CUSHION	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0191	06	HEEL OR ELBOW PROTECTOR, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0193	06	POWERED AIR FLOATATION BED	E		0	999	09/01/2012	12/31/9999	1	0.00
E0194	06	AIR FLUIDIZED BED	E		0	20	09/01/2012	12/31/9999	1	0.00
E0196	06	GEL PRESSURE MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0197	06	AIR PRESSURE PAD FOR MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0198	06	WATER PRESSURE PAD FOR MATTRES	E		0	999	09/01/2012	12/31/9999	1	0.00
E0199	06	DRY PRESSURE PAD FOR MATTRESS,	E		0	999	09/01/2012	12/31/9999	1	0.00
E0200	06	HEAT LAMP, WITHOUT STAND	E		0	20	09/01/2012	12/31/9999	1	0.00
E0202	06	PHOTOTHERAPY (BILIRUBIN) LIGHT	E		0	1	09/01/2012	12/31/9999	1	0.00
E0203	06	THERAPEUTIC LIGHTBOX TABLET	E		0	999	09/01/2012	12/31/9999	1	0.00
E0205	06	HEAT LAMP, WITH STAND, INCLUDE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0210	06	ELECTRIC HEAT PAD STANDARD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0215	06	ELECTRIC HEAT PAD MOIST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0217	06	WATER CIRC HEAT PAD WITH PUMP	E		0	20	09/01/2012	12/31/9999	1	0.00
E0218	06	WATER CIRC COLD PAD W/PUMP	E		0	20	09/01/2012	12/31/9999	1	0.00
E0221	06	INFRARED HEATING PAD SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0225	06	HYDRACOLLATOR UNIT; INCLUDES	E		0	999	09/01/2012	12/31/9999	1	0.00
E0231	06	WOUND WARMING DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0232	06	WARMING CARD FOR NWT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0235	06	PARAFFIN BATH UNIT PORTABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0236	06	PUMP FOR WATER CIRCULATING PAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0239	06	HYDROCOLLATOR UNIT, PORTABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0240	06	BATH/SHOWER CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0241	06	BATH TUB WALL RAIL, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0242	06	BATH TUB RAIL, FLOOR BASE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0243	06	TOILET RAIL, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0244	06	RAISED TOILET SEAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0245	06	TUB STOOL OR BENCH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0246	06	TRANSFER TUB RAIL ATTACHMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0247	06	TRANS BENCH W/WO COMM OPEN	E		0	999	09/01/2012	12/31/9999	1	0.00
E0248	06	HDTRANS BENCH W/WO COMM OPEN	E		0	999	09/01/2012	12/31/9999	1	0.00
E0249	06	PAD WATER CIRC HEAT UNIT RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0250	06	HOSP BED FIXED HT W/ MATTRES	E		0	999	09/01/2012	12/31/9999	1	0.00
E0251	06	HOSPITAL BED, FIXED HGHT, WITH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0255	06	HOSPITAL BED VAR HT W/ MATTR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0256	06	HOSPITAL BED, VARIABLE HGHTS,	E		0	999	09/01/2012	12/31/9999	1	0.00
E0260	06	HOSP BED, SEMI-ELECTRIC (HEAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0261	06	HOSP BED, SEMI ELEC HEAD AND	E		0	999	09/01/2012	12/31/9999	1	0.00
E0265	06	HOSP BED TOTAL ELECTR W/ MAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0266	06	HOSPITAL BED, TOTAL ELEC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0270	06	HOSPITAL BED, INSTITUTIONAL,	E		0	999	09/01/2012	12/31/9999	1	0.00
E0271	06	MATTRESS, INNERSPRING	E		0	999	09/01/2012	12/31/9999	1	0.00
E0272	06	MATTRESS, FOAM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0273	06	BED BOARD	E		0	20	09/01/2012	12/31/9999	1	0.00
E0274	06	OVERBED TABLE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0275	06	BED PAN, STANDARD, METAL OR PL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0276	06	BED PAN, FRACTURE, METAL OR PL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0277	06	POWERED PRESSURE REDUCING AIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0280	06	BED, CRADLE, ANY TYPE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0290	06	HOSPITAL BED, FIXED HGHT, W/HT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0291	06	HOSPITAL BED, FIXED HGHT, W/O	E		0	999	09/01/2012	12/31/9999	1	0.00
E0292	06	HOSP BED VAR HT NO SR W/MATT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0293	06	HOSP BED VAR HT NO SR NO MAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0294	06	HOSPITAL BED, SEMI ELECTRIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0295	06	HOSPITAL BED, SEM- ELECTRIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0296	06	HOSP BED TOTAL ELECT W/ MATT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0297	06	HOSPITAL BED, TOTAL ELECTRIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0300	06	ENCLOSED PER CRIB HOSP GRADE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0301	06	HD HOSP BED, 350-600 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0302	06	EX HD HOSP BED > 600 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0303	06	HOSP BED HVY DTY XTRA WIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0304	06	HOSP BED XTRA HVY DTY X WIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0305	06	RAILS BED SIDE HALF LENGTH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0310	06	RAILS BED SIDE FULL LENGTH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0315	06	BED ACCESSORY, BOARD, TABLE,	E		0	999	09/01/2012	12/31/9999	1	0.00
E0316	06	BED SAFETY ENCLOSURE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0325	06	URINAL MALE JUG-TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0326	06	URINAL, FEMALE, JUG/TYPE, ANY	E		0	999	09/01/2012	12/31/9999	1	0.00
E0328	06	PED HOSPITAL BED, MANUAL	E		0	20	09/01/2012	12/31/9999	1	0.00
E0329	06	PED HOSPITAL BED SEMI/ELECT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0350	06	CONTROL UNIT BOWEL SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0352	06	DISPOSABLE PACK W/BOWEL SYST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0370	06	AIR PRESSURE ELEVATOR FOR HEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0371	06	NONPOWER MATTRESS OVERLAY	E		0	20	09/01/2012	12/31/9999	1	0.00
E0372	06	POWERED OVERLAY MATTRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0373	06	NONPOWERED PRESSURE MATTRESS	E		0	20	09/01/2012	12/31/9999	1	0.00
E0424	06	STATIONARY COMPRESSED GAS O2	E		0	999	09/01/2012	12/31/9999	1	0.00
E0425	06	GAS SYSTEM STATIONARY COMPRE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0430	06	OXYGEN SYSTEM GAS PORTABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0431	06	PORTABLE GASEOUS O2	E		0	999	09/01/2012	12/31/9999	1	0.00
E0433	06	PORTABLE LIQUID OXYGEN SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0434	06	PORTABLE LIQUID OXYGEN SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0435	06	PORTABLE LIQUID OXYGEN SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0439	06	STATIONARY LIQUID O2	E		0	999	09/01/2012	12/31/9999	1	0.00
E0440	06	OXYGEN SYSTEM LIQUID STATION	E		0	999	09/01/2012	12/31/9999	1	0.00
E0441	06	STATIONARY O2 CONTENTS, GAS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0442	06	STATIONARY O2 CONTENTS, LIQ	E		0	999	09/01/2012	12/31/9999	1	0.00
E0443	06	PORTABLE O2 CONTENTS, GAS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0444	06	PORTABLE O2 CONTENTS, LIQUID	E		0	999	09/01/2012	12/31/9999	1	0.00
E0445	01	OXIMETER NON-INVASIVE	N		0	999	09/01/2012	12/31/9999	1	0.00
E0446	06	TOPICAL OX DELIVER SYS, NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0447	06	PORT O2 CONT, LIQ OVER 4 LPM	E		0	999	01/01/2019	12/31/9999	1	0.00
E0455	06	OXYGEN TENT, EXCLUDING CROUP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0457	06	CHEST SHELL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0459	06	CHEST WRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0462	06	ROCKING BED WITH OR WITHOUT SI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0465	06	HOME VENT W/ INVASIVE INTERFACE	E		0	999	01/01/2016	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0466	06	HOME VENT W/ NON-INVASIVE INTERFACE	E		0	999	01/01/2016	12/31/9999	1	0.00
E0467	06	HOME VENT MULTI-FUNCTION	E		0	999	01/01/2019	12/31/9999	1	0.00
E0470	06	RAD W/O BACKUP NON-INV INTFC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0471	06	RAD W/BACKUP NON INV INTRFC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0472	06	RAD W BACKUP INVASIVE INTRFC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0480	06	PERCUSSOR, ELECTRIC OR PNEUMAT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0481	06	INTRPULMNRY PERCUSS VENT SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0482	06	COUGH STIMULATING DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0483	06	CHEST COMPRESSION GEN SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0484	06	NON-ELEC OSCILLATORY PEP DVC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0485	06	ORAL DEVICE/APPLIANCE PREFAB	E		0	999	09/01/2012	12/31/9999	1	0.00
E0486	06	ORAL DEVICE/APPLIANCE CUSFAB	E		0	999	09/01/2012	12/31/9999	1	0.00
E0487	01	ELECTRONIC SPIOMETER + ACC	N		0	999	09/01/2012	12/31/9999	1	0.00
E0500	06	JPPBMACHINE, ALL TYPES	E		0	999	09/01/2012	12/31/9999	1	0.00
E0550	06	HUMIDIFIER, DURABLE FOR EXTENS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0555	06	HUMIDIFIER, DURABLE, GLASS OR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0560	06	HUMIDIFIER, DURABLE FOR SUPPLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0561	06	HUMIDIFIER NONHEATED W PAP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0562	06	HUMIDIFIER HEATED USED W PAP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0565	06	COMPRESSOR, AIR POWER SOURCE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0570	06	NEBULIZER WITH COMPRESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
E0572	06	AEROSOL COMPRESSOR ADJUST PR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0574	06	ULTRASONIC GENERATOR W SVNEB	E		0	999	09/01/2012	12/31/9999	1	0.00
E0575	06	NEBULIZER ULTRASONIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0580	06	NEBULIZER, FOR USE W/REGULATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0585	06	NEBULIZER WITH COMPRESSOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0600	06	SUCTION PUMP PORTAB HOM MODL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0601	06	CONT AIRWAY PRESSURE DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0602	06	MANUAL BREAST PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0603	01	ELECTRIC BREAST PUMP	N		0	999	09/01/2012	12/31/9999	1	0.00
E0604	06	HOSP GRADE ELEC BREAST PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0605	06	VAPORIZER, ROOM TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0606	06	POSTURAL DRAINAGE BOARD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0607	06	BLOOD GLUCOSE MONITOR HOME	E		0	999	09/01/2012	12/31/9999	1	0.00
E0610	06	PACEMAKER MONITOR, SELF CONTAI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0615	06	PACEMAKER MONITOR, SELF CONTAI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0616	01	CARDIAC EVENT RECORDER	N		0	999	09/01/2012	12/31/9999	1	0.00
E0617	06	AUTOMATIC EXT DEFIBRILLATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0618	06	APNEA MONITOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0619	06	APNEA MONITOR W RECORDER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0620	06	CAP BLD SKIN PIERCING LASER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0621	06	SLING OR SEAT, PATIENT LIFT C	E		0	20	09/01/2012	12/31/9999	1	0.00
E0625	06	PATIENT LIFT BATHROOM OR TOI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0627	06	SEAT LIFT ELEC ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0629	06	SEAT LIFT NON-ELEC ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0630	06	PATIENT LIFT HYDRAULIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0635	06	PATIENT LIFT, ELECTRIC WITH SE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0636	06	PT SUPPORT & POSITIONING SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0637	06	COMBINATION SIT TO STAND SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0638	06	STANDING FRAME SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0639	06	MOVEABLE PATIENT LIFT SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0640	06	FIXED PATIENT LIFT SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0641	06	MULTI-POSITION STND FRAM SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0642	06	DYNAMIC STANDING FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E0650	06	PNEUMATIC COMPRESSOR, NON SEGM	E		0	20	09/01/2012	12/31/9999	1	0.00
E0651	06	PNEUMATIC COMPRESSOR, SEGMENTA	E		0	999	09/01/2012	12/31/9999	1	0.00
E0652	06	PNEUMATIC COMPRESSOR, SEGMENTA	E		0	999	09/01/2012	12/31/9999	1	0.00
E0655	06	NON SEGMENTAL PNEUMATIC APPLIA	E		0	20	09/01/2012	12/31/9999	1	0.00
E0656	06	SEGMENTAL PNEUMATIC TRUNK	E		0	999	09/01/2012	12/31/9999	1	0.00
E0657	06	SEGMENTAL PNEUMATIC CHEST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0660	06	NON-SEGMENTAL PNEUMATIC APPLIA	E		0	20	09/01/2012	12/31/9999	1	0.00
E0665	06	NON-SEGMENTAL PNEUMATIC APPLIA	E		0	20	09/01/2012	12/31/9999	1	0.00
E0666	06	NON SEGMENTAL PNEUMATIC APPLIA	E		0	20	09/01/2012	12/31/9999	1	0.00
E0667	06	SEGMENTAL PNEUMATIC APPLIANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0668	06	SEGMENTAL PNEUMATIC APPLIANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0669	06	SEGMENTAL PNEUMATIC APPLIANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0670	06	SEG PNEUM INT LEGS/TRUNK	E		0	20	07/01/2013	12/31/9999	1	0.00
E0671	06	SEGMENTAL GRADIENT PRESSURE PN	E		0	20	09/01/2012	12/31/9999	1	0.00
E0672	06	SEGMENTAL PRESSURE PNEUMATIC	E		0	20	09/01/2012	12/31/9999	1	0.00
E0673	06	SEGMENTAL GRADIENT PRESSURE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0675	06	PNEUMATIC COMPRESSION DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0676	06	Inter limb compress dev NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
E0691	06	UVL PNL 2 SQ FT OR LESS	E		0	20	09/01/2012	12/31/9999	1	0.00
E0692	06	UVL SYS PANEL 4 FT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0693	06	UVL SYS PANEL 6 FT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0694	06	UVL MD CABINET SYS 6 FT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0700	06	SAFETY EQUIPMENT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0705	06	TRANSFER DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0710	06	RESTRAINTS, ANY TYPE (BODY, CH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0720	06	TENS TWO LEAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0730	06	TENS FOUR LEAD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0731	06	FORM FITTING CONDUCTIVE GARMEN	E		0	999	09/01/2012	12/31/9999	1	0.00
E0740	06	NON-IMPLANT PELV FLR E-STIM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0744	06	NEUROMUSCULAR ELECTRICAL STIMU	E		0	20	09/01/2012	12/31/9999	1	0.00
E0745	06	NEUROMUSCULAR STIMULATOR, ELEC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0746	01	EMG/ BIOFEEDBACK DEVICE	N		0	999	09/01/2012	12/31/9999	1	0.00
E0747	06	ELEC OSTEOGEN STIM NOT SPINE	E		0	20	09/01/2012	12/31/9999	1	0.00
E0748	06	OSTEOGENESIS STIMULATOR, ELECT	E		0	20	09/01/2012	12/31/9999	1	0.00
E0749	01	OSTEOGENESIS STIMULATOR	N		0	20	09/01/2012	12/31/9999	1	0.00
E0755	06	ELECTRONIC SALIVARY REFLEX STI	E		0	20	09/01/2012	12/31/9999	1	0.00
E0760	06	OSTOGENESIS STIMULATOR, LOW	E		0	999	09/01/2012	12/31/9999	1	0.00
E0761	06	NONTHERM ELECTROMGNTIC DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0762	06	RANS ELEC JT STIM DEV SYS	E		0	20	09/01/2012	12/31/9999	1	0.00
E0764	06	FUNCTIONAL NEUROMUSCULARSTIM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0765	06	NERVE STIMULATOR FOR TX N&V	E		0	999	09/01/2012	12/31/9999	1	0.00
E0766	06	ELEC STIM CANCER TREATMENT	E		0	999	01/01/2014	12/31/9999	1	0.00
E0769	06	ELECTRIC WOUND TREATMENT DEV	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E0770	O6	FUNCTIONAL ELECTRIC STIM NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
E0776	O6	IV POLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0779	O6	AMB INFUSION PUMP MECHANICAL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0780	O6	MECH AMB INFUSION PUMP <8HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0781	O6	EXTERNAL AMBULATORY INFUS PU	E		0	999	09/01/2012	12/31/9999	1	0.00
E0782	O1	NON-PROGRAMABLE INFUSION PUMP	N		0	999	09/01/2012	12/31/9999	1	0.00
E0783	O1	PROGRAMMABLE INFUSION PUMP	N		0	999	09/01/2012	12/31/9999	1	0.00
E0784	O6	EXTERNAL AMBULATORY INFUSION	E		0	999	09/01/2012	12/31/9999	1	0.00
E0785	O1	REPLACEMENT IMPL PUMP CATHET	N		0	999	09/01/2012	12/31/9999	1	0.00
E0786	O1	IMPLANTABLE PUMP REPLACEMENT	N		0	999	09/01/2012	12/31/9999	1	0.00
E0787	O6	CGS DOSE ADJ INSULIN INF PMP	E		0	999	01/01/2020	12/31/9999	1	0.00
E0791	O6	PARENTERAL INFUSION PUMP, STAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0830	O1	AMBULATORY TRACTION DEVICE	N		0	999	09/01/2012	12/31/9999	1	0.00
E0840	O6	TRACT FRAME ATTACH HEADBOARD	E		0	999	09/01/2012	12/31/9999	1	0.00
E0849	O6	CERVICAL PNEUM TRAC EQUIP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0850	O6	TRACTION STAND FREE STANDING	E		0	999	09/01/2012	12/31/9999	1	0.00
E0855	O6	CERVICAL TRACTION EQUIPMENT NO	E		0	999	09/01/2012	12/31/9999	1	0.00
E0856	O6	CERVICAL TRACTION DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0860	O6	TRACT EQUIP CERVICAL TRACT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0870	O6	TRACTION FRAME, ATTACHED TO FO	E		0	20	09/01/2012	12/31/9999	1	0.00
E0880	O6	TRAC STAND FREE STAND EXTREM	E		0	20	09/01/2012	12/31/9999	1	0.00
E0890	O6	TRACTION FRAME ATTACH PELVIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0900	O6	TRAC STAND FREE STAND PELVIC	E		0	999	09/01/2012	12/31/9999	1	0.00
E0910	O6	TRAPEZE BAR ATTACHED TO BED	E		0	999	09/01/2012	12/31/9999	1	0.00
E0911	O6	D TRAPEZE BAR ATTACH TO BED	E		0	999	09/01/2012	12/31/9999	1	0.00
E0912	O6	D TRAPEZE BAR FREE STANDING	E		0	999	09/01/2012	12/31/9999	1	0.00
E0920	O6	FRACTURE FRAME, ATTACHED TO BE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0930	O6	FRACTURE FRAME, FREESTANDING	E		0	999	09/01/2012	12/31/9999	1	0.00
E0935	O6	CONT PAS MOTION EXERCISE DEV	E		0	999	09/01/2012	12/31/9999	1	0.00
E0936	O6	CPM device, other than knee	E		0	999	09/01/2012	12/31/9999	1	0.00
E0940	O6	TRAPEZE BAR FREE STANDING	E		0	999	09/01/2012	12/31/9999	1	0.00
E0941	O6	GRAVITY ASSISTED TRACTION DEVI	E		0	20	09/01/2012	12/31/9999	1	0.00
E0942	O6	CERVICAL HEAD HARNESS/HALTER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0944	O6	PELVIC BELT/HARNESS/BOOT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0945	O6	EXTREMITY BELT/HARNESS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0946	O6	FRACTURE FRAME, DUAL WITH CROS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0947	O6	FRACTURE FRAME, ATTACHMENTS FO	E		0	999	09/01/2012	12/31/9999	1	0.00
E0948	O6	FRACTURE FRAME, ATTACHMENTS FO	E		0	999	09/01/2012	12/31/9999	1	0.00
E0950	O6	TRAY	E		0	999	09/01/2012	12/31/9999	1	0.00
E0951	O6	LOOP HEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
E0952	O6	TOE LOOP/HOLDER, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E0953	O6	W/C LATERAL THIGH/KNEE SUP	E		0	999	01/01/2018	12/31/9999	1	0.00
E0954	O6	FOOT BOX, ANY TYPE EACH FOOT	E		0	999	01/01/2018	12/31/9999	1	0.00
E0955	O6	CUSHIONED HEADREST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0956	O6	W/C LATERAL TRUNK/HIP SUPPOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0957	O6	W/C MEDIAL THIGH SUPPORT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0958	O6	WHLCHR ATT- CONV 1 ARM DRIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
E0959	O6	AMPUTEE ADAPTER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0960	O6	W/C SHOULDER HARNESS/STRAPS	E		0	999	09/01/2012	12/31/9999	1	0.00
E0961	O6	WHEELCHAIR BRAKE EXTENSION	E		0	999	09/01/2012	12/31/9999	1	0.00
E0966	O6	WHEELCHAIR HEAD REST EXTENSI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0967	O6	MAN WC RIM/PROJECTION REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E0968	O6	COMMODE SEAT, WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0969	O6	NARROWING DEVICE, WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0970	O6	NO.2 FOOTPLATES, EXCEPT FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0971	O6	WHEELCHAIR ANTI-TIPPING DEVI	E		0	999	09/01/2012	12/31/9999	1	0.00
E0973	O6	W/CH ACCESS DET ADJ ARMREST	E		0	999	09/01/2012	12/31/9999	1	0.00
E0974	O6	W/CH ACCESS ANTI-ROLLBACK	E		0	999	09/01/2012	12/31/9999	1	0.00
E0978	O6	W/C ACC,SAF BELT PELV STRAP	E		0	999	09/01/2012	12/31/9999	1	0.00
E0980	O6	SAFETY VEST, WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
E0981	O6	SEAT UPHOLSTERY, REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0982	O6	BACK UPHOLSTERY, REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0983	O6	ADD PWR JOYSTICK	E		0	999	09/01/2012	12/31/9999	1	0.00
E0984	O6	ADD PWR TILLER	E		0	999	09/01/2012	12/31/9999	1	0.00
E0985	O6	W/C SEAT LIFT MECHANISM	E		0	999	09/01/2012	12/31/9999	1	0.00
E0986	O6	MAN WHEELCHAIR ASSESSORY	E		0	999	09/01/2012	12/31/9999	1	0.00
E0988	O6	MAN W/C ACC, LEVER-ACTIVATED, WHL DRIVE,	E		0	999	09/01/2012	12/31/9999	1	0.00
E0990	O6	WHEELCHAIR ELEVATING LEG RES	E		0	999	09/01/2012	12/31/9999	2	0.00
E0992	O6	WHEELCHAIR SOLID SEAT INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
E0994	O6	ARM REST, EACH	E		0	999	09/01/2012	12/31/9999	2	0.00
E0995	O6	WC CALF REST, PAD REPLACEMNT	E		0	999	09/01/2012	12/31/9999	2	0.00
E1002	O6	PWR SEAT TILT	E		0	999	09/01/2012	12/31/9999	1	0.00
E1003	O6	PWR SEAT RECLINE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1004	O6	PWR SEAT RECLINE MECH	E		0	999	09/01/2012	12/31/9999	1	0.00
E1005	O6	PWR SEAT RECLINE PWR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1006	O6	PWR SEAT COMBO W/O SHEAR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1007	O6	PWR SEAT COMBO W/SHEAR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1008	O6	PWR SEAT COMBO PWR SHEAR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1009	O6	ADD MECH LEG ELEVATION	E		0	999	09/01/2012	12/31/9999	1	0.00
E1010	O6	ADD PWR LEG ELEVATION	E		0	999	09/01/2012	12/31/9999	1	0.00
E1011	O6	PED WC MODIFY WIDTH ADJUSTM	E		0	20	09/01/2012	12/31/9999	1	0.00
E1012	O6	WHLCHR CNTR MNT ELEV LEG REST EA	E		0	999	01/01/2016	12/31/9999	1	0.00
E1014	O6	RECLINING BACK ADD PED W/C	E		0	20	09/01/2012	12/31/9999	1	0.00
E1015	O6	SHOCK ABSORBER FOR MAN W/C	E		0	999	09/01/2012	12/31/9999	1	0.00
E1016	O6	SHOCK ABSORBER FOR POWER W/C	E		0	20	09/01/2012	12/31/9999	1	0.00
E1017	O6	HD SHCK ABSRBR FOR HD MAN WC	E		0	999	09/01/2012	12/31/9999	1	0.00
E1018	O6	HD SHCK ABSRBER FOR HD POWWC	E		0	20	09/01/2012	12/31/9999	1	0.00
E1020	O6	RESIDUAL LIMB SUPPORT SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E1028	O6	W/C MANUAL SWINGAWAY	E		0	999	09/01/2012	12/31/9999	1	0.00
E1029	O6	W/C VENT TRAY FIXED	E		0	999	09/01/2012	12/31/9999	1	0.00
E1030	O6	W/C VENT TRAY GIMBALED	E		0	999	09/01/2012	12/31/9999	1	0.00
E1031	O6	ROLL ABOUT CHAIR, ANY AND ALL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1035	O6	PATIENT TRANSFER SYSTEM <300	E		0	999	09/01/2012	12/31/9999	1	0.00
E1036	O6	PATIENT TRANSFER SYSTEM >300	E		0	999	09/01/2012	12/31/9999	1	0.00
E1037	O6	TRANSPORT CHAIR, PED SIZE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1038	O6	TRANSPORT CHAIR PT WT <=300LB	E		0	999	09/01/2012	12/31/9999	1	0.00
E1039	O6	TRANSPORT CHAIR PT WT >300LB	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1050	06	WHEELCHR FXD FULL LENGTH ARMS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1060	06	WHEELCHAIR DETACHABLE ARMS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1070	06	WHEELCHAIR DETACHABLE FOOT R	E		0	999	09/01/2012	12/31/9999	1	0.00
E1083	06	HEMI WHEELCHAIR; FIXED FULL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1084	06	HEMI WHEELCHAIR; DETACHABLE AR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1085	06	HWWMI WHEELCHAIR; FIXED FULL LE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1086	06	HEMI WHEELCHAIR; DETACHABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1087	06	WHEELCHAIR LIGHTWT FIXED ARM	E		0	999	09/01/2012	12/31/9999	1	0.00
E1088	06	HIGH STRENGTH LIGHTWEIGHT WHE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1089	06	HIGH STRENGTH WHEELCHAIR, FIXE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1090	06	HIGH STRENGTH LIGHTWEIGHT WHEE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1092	06	WIDE HEAVY DUTY WHEELCHAIR, D	E		0	999	09/01/2012	12/31/9999	1	0.00
E1093	06	WIDE HEAVY DUTY WHEELCHAIR; D	E		0	999	09/01/2012	12/31/9999	1	0.00
E1100	06	SEMI-RECLINING WHEELCHAIR; FIX	E		0	999	09/01/2012	12/31/9999	1	0.00
E1110	06	SEMI-RECLINING WHEELCHAIR, DET	E		0	999	09/01/2012	12/31/9999	1	0.00
E1130	06	WHLCHR STAND FXD ARM FT REST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1140	06	WHEELCHAIR STANDARD DETACH A	E		0	999	09/01/2012	12/31/9999	1	0.00
E1150	06	WHEELCHAIR STANDARD W/ LEG R	E		0	999	09/01/2012	12/31/9999	1	0.00
E1160	06	WHEELCHAIR FIXED ARMS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1161	06	MANUAL ADULT WC W TILTINSPAC	E		0	999	09/01/2012	12/31/9999	1	0.00
E1170	06	WHLCHR AMPU FXD ARM LEG REST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1171	06	WHEELCHAIR AMPUTEE W/O LEG R	E		0	999	09/01/2012	12/31/9999	1	0.00
E1172	06	AMPUTEE, WHEELCHAIR, DETACHABL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1180	06	WHEELCHAIR AMPUTEE W/ FOOT R	E		0	999	09/01/2012	12/31/9999	1	0.00
E1190	06	WHEELCHAIR AMPUTEE W/ LEG RE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1195	06	HEAVY DUTY WHEELCHAIR, FIXED F	E		0	999	09/01/2012	12/31/9999	1	0.00
E1200	06	AMPUTEE WHEELCHAIR, FIXED FULL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1220	06	CUSTOM WHEELCHAIR AND/OR SEAT	E		0	999	09/01/2012	12/31/9999	1	0.00
E1221	06	WHEELCHAIR W/FIXED ARM, FTREST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1222	06	WHLCHR W/FIXED ARM,ELEVA LGRST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1223	06	WHLCHR W/DETCHABLE ARMS, FTIRST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1224	06	WHLCHR W/DETCHABLE ARMS, LGRST	E		0	999	09/01/2012	12/31/9999	1	0.00
E1225	06	MANUAL SEMI-RECLINING BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
E1226	06	RECLINING BACK ADD PED W/C	E		0	999	09/01/2012	12/31/9999	1	0.00
E1227	06	SPECIAL HEIGHT ARMS FOR WHEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1228	06	SPECIAL BACK HEIGHT FOR WHEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1229	06	PEDIATRIC WHEELCHAIR NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1230	06	POWER OPERATED VEHICLE (THREE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1231	06	RIGID PED W/C TILT-IN-SPACE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1232	06	FOLDING PED WC TILT-IN-SPACE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1233	06	RIG PED WC TLTNSPC W/O SEAT	E		0	20	09/01/2012	12/31/9999	1	0.00
E1234	06	FLD PED WC TLTNSPC W/O SEAT	E		0	20	09/01/2012	12/31/9999	1	0.00
E1235	06	RIGID PED WC ADJUSTABLE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1236	06	FOLDING PED WC ADJUSTABLE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1237	06	RGD PED WC ADJSTABL W/O SEAT	E		0	20	09/01/2012	12/31/9999	1	0.00
E1238	06	FLD PED WC ADJSTABL W/O SEAT	E		0	20	09/01/2012	12/31/9999	1	0.00
E1239	06	PED POWER WHEELCHAIR NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1240	06	LIGHTWEIGHT WHEELCHAIR, DETAC	E		0	999	09/01/2012	12/31/9999	1	0.00
E1250	06	LIGHTWEIGHT WHEELCHAIR, FIXED	E		0	999	09/01/2012	12/31/9999	1	0.00
E1260	06	LIGHTWEIGHT WHEELCHAIR, DETACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E1270	06	LIGHTWEIGHT WHEELCHAIR, FIXED	E		0	999	09/01/2012	12/31/9999	1	0.00
E1280	06	WHCHR H-DUTY DET ARM LEG RES	E		0	999	09/01/2012	12/31/9999	1	0.00
E1285	06	HEAVY DUTY WHEELCHAIR; FIXED F	E		0	999	09/01/2012	12/31/9999	1	0.00
E1290	06	WHEELCHAIR HVY DUTY DETACH A	E		0	999	09/01/2012	12/31/9999	1	0.00
E1295	06	HEAVY DUTY WHEELCHAIR, FIXED F	E		0	999	09/01/2012	12/31/9999	1	0.00
E1296	06	SPECIAL WHEELCHAIR; SEAT HEIGH	E		0	999	09/01/2012	12/31/9999	1	0.00
E1297	06	WHEELCHAIR SPECIAL SEAT DEPT	E		0	999	09/01/2012	12/31/9999	1	0.00
E1298	06	SPECIAL WHEELCHAIR; SEAT HEIGH	E		0	999	09/01/2012	12/31/9999	1	0.00
E1300	06	WHIRLPOOL, PORTABLE (OVERBED	E		0	20	09/01/2012	12/31/9999	1	0.00
E1310	06	WHIRLPOOL; NON-PORTABLE (BUILT	E		0	20	09/01/2012	12/31/9999	1	0.00
E1352	06	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE	E		0	999	01/01/2014	12/31/9999	1	0.00
E1353	06	REGULATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1354	06	WHEELED CART, PORT CYL/CONC RPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E1355	06	STAND/RACK	E		0	999	09/01/2012	12/31/9999	1	0.00
E1356	06	BATT PACK/CART, PORT CONC RPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E1357	06	BATTERY CHARGER, PORT CONC RPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E1358	06	DC POWER ADAPTER, PORT CONC RPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E1372	06	IMMERSION EXTERNAL HEATER FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1390	06	OXYGEN CONCENTRATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1391	06	OXYGEN CONCENTRATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1392	06	Portable oxygen concentrator	E		0	999	09/01/2012	12/31/9999	1	0.00
E1399	06	DURABLE MEDICAL EQUIPMENT MI	E		0	999	09/01/2012	12/31/9999	1	0.00
E1405	06	OXYGEN AND VAPOR ENRICHING SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1406	06	OXYGEN AND WATER ENRICHING SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1500	06	PERITONEAL DIALYSIS MACHINE L	E		0	999	09/01/2012	12/31/9999	1	0.00
E1510	06	KIDNEY DIALYSTATE DELIVERY SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1520	06	HEPARIN INFUSION PUMP FOR DIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
E1530	06	AIR BUBBLE DETECTOR FOR DIALY	E		0	999	09/01/2012	12/31/9999	1	0.00
E1540	06	PRESSURE ALARM FOR DIALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1550	06	BATH CONDUCTIVITY METER FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1560	06	BLOOD LEAK DETECTOR FOR DIALYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1570	06	ADJUST CHAIR, FOR ESRD PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
E1575	06	TRANSDUCER PROTECTORS/FLUID	E		0	999	09/01/2012	12/31/9999	1	0.00
E1580	06	UNIPUNCTURE CONTROL SYSTEM FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1590	06	HEMODIALYSIS MACHINE UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
E1592	06	AUTOMATIC INTERMITTENT PERITO	E		0	999	09/01/2012	12/31/9999	1	0.00
E1594	06	CYCLER DIALYSIS MACHINE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1600	06	DLVRY AND/OR INSTALL CHG FOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E1610	06	REVERSE OSMOSIS WATER PURIFI	E		0	999	09/01/2012	12/31/9999	1	0.00
E1615	06	DEIONIZER WATER PURIFICATION	E		0	999	09/01/2012	12/31/9999	1	0.00
E1620	06	BLOOD PUMP FOR DIALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1625	06	WATER SOFTENING SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E1629	06	TABLO FOR DIALYSIS SERVICE	E		0	999	01/01/2022	12/31/9999	1	0.00
E1630	06	RECIP PERITONEAL DIALYSIS SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E1632	06	WEARABLE ARTIFICIAL KIDNEY	E		0	999	09/01/2012	12/31/9999	1	0.00
E1634	06	PERITONEAL DIALYSIS CLAMP	E		0	999	09/01/2012	12/31/9999	1	0.00
E1635	06	COMPACT (PORTABLE) TRAVEL HEMO	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E1636	06	SORBENT CARTRIDGES PER CASE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1637	06	HEMOSTATS FOR DIALYSIS, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E1639	06	DIALYSIS SCALE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1699	06	DIALYSIS EQUIPMENT, UNSPECIFIE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1700	06	JAW MOTION REHABILITATION SYST	E		0	20	09/01/2012	12/31/9999	1	0.00
E1701	06	REPLACEMENT CUSHIONS FPR JAW M	E		0	20	09/01/2012	12/31/9999	1	0.00
E1702	06	REPLACEMENT MEASURING SCALES	E		0	20	09/01/2012	12/31/9999	1	0.00
E1800	06	ADJUST ELBOW EXT/FLEX DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1801	06	SPS ELBOW DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1802	06	ADJST FOREARM PRO/SUP DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1805	06	ADJUST WRIST EXT/FLEX DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1806	06	SPS WRIST DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1810	06	ADJUST KNEE EXT/FLEX DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1811	06	SPS KNEE DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1812	06	NEE EXT/FLEX W ACT RES CTRL	E		0	20	09/01/2012	12/31/9999	1	0.00
E1815	06	ADJUST ANKLE EXT/FLEX DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1816	06	SPS ANKLE DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1820	06	SOFT INTERFACE MATERIAL	E		0	20	09/01/2012	12/31/9999	1	0.00
E1821	06	REPLACEMENT INTERFACE SPSD	E		0	20	09/01/2012	12/31/9999	1	0.00
E1825	06	ADJUST FINGER EXT/FLEX DEVC	E		0	20	09/01/2012	12/31/9999	1	0.00
E1830	06	ADJUST TOE EXT/FLEX DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E1831	06	STATIC STR TOE DEV EXT/FLEX	E		0	999	09/01/2012	12/31/9999	1	0.00
E1840	06	ADJ SHOULDER EXT/FLEX DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
E1841	06	STATIC STR SHLDR DEV ROM ADJ	E		0	999	09/01/2012	12/31/9999	1	0.00
E1902	06	AAC NON-ELECTRONIC BOARD	E		0	999	09/01/2012	12/31/9999	1	0.00
E2000	06	GASTRIC SUCTION PUMP HME MDL	E		0	20	09/01/2012	12/31/9999	1	0.00
E2100	06	BLD GLUCOSE MONITOR W VOICE	E		0	20	09/01/2012	12/31/9999	1	0.00
E2101	06	BLD GLUCOSE MONITOR W LANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2102	06	ADJU CGM RECEIVER/MONITOR	E		0	999	04/01/2022	12/31/9999	1	0.00
E2120	06	PULSE GEN SYS TX ENDOLYMP FL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2201	06	MAN W/C ACC SEAT W>=20p<24p	E		0	999	09/01/2012	12/31/9999	1	0.00
E2202	06	SEAT WIDTH 24-27 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2203	06	FRAME DEPTH LESS THAN 22 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2204	06	FRAME DEPTH 22 TO 25 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2205	06	MANUAL WC ACCESSORY, HANDRIM	E		0	999	09/01/2012	12/31/9999	1	0.00
E2206	06	MAN WC WHL LOCK COMP REPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2207	06	CRUTCH AND CANE HOLDER	E		0	999	09/01/2012	12/31/9999	1	0.00
E2208	06	YLINDER TANK CARRIER	E		0	999	09/01/2012	12/31/9999	1	0.00
E2209	06	ARM TROUGH EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2210	06	WHEELCHAIR BEARINGS	E		0	999	09/01/2012	12/31/9999	1	0.00
E2211	06	PNEUMATIC PROPULSION TIRE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2212	06	PNEUMATIC PROP TIRE TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2213	06	PNEUMATIC PROP TIRE INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
E2214	06	PNEUMATIC CASTER TIRE EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2215	06	PNEUMATIC CASTER TIRE TUBE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2216	06	FOAM FILLED PROPULSION TIRE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2217	06	FOAM FILLED CASTER TIRE EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2218	06	FOAM PROPULSION TIRE EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2219	06	FOAM CASTER TIRE ANY SIZE EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2220	06	SOLID PROPULS TIRE, REPL, EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2221	06	SOLID CASTER TIRE REPL, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2222	06	SOLID CASTER INTEG WHL, REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2224	06	PROPULSION WHL EXCL TIRE REP	E		0	999	09/01/2012	12/31/9999	1	0.00
E2225	06	CASTER WHEEL EXCLUDES TIRE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2226	06	CASTER FORK REPLACEMENT ONLY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2227	06	GEAR REDUCTION DRIVE WHEEL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2228	06	MWC ACC, WHEELCHAIR BRAKE EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2230	06	MANUAL WLCHR STANDING SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
E2231	06	MAN WLCHR SOLID SEAT SUPPORT BASE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2291	06	PLANAR BACK FOR PED SIZE WC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2292	06	PLANAR SEAT FOR PED SIZE WC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2293	06	CONTOUR BACK FOR PED SIZE WC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2294	06	CONTOUR SEAT FOR PED SIZE WC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2295	06	PED WLCHR DYNAMIC SEATING FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E2300	06	PWR SEAT ELEVATION SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E2301	06	PWR STANDING	E		0	999	09/01/2012	12/31/9999	1	0.00
E2310	06	ELECTRO CONNECT BTW CONTROL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2311	06	ELECTRO CONNECT BTW 2 SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E2312	06	MINI-PROP REMOTE JOYSTICK	E		0	999	09/01/2012	12/31/9999	1	0.00
E2313	06	PWC HARNESS, EXPAND CONTROL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2321	06	HAND INTERFACE JOYSTICK	E		0	999	09/01/2012	12/31/9999	1	0.00
E2322	06	MULT MECH SWITCHES	E		0	999	09/01/2012	12/31/9999	1	0.00
E2323	06	SPECIAL JOYSTICK HANDLE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2324	06	CHIN CUP INTERFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2325	06	SIP AND PUFF INTERFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2326	06	BREATH TUBE KIT	E		0	999	09/01/2012	12/31/9999	1	0.00
E2327	06	HEAD CONTROL INTERFACE MECH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2328	06	HEAD/EXTREMITY CONTROL INTER	E		0	999	09/01/2012	12/31/9999	1	0.00
E2329	06	HEAD CONTROL NONPROPORTIONAL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2330	06	HEAD CONTROL PROXIMITY SWITC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2331	06	ATTENDANT CONTROL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2340	06	W/C WDTN 20-23 IN SEAT FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E2341	06	W/C WDTN 24-27 IN SEAT FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E2342	06	W/C DPTH 20-21 IN SEAT FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E2343	06	W/C DPTH 22-25 IN SEAT FRAME	E		0	999	09/01/2012	12/31/9999	1	0.00
E2351	06	ELECTRONIC SGD INTERFACE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2358	06	PWR W/C ACC, GR 34 NON-SEALED LEAD ACID	E		0	20	09/01/2012	12/31/9999	1	0.00
E2359	06	PWR W/C ACC, GR 34 SEALED LEAD ACID BATT	E		0	999	09/01/2012	12/31/9999	1	0.00
E2360	06	22NF NONSEALED LEADACID	E		0	999	09/01/2012	12/31/9999	1	0.00
E2361	06	22NF SEALED LEADACID BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2362	06	GR24 NONSEALED LEADACID	E		0	999	09/01/2012	12/31/9999	1	0.00
E2363	06	GR24 SEALED LEADACID BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2364	06	U1NONSEALED LEADACID BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2365	06	U1 SEALED LEADACID BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2366	06	BATTERY CHARGER, SINGLE MODE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2367	06	BATTERY CHARGER, DUAL MODE	E		0	999	09/01/2012	12/31/9999	1	0.00
E2368	06	PWR WC DRIVEWHEEL MOTOR REPL	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
E2369	06	PWR WC DRIVEWHEEL GEAR REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2370	06	PWR WC DR WH MOTOR/GEAR COMB	E		0	999	09/01/2012	12/31/9999	1	0.00
E2371	06	R27 SEALED LEADACID BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
E2372	06	GR27 NON-SEALED LEADACID	E		0	20	09/01/2012	12/31/9999	1	0.00
E2373	06	Hand/chin ctrl spec joystick	E		0	999	09/01/2012	12/31/9999	1	0.00
E2374	06	Hand/chin ctrl std joystick	E		0	999	09/01/2012	12/31/9999	1	0.00
E2375	06	Non-expandable controller	E		0	999	09/01/2012	12/31/9999	1	0.00
E2376	06	Expandable controller, repl	E		0	999	09/01/2012	12/31/9999	1	0.00
E2377	06	Expandable controller, initl	E		0	999	09/01/2012	12/31/9999	1	0.00
E2378	06	PW ACTUATOR REPLACEMENT	E		0	999	07/01/2013	12/31/9999	1	0.00
E2381	06	Pneum drive wheel tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2382	06	Tube, pneum wheel drive tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2383	06	Insert, pneum wheel drive	E		0	999	09/01/2012	12/31/9999	1	0.00
E2384	06	Pneumatic caster tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2385	06	Tube, pneumatic caster tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2386	06	Foam filled drive wheel tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2387	06	Foam filled caster tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2388	06	Foam drive wheel tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2389	06	Foam caster tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2390	06	Solid drive wheel tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2391	06	Solid caster tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2392	06	Solid caster tire, integrate	E		0	999	09/01/2012	12/31/9999	1	0.00
E2394	06	Drive wheel excludes tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2395	06	Caster wheel excludes tire	E		0	999	09/01/2012	12/31/9999	1	0.00
E2396	06	Caster fork	E		0	999	09/01/2012	12/31/9999	1	0.00
E2397	06	PWC ACC, LITH-BASED BATTERY EA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2398	06	WC DYNAMIC POS BACK HARDWARE	E		0	999	01/01/2020	12/31/9999	1	0.00
E2402	06	NEG PRESS WOUND THERAPY PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
E2500	06	SGD DIGITIZED PRE-REC <=8MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2502	06	SGD PREREC MSG >8MIN <=20MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2504	06	SGD PREREC MSG>20MIN <=40MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2506	06	SGD PREREC MSG > 40 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2508	06	SGD SPELLING PHYS CONTACT	E		0	999	09/01/2012	12/31/9999	1	0.00
E2510	06	SGD W MULTI METHODS MSG/ACCS	E		0	999	09/01/2012	12/31/9999	1	0.00
E2511	06	SGD SFTWRE PRGRM FOR PC/PDA	E		0	999	09/01/2012	12/31/9999	1	0.00
E2512	06	SGD ACCESSORY, MOUNTING SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
E2599	06	SGD ACCESSORY NOC	E		0	999	09/01/2012	12/31/9999	1	0.00
E2601	06	GEN W/C CUSHION WIDTH < 22 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2602	06	GEN W/C CUSHION WIDTH >=22 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2603	06	SKIN PROTECT WC CUS WD <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2604	06	SKIN PROTECT WC CUS WD>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2605	06	POSITION WC CUSH WIDTH <22 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2606	06	POSITION WC CUSH WIDTH>=22 IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2607	06	SKIN PRO/POS WC CUS WD <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2608	06	SKIN PRO/POS WC CUS WD>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2609	06	CUSTOM FABRICATE W/C CUSHION	E		0	999	09/01/2012	12/31/9999	1	0.00
E2610	06	POWERED W/C CUSHION	E		0	999	09/01/2012	12/31/9999	1	0.00
E2611	06	GEN USE BACK CUSH WIDTH <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2612	06	GEN USE BACK CUSH WIDTH>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2613	06	POSITION BACK CUSH WD <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2614	06	POSITION BACK CUSH WD>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2615	06	POS BACK POST/LAT WIDTH <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2616	06	POS BACK POST/LAT WIDTH>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2617	06	CUSTOM FAB W/C BACK CUSHION	E		0	999	09/01/2012	12/31/9999	1	0.00
E2619	06	REPLACE COVER W/C SEAT CUSH	E		0	999	09/01/2012	12/31/9999	1	0.00
E2620	06	WC PLANAR BACK CUSH WD <22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2621	06	WC PLANAR BACK CUSH WD>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2622	06	ADJ SKIN PRO W/C CUS WD<22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2623	06	ADJ SKIN PRO WC CUS WD>=22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2624	06	ADJ SKIN PRO/POS CUS<22IN	E		0	999	09/01/2012	12/31/9999	1	0.00
E2625	06	ADJ SKIN PRO/POS WC CUS>=22	E		0	999	09/01/2012	12/31/9999	1	0.00
E2626	06	W/C ACC, SHLDR ELBOW MBL ARM SUP BAL ADJ	E		0	999	09/01/2012	12/31/9999	1	0.00
E2627	06	W/C ACC SHLDR ELBOW, MOBL ARM SUP BAL AD	E		0	999	09/01/2012	12/31/9999	1	0.00
E2628	06	W/C ACC, SHLDR ELBOW, MBL ARM SUPP, BAL	E		0	999	09/01/2012	12/31/9999	1	0.00
E2629	06	W/C ACC, SHLDR ELBOW, MBL ARM SUPP, BAL,	E		0	999	09/01/2012	12/31/9999	1	0.00
E2630	06	W/C ACC, SHLDR ELBW, ARM/ /MONOSUSP ARM/	E		0	999	09/01/2012	12/31/9999	1	0.00
E2631	06	W/C ACC, ADD MBL ARM SUPPORT, ELEVAT PRO	E		0	999	09/01/2012	12/31/9999	1	0.00
E2632	06	W/C ACC, ADD ARM SUPPORT, OFFSET/LATRL R	E		0	999	09/01/2012	12/31/9999	1	0.00
E2633	06	W/C ACC, ADD MBL ARM SUPP, SUPINATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
E8000	06	POSTERIOR GAIT TRAINER	E		0	20	09/01/2012	12/31/9999	1	0.00
E8001	06	UPRIGHT GAIT TRAINER	E		0	20	09/01/2012	12/31/9999	1	0.00
E8002	06	ANTERIOR GAIT TRAINER	E		0	20	09/01/2012	12/31/9999	1	0.00
G0008	06	ADMIN OF INFLUENZA VIRUS VACC	E		0	999	09/01/2012	12/31/9999	1	0.00
G0009	06	ADMIN OF PNEUMOCOCCAL VACCINE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0010	06	ADMIN HEPATITIS B VACCINE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0027	06	SEMEN ANALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0028	06	DOC MED RSN NO SCR TOB	E		0	999	01/01/2022	12/31/9999	1	0.00
G0029	06	NO TOB SCR/CESS INT	E		0	999	01/01/2022	12/31/9999	1	0.00
G0030	06	PT SCR TOB & CESS INT	E		0	999	01/01/2022	12/31/9999	1	0.00
G0031	06	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0032	06	2+ ANTIPSY SCHIZ	E		0	999	01/01/2022	12/31/9999	1	0.00
G0033	06	2+ BENZO SEIZ	E		0	999	01/01/2022	12/31/9999	1	0.00
G0034	06	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0035	06	PT ED POS 23	E		0	999	01/01/2022	12/31/9999	1	0.00
G0036	06	PT/PTN DECLN ASSESS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0037	06	PT NOT ABLE TO PARTICIPATE	E		0	999	01/01/2022	12/31/9999	1	0.00
G0038	06	CLIN PT NO REF	E		0	999	01/01/2022	12/31/9999	1	0.00
G0039	06	PT NO REF, RN SPEC	E		0	999	01/01/2022	12/31/9999	1	0.00
G0040	06	PT PHYS/OCC THERAPY	E		0	999	01/01/2022	12/31/9999	1	0.00
G0041	06	PT/PTN DECLN REFERRAL	E		0	999	01/01/2022	12/31/9999	1	0.00
G0042	06	REF TO THERAPY	E		0	999	01/01/2022	12/31/9999	1	0.00
G0043	06	PT MECH PROS HT VALV	E		0	999	01/01/2022	12/31/9999	1	0.00
G0044	06	PT MITRAL STENOSIS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0045	06	MRS 90 DAYS POST STK	E		0	999	01/01/2022	12/31/9999	1	0.00
G0046	06	NO MRS 90 DAYS POST STK	E		0	999	01/01/2022	12/31/9999	1	0.00
G0047	06	PED BLUNT HD TRAUM	E		0	999	01/01/2022	12/31/9999	1	0.00
G0048	06	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G0049	06	MAIN HEMO IN-CNTR	E		0	999	01/01/2022	12/31/9999	1	0.00
G0050	06	PT W/ LMTED LIFE EXPEC	E		0	999	01/01/2022	12/31/9999	1	0.00
G0051	06	PT HOSPICE MNTH	E		0	999	01/01/2022	12/31/9999	1	0.00
G0052	06	PT PERI DIALYSIS DUR MO	E		0	999	01/01/2022	12/31/9999	1	0.00
G0053	06	ADV RHEUM PT CARE MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0054	06	STRK CR PREV POS OUTCME MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0055	06	ADV CARE HEART DX MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0056	06	OPT CHRONIC DX MANG MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0057	06	BEST PCT PT SAFETY EM MV	E		0	999	01/01/2022	12/31/9999	1	0.00
G0058	06	IMPRV CARE LE JNT REPR MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0059	06	PT SFTY POS EXP W ANETH MVP	E		0	999	01/01/2022	12/31/9999	1	0.00
G0060	06	ALLERGY/IMMUNOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0061	06	ANESTHESIOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0062	06	AUDIOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0063	06	CARDIOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0064	06	CERT NURSE MIDWIFE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0065	06	CHIROPRACTIC SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0066	06	CLINICAL SOCIAL WORK SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0067	06	DENTISTRY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G0068	06	ADM IV INFUSION DRUG IN HOME	E		0	999	01/01/2019	12/31/9999	1	0.00
G0069	06	ADM SQ INFUSION DRUG IN HOME	E		0	999	01/01/2019	12/31/9999	1	0.00
G0070	06	ADM OF CHEMO DRUG IN HOME	E		0	999	01/01/2019	12/31/9999	1	0.00
G0071	06	COMM SVCS BY RHC/FQHC 5 MIN	E		0	999	01/01/2019	12/31/9999	1	0.00
G0076	06	CARE MANAG H VST NEW PT 20 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0077	06	CARE MANAG H VST NEW PT 30 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0078	06	CARE MANAG H VST NEW PT 45 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0079	06	CARE MANAG H VST NEW PT 60 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0080	06	CARE MANAG H VST NEW PT 75 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0081	06	CARE MAN H V EXT PT 20 MI	E		0	999	01/01/2019	12/31/9999	1	0.00
G0082	06	CARE MAN H V EXT PT 30 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0083	06	CARE MAN H V EXT PT 45 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0084	06	CARE MAN H V EXT PT 60 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0085	06	CARE MAN H V EXT PT 75 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0086	06	CARE MAN HOME CARE PLAN 30 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0087	06	CARE MAN HOME CARE PLAN 60 M	E		0	999	01/01/2019	12/31/9999	1	0.00
G0088	06	ADM IV DRUG 1ST HOME VISIT	E		0	999	01/01/2021	12/31/9999	1	0.00
G0089	06	ADM SUBQ DRUG 1ST HOME VISIT	E		0	999	01/01/2021	12/31/9999	1	0.00
G0090	06	ADM IV CHEMO 1ST HOME VISIT	E		0	999	01/01/2021	12/31/9999	1	0.00
G0101	01	CA SCREEN;PELVIC/BREAST EXAM	S		0	999	07/01/2021	12/31/9999	1	58.52
G0102	01	PROSTATE CA SCREENING; DRE	N		0	999	09/01/2012	12/31/9999	1	0.00
G0103	01	PSA, TOTAL SCREENING	A		0	999	07/01/2020	12/31/9999	1	17.38
G0104	01	CA SCREEN;FLEXI SIGMOIDSCOPE	T		0	999	07/01/2021	12/31/9999	1	620.32
G0105	01	COLORRECTAL SCRNI; HI RISK IND	T		0	999	07/01/2021	12/31/9999	1	620.32
G0106	01	COLON CA SCREEN;BARIUM ENEMA	S		0	999	07/01/2021	12/31/9999	1	139.56
G0108	01	DIAB MANAGE TRN PER INDIV	A		0	999	07/01/2020	12/31/9999	2	46.95
G0109	01	DIAB MANAGE TRN IND/GROUP	A		0	999	07/01/2020	12/31/9999	12	13.11
G0117	06	GLAUCOMA SCRNI HGH RISK DIREC	E		0	999	09/01/2012	12/31/9999	1	0.00
G0118	06	GLAUCOMA SCRNI HGH RISK DIREC	E		0	999	09/01/2012	12/31/9999	1	0.00
G0120	01	COLON CA SCRNI; BARIUM ENEMA	S		0	999	07/01/2021	12/31/9999	1	287.72
G0121	01	COLON CA SCRNI; BARIUM ENEMA	T		0	999	07/01/2021	12/31/9999	1	620.32
G0122	06	COLON CA SCRNI; BARIUM ENEMA	E		0	999	07/01/2013	12/31/9999	1	0.00
G0123	01	SCREEN CERV/VAG THIN LAYER	E		0	999	07/01/2020	12/31/9999	1	18.23
G0124	01	SCREEN C/V THIN LAYER BY MD	B		0	999	07/01/2020	12/31/9999	1	21.22
G0127	06	TRIM NAIL(S)	E		0	999	09/01/2012	12/31/9999	1	0.00
G0128	06	CORF SKILLED NURSING SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0129	06	PARTIAL HOSP PROG SERVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0130	01	SINGLE ENERGY X-RAY STUDY	S		0	999	07/01/2021	12/31/9999	1	85.17
G0141	01	SCR C/V CYTO,AUTOSYS AND MD	B		0	999	07/01/2020	12/31/9999	1	21.22
G0143	01	SCR C/V CYTO,THINLAYER,RESCR	A		0	999	07/01/2019	12/31/9999	1	24.35
G0144	01	SCR C/V CYTO,THINLAYER,RESCR	A		0	999	07/01/2019	12/31/9999	1	39.57
G0145	01	SCR C/V CYTO,THINLAYER,RESCR	A		0	999	07/01/2020	12/31/9999	1	23.84
G0147	01	SCR C/V CYTO, AUTOMATED SYS	A		0	999	07/01/2020	12/31/9999	1	13.61
G0148	01	SCR C/V CYTO, AUTOSYS, RESCR	A		0	999	07/01/2019	12/31/9999	1	28.75
G0151	06	HHCP-SERV OF PT,EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0152	06	HHCP-SERV OF OT,EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0153	06	HHCP-SVS OF S/L PATH,EA 15MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0155	06	HHCP-SVS OF CSW,EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0156	06	HHCP-SVS OF AIDE,EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0157	06	HHC PT ASSISTANT EA 15	E		0	999	09/01/2012	12/31/9999	1	0.00
G0158	06	HHC OT ASSISTANT EA 15	E		0	999	09/01/2012	12/31/9999	1	0.00
G0159	06	HHC PT MAINT EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0160	06	HHC OCCUP THERAPY EA 15	E		0	999	09/01/2012	12/31/9999	1	0.00
G0161	06	HHC SLP EA 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0162	06	HHC RN E&M PLAN SVS, 15 MIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0166	06	EXTRNL COUNTERPULSE, PER TX	E		0	999	09/01/2012	12/31/9999	1	0.00
G0168	06	WOUND CLOSURE BY ADHESIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0175	06	OPPS SERVICE,SCHED TEAM CONF	E		0	999	09/01/2012	12/31/9999	1	0.00
G0176	06	OPPS/PHP;ACTIVITY THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
G0177	06	OPPS/PHP; TRAIN & EDUC SERV	E		0	999	09/01/2012	12/31/9999	1	0.00
G0179	06	MD RECERTIFICATION HHA PT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0180	06	MD CERTIFICATION HHA PATIENT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0181	06	HOME HEALTH CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
G0182	06	HOSPICE CARE SUPERVISION	E		0	999	09/01/2012	12/31/9999	1	0.00
G0186	06	DSTRY EYE LESN,FDR VSSL TECH	E		0	999	09/01/2012	12/31/9999	1	0.00
G0219	06	PET IMG WHOLBOD MELANO NONCO	E		0	999	09/01/2012	12/31/9999	1	0.00
G0235	06	PET IMAGING ANY SITE NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0237	06	THERAPEUTIC PROCD STRG ENDUR	E		0	999	09/01/2012	12/31/9999	1	0.00
G0238	06	OTH RESP PROC, INDIV	E		0	999	09/01/2012	12/31/9999	1	0.00
G0239	06	OTH RESP PROC, GROUP	E		0	999	09/01/2012	12/31/9999	1	0.00
G0245	06	INITIAL FOOT EXAM PT LOPS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0246	06	FOLLOWUP EVAL OF FOOT PT LOP	E		0	999	09/01/2012	12/31/9999	1	0.00
G0247	06	ROUTINE FOOTCARE PT W LOPS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0248	06	DEMONSTRATE USE HOME INR MON	E		0	999	09/01/2012	12/31/9999	1	0.00
G0249	06	PROVIDE TEST MATERIAL,EQUIPM	E		0	999	09/01/2012	12/31/9999	1	0.00
G0250	06	MD REVIEW INTERPRET OF TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
G0252	06	PET IMAGING INITIAL DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G0255	06	CURRENT PERCEP THRESHOLD TST	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G0257	O6	UNSCHED DIALYSIS ESRD PT HOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0259	O1	INJECT FOR SACROILIAC JOINT	N		0	999	09/01/2012	12/31/9999	1	0.00
G0260	O6	INJ FOR SACROILIAC JT ANESTH	E		0	999	09/01/2012	12/31/9999	1	0.00
G0268	O1	REMOVAL OF IMPACTED WAX MD	N		0	999	09/01/2012	12/31/9999	1	0.00
G0269	O1	OCCCLUSIVE DEVICE IN VEIN ART	N		0	999	09/01/2012	12/31/9999	1	0.00
G0270	O6	MNT SUBS TX FOR CHANGE DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G0271	O6	GROUP MNT 2 OR MORE 30 MINS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0276	O6	PROC FOR LUMBAR STENOSIS	E		0	999	01/01/2015	12/31/9999	1	0.00
G0277	O1	HYPERBARIC OXYGEN PER 30 MIN	S		0	999	07/01/2021	12/31/9999	5	93.23
G0278	O1	ILIAC ART ANGIO,CARDIAC CATH	N		0	999	09/01/2012	12/31/9999	1	0.00
G0279	O6	DIAG DIGITAL BREAST TOMOSYNTHESIS	E		0	999	01/01/2015	12/31/9999	1	0.00
G0281	O6	ELEC STIM UNATTEND FOR PRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0282	O6	ELECT STIM WOUND CARE NOT PD	E		0	999	09/01/2012	12/31/9999	1	0.00
G0283	O6	ELEC STIM OTHER THAN WOUND	E		0	999	09/01/2012	12/31/9999	1	0.00
G0288	O1	RECON, CTA FOR SURG PLAN	N		0	999	09/01/2012	12/31/9999	1	0.00
G0289	O1	ARTHRO, LOOSE BODY + CHONDRO	N		0	999	09/01/2012	12/31/9999	1	0.00
G0293	O6	NON-COV SURG PROC,CLIN TRIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G0294	O6	NON-COV PROC, CLINICAL TRIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G0295	O6	ELECTROMAGNETIC THERAPY ONC	E		0	999	09/01/2012	12/31/9999	1	0.00
G0296	O6	COUNSELING LDCT SCREENING	E		0	999	01/01/2016	12/31/9999	1	0.00
G0299	O6	HHS/HOSPICE OF RN EA 15 MIN	E		0	999	01/01/2016	12/31/9999	1	0.00
G0300	O6	HHS/HOSPICE OF LPN EA 15 MIN	E		0	999	01/01/2016	12/31/9999	1	0.00
G0302	O6	PRE-OP SERVICE LVRS COMPLETE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0303	O6	PRE-OP SERVICE LVRS 10-15DOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0304	O6	PRE-OP SERVICE LVRS 1-9 DOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0305	O6	POST OP SERVICE LVRS MIN 6	E		0	999	09/01/2012	12/31/9999	1	0.00
G0306	O6	CBC/DIFFWBC W/O PLATELET	E		0	999	09/01/2012	12/31/9999	1	0.00
G0307	O6	CBC WITHOUT PLATELET	E		0	999	09/01/2012	12/31/9999	1	0.00
G0327	O6	COLON CA SCR-N,BLD-BSD BIOMRK	E		0	999	07/01/2021	12/31/9999	1	0.00
G0328	O1	FECAL BLOOD SCREENING IMMUN	A		0	999	07/01/2019	12/31/9999	1	16.25
G0329	O6	ELECTROMAGNTIC TX FOR ULCERS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0333	O6	DISPENSE FEE INITIAL 30 DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
G0337	O6	HOSPICE EVALUATION PREELECTI	E		0	999	09/01/2012	12/31/9999	1	0.00
G0339	O6	ROBOT LIN RADSURG COM FIRST	E		0	999	09/01/2012	12/31/9999	1	0.00
G0340	O6	ROBOT LIN RADSURG FRACTX 2-5	E		0	999	09/01/2012	12/31/9999	1	0.00
G0341	O6	PERCUT ISLET CELL TRANSPLNT	C		0	999	09/01/2012	12/31/9999	1	0.00
G0342	O6	LAPAROSCOPY ISLET CELL TRANSPLANT	C		0	999	09/01/2012	12/31/9999	1	0.00
G0343	O6	LAPAROTOMY ISLET CELL TRNSPLNT	C		0	999	09/01/2012	12/31/9999	1	0.00
G0372	O6	MD SERVICE REQUIRED FOR PMD	E		0	999	09/01/2012	12/31/9999	1	0.00
G0378	O1	HOSPITAL OBSERVATION PER HR	M1		0	999	07/01/2021	12/31/9999	23	77.59
G0379	O1	DIRECT ADMIT HOSPITAL OBSERV	M1		0	999	09/01/2012	12/31/9999	1	0.00
G0380	O6	Lev 1 hosp type B ED visit	E		0	999	09/01/2012	12/31/9999	1	0.00
G0381	O6	Lev 2 hosp type B ED visit	E		0	999	09/01/2012	12/31/9999	1	0.00
G0382	O6	Lev 3 hosp type B ED visit	E		0	999	09/01/2012	12/31/9999	1	0.00
G0383	O6	Lev 4 hosp type B ED visit	E		0	999	09/01/2012	12/31/9999	1	0.00
G0384	O6	Lev 5 hosp type B ED visit	E		0	999	09/01/2012	12/31/9999	1	0.00
G0390	O1	Trauma Respons w/hosp criti	S		0	999	07/01/2021	12/31/9999	1	736.78
G0396	O1	ALCOHOL/SUBS INTERV 15-30MIN	S		9	60	07/01/2021	12/31/9999	1	20.50
G0397	O1	ALCOHOL/SUBS INTERV >30 MIN	S		9	60	07/01/2021	12/31/9999	1	104.44
G0398	O6	HOME SLEEP TEST/TYPE 2 PORTA	E		0	999	09/01/2012	12/31/9999	1	0.00
G0399	O6	HOME SLEEP TEST/TYPE 3 PORTA	E		0	999	09/01/2012	12/31/9999	1	0.00
G0400	O6	HOME SLEEP TEST/TYPE 4 PORTA	E		0	999	09/01/2012	12/31/9999	1	0.00
G0402	O6	INITIAL PREVENTIVE EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
G0403	O6	EKG FOR INITIAL PREVENT EXAM	E		0	999	09/01/2012	12/31/9999	1	0.00
G0404	O6	EKG TRACING FOR INITIAL PREV	E		0	999	09/01/2012	12/31/9999	1	0.00
G0405	O6	EKG INTERPRET & REPORT PREVE	E		0	999	09/01/2012	12/31/9999	1	0.00
G0406	O6	INPT/TELE FOLLOW UP 15	E		0	999	09/01/2012	12/31/9999	1	0.00
G0407	O6	INPT/TELE FOLLOW UP 25	E		0	999	09/01/2012	12/31/9999	1	0.00
G0408	O6	INPT/TELE FOLLOW UP 35	E		0	999	09/01/2012	12/31/9999	1	0.00
G0409	O6	CORF RELATED SERV 15 MINS EA	E		0	999	09/01/2012	12/31/9999	1	0.00
G0410	O6	GRP PSYCH PARTIAL HOSP 45-50	E		0	999	09/01/2012	12/31/9999	1	0.00
G0411	O6	INTER ACTIVE GRP PSYCH PARTI	E		0	999	09/01/2012	12/31/9999	1	0.00
G0412	O6	OPEN TX ILIAC SPINE UNI/BIL	C		0	999	09/01/2012	12/31/9999	1	0.00
G0413	O6	PELVIC RING FRACTURE UNI/BIL	E		0	999	09/01/2012	12/31/9999	1	0.00
G0414	O6	PELVIC RING FX TREAT INT FIX	C		0	999	09/01/2012	12/31/9999	1	0.00
G0415	O6	OPEN TX POST PELVIC FXCTURE	C		0	999	09/01/2012	12/31/9999	1	0.00
G0416	O1	PROSTATE BIOPSY, ANY MTHD	A		0	999	07/01/2021	12/31/9999	1	227.64
G0420	O6	ED SVC CKD IND PER SESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
G0421	O6	ED SVC CKD GRP PER SESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
G0422	O6	INTENS CARDIAC REHAB W/EXERC	E		0	999	09/01/2012	12/31/9999	1	0.00
G0423	O6	INTENS CARDIAC REHAB NO EXER	E		0	999	09/01/2012	12/31/9999	1	0.00
G0425	O6	INPT/ED TELECONSULT30	E		0	999	09/01/2012	12/31/9999	1	0.00
G0426	O6	INPT/ED TELECONSULT50	E		0	999	09/01/2012	12/31/9999	1	0.00
G0427	O6	INPT/ED TELECONSULT70	E		0	999	09/01/2012	12/31/9999	1	0.00
G0428	O6	COLLAGEN MENISCUS IMPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0429	O6	DERMAL FILLER INJECT FOR LDS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0432	O6	EIA HIV-1/HIV-2 SCREEN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0433	O6	ELISA HIV-1/ HIV-2 SCREEN	E		0	999	09/01/2012	12/31/9999	1	0.00
G0435	O6	RAPID IMMUNOASSAY HIV-1,2	E		0	999	09/01/2012	12/31/9999	1	0.00
G0438	O6	PPPS, INITIAL VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0439	O6	PPPS, SUBSEQ VISIT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0442	O6	ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	E		0	999	07/01/2013	12/31/9999	1	0.00
G0443	O6	BRIEF FACE-TO-FACE BEHAV COUNS ALCOHOL M	E		0	999	07/01/2013	12/31/9999	1	0.00
G0444	O6	ANNUAL DEPRESSION SCREENING,15 MINUTES	E		0	999	07/01/2013	12/31/9999	1	0.00
G0445	O6	HIGH INTEN BEHAV COUNS PRVT SEX TRANSMIT	E		0	999	07/01/2013	12/31/9999	1	0.00
G0446	O6	INTEN BEHAV THRPY CARDIO DIS RISK, IND B	E		0	999	07/01/2013	12/31/9999	1	0.00
G0447	O6	FACE-TO-FACE BEHAV COUNS OBESITY 15 MINU	E		0	999	07/01/2013	12/31/9999	1	0.00
G0448	O6	INSERT/RPLC PERM PACING CARDIO-DEFIB SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
G0451	O6	DEV TEST/INTERPRET/RPT PER FORM	E		0	999	09/01/2012	12/31/9999	1	0.00
G0452	O6	MOLECULAR PATHOLOGY INTERP	E		0	999	07/01/2013	12/31/9999	1	0.00
G0453	O6	CONT INTRAOP NEURO MONITOR, EACH 15 MIN	E		0	999	07/01/2013	12/31/9999	1	0.00
G0454	O6	MD DOCUMENT VISIT BY NPP	E		0	999	07/01/2013	12/31/9999	1	0.00
G0455	O6	FECAL MICROBIOTA PREP INSTIL	E		0	999	07/01/2013	12/31/9999	1	0.00
G0458	O6	LDR PROSTATE BRACHY COMP RAT	E		0	999	07/01/2013	12/31/9999	1	0.00
G0459	O6	TELEHEALTH INPT PHARM MGMT	E		0	999	01/02/2013	12/31/9999	1	0.00
G0460	O6	PLASMA CHRNC WOUNDS/ULCERS / TMNT	E		0	999	01/01/2014	12/31/9999	1	0.00
G0463	O6	OP CLINIC VISIT ASSESS/MANAGE PATIENT	E		0	999	01/01/2014	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G0465	O6	AUTOLOG PRP DIAB WOUND ULCER	E		0	999	01/01/2022	12/31/9999	1	0.00
G0466	O6	FQHC VISIT NEW PT MEDICARE	E		0	999	01/01/2015	12/31/9999	1	0.00
G0467	O6	FQHC VISIT ESTABLISHED PT MEDICARE	E		0	999	01/01/2015	12/31/9999	1	0.00
G0468	O6	FQHC VISIT IPPE OR AWW MEDICARE	E		0	999	01/01/2015	12/31/9999	1	0.00
G0469	O6	FQHC VISIT MENTAL HLTH NEW PT MEDICR	E		0	999	01/01/2015	12/31/9999	1	0.00
G0470	O6	FQHC VISIT MENTAL HLTH EST PT MEDICAR	E		0	999	01/01/2015	12/31/9999	1	0.00
G0471	O6	COLL VENOUS BLOOD OR URINE SAMPLE	E		0	999	01/01/2015	12/31/9999	1	0.00
G0472	O1	HEPATITIS C ANTIBODY SCREEN	A		0	999	07/01/2019	12/31/9999	1	41.72
G0473	O6	OBESITY COUNSELING, GROUP 30 MIN	E		12	999	01/01/2015	12/31/9999	1	0.00
G0475	O6	HIV ANTIGEN/ANTIGODY SCREENING	E		0	999	01/01/2016	12/31/9999	1	0.00
G0476	O6	INFECT AGENT DNA/RNA HPV TEST	E		0	999	01/01/2016	12/31/9999	1	0.00
G0480	O1	DRUG TEST DEFINITIVE 1-7	A		0	999	07/01/2019	12/31/9999	1	102.99
G0481	O1	DRUG TEST DEFINITIVE 8-14	A		0	999	07/01/2019	12/31/9999	1	140.93
G0482	O1	DRUG TEST DEFINITIVE 15-21	A		0	999	07/01/2019	12/31/9999	1	178.87
G0483	O1	DRUG TEST DEFINITIVE 22+	A		0	999	07/01/2019	12/31/9999	1	222.23
G0490	O6	HOME VISIT RN/LPN BY RHC/FQ	E		0	999	10/01/2016	12/31/9999	1	0.00
G0491	O6	DIALYSIS ACU KIDNEY NO ESRD	E		0	999	01/01/2017	12/31/9999	1	0.00
G0492	O6	MD/OTH EVAL ACUT KID NO ESRD	E		0	999	01/01/2017	12/31/9999	1	0.00
G0493	O6	RN CARE EA 15 MIN HH/HOSPICE	E		0	999	01/01/2017	12/31/9999	1	0.00
G0494	O6	LPN CARE EA 15MIN HH/HOSPICE	E		0	999	01/01/2017	12/31/9999	1	0.00
G0495	O6	RN CARE TRAIN/EDU IN HH	E		0	999	01/01/2017	12/31/9999	1	0.00
G0496	O6	LPN CARE TRAIN/EDU IN HH	E		0	999	01/01/2017	12/31/9999	1	0.00
G0498	O6	CHEMO EXTEND IV INFUS W/PUMP	E		0	999	01/01/2016	12/31/9999	1	0.00
G0499	O6	HEPB SCREEN HIGH RISK INDIV	E		0	999	01/01/2017	12/31/9999	1	0.00
G0500	O6	MOD SEDAT ENDO SERVICE >SYRS	E		0	999	01/01/2017	12/31/9999	1	0.00
G0501	O6	RESOURCE-INTEN SVC DURING OV	E		0	999	01/01/2017	12/31/9999	1	0.00
G0506	O6	COMP ASSES CARE PLAN CCM SVC	E		0	999	01/01/2017	12/31/9999	1	0.00
G0508	O6	CRIT CARE TELEHEA CONSULT 60	E		0	999	01/01/2017	12/31/9999	1	0.00
G0509	O6	CRIT CARE TELEHEA CONSULT 50	E		0	999	01/01/2017	12/31/9999	1	0.00
G0511	O6	CCM/BHI BY RHC/FQHC 20MIN MO	E		0	999	01/01/2018	12/31/9999	1	0.00
G0512	O6	COCH BY RHC/FQHC 60 MIN MO	E		0	999	01/01/2018	12/31/9999	1	0.00
G0513	O6	PROLONG PREV SVCS, FIRST 30M	E		0	999	01/01/2018	12/31/9999	1	0.00
G0514	O6	PROLONG PREV SVCS, ADDL 30M	E		0	999	01/01/2018	12/31/9999	1	0.00
G0516	O6	INSERT DRUG DEL IMPLANT >4	E		0	999	01/01/2018	12/31/9999	1	0.00
G0517	O6	REMOVE DRUG IMPLANT	E		0	999	01/01/2018	12/31/9999	1	0.00
G0518	O6	REMOVE W INSERT DRUG IMPLANT	E		0	999	01/01/2018	12/31/9999	1	0.00
G0659	O1	DRUG TEST PER DAY ANY # DRUG CLASSES	A		0	999	07/01/2020	12/31/9999	1	55.93
G0913	O6	IMPRV VISUAL FUNC W/IN 90 DAYS FOLLOW CA	E		0	999	09/01/2012	12/31/9999	1	0.00
G0914	O6	PTI CARE SURVEY NOT COMPLTD BY PT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0915	O6	IMPRV VISUAL FUNC NOT ACHIEV W/IN 90 DAY	E		0	999	09/01/2012	12/31/9999	1	0.00
G0916	O6	SAT W/CARE ACHVD 90 DAYS CATARACT SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
G0917	O6	PT SATISF SURVEY NOT COMPLTD BY PT	E		0	999	09/01/2012	12/31/9999	1	0.00
G0918	O6	SAT CARE NOT ACHVD 90 DAYS CATARACT SURG	E		0	999	09/01/2012	12/31/9999	1	0.00
G1001	O6	CDSM EVICORE	E		0	999	01/01/2020	12/31/9999	1	0.00
G1002	O6	CDSM MEDCURRENT	E		0	999	01/01/2020	12/31/9999	1	0.00
G1003	O6	CDSM MEDICALIS	E		0	999	01/01/2020	12/31/9999	1	0.00
G1004	O6	CDSM NDSC	E		0	999	01/01/2020	12/31/9999	1	0.00
G1007	O6	CDSM AIM	E		0	999	01/01/2020	12/31/9999	1	0.00
G1008	O6	CDSM CRANBERRY PK	E		0	999	01/01/2020	12/31/9999	1	0.00
G1009	O7	CDSM SAGE HEALTH	D		0	999	04/01/2022	12/31/9999	1	0.00
G1010	O6	CDSM STANSON	E		0	999	01/01/2020	12/31/9999	1	0.00
G1011	O6	CDSM QUALIFIED NOS	E		0	999	01/01/2020	12/31/9999	1	0.00
G1012	O6	CDSM AGILEMD	E		0	999	04/01/2020	12/31/9999	1	0.00
G1013	O6	CDSM EVIDENCECARE	E		0	999	04/01/2020	12/31/9999	1	0.00
G1014	O6	CDSM INVENIQA	E		0	999	04/01/2020	12/31/9999	1	0.00
G1015	O6	CDSM RELIANT	E		0	999	04/01/2020	12/31/9999	1	0.00
G1016	O6	CDSM SPEED OF CARE	E		0	999	04/01/2020	12/31/9999	1	0.00
G1017	O6	CDSM HEALTHHELP	E		0	999	04/01/2020	12/31/9999	1	0.00
G1018	O6	CDSM INFINK	E		0	999	04/01/2020	12/31/9999	1	0.00
G1019	O6	CDSM LOGICNETS	E		0	999	04/01/2020	12/31/9999	1	0.00
G1020	O6	CDSM CURBSIDE	E		0	999	10/01/2020	12/31/9999	1	0.00
G1021	O6	CDSM EHEALTHLINE	E		0	999	10/01/2020	12/31/9999	1	0.00
G1022	O6	CDSM INTERMOUNTAIN	E		0	999	10/01/2020	12/31/9999	1	0.00
G1023	O6	CDSM PERSIVIA	E		0	999	10/01/2020	12/31/9999	1	0.00
G1024	O6	CDSM RADRITE	E		0	999	01/01/2022	12/31/9999	1	0.00
G1025	O6	PT MNTH 1 MCP PROV	E		0	999	01/01/2022	12/31/9999	1	0.00
G1026	O6	PT HEMO > 3MO	E		0	999	01/01/2022	12/31/9999	1	0.00
G1027	O6	PT HEMO < 3MO	E		0	999	01/01/2022	12/31/9999	1	0.00
G1028	O6	TAKE HOME SUPPLY 8MG PER 0.1	E		0	999	01/01/2022	12/31/9999	1	0.00
G2000	O6	BLINDED CONV. TX MED CLIN TRIAL	E		0	999	01/01/2019	12/31/9999	1	0.00
G2001	O6	POST D/C H VST NEW PT 20 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2002	O6	POST-D/C H VST NEW PT 30 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2003	O6	POST-D/C HOME VST NEW PT 45 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2004	O6	POST-D/C HOME VST NEW PT 60 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2005	O6	POST-D/C HOME VST NEW PT 75 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2006	O6	POST-D/C HOME VST EXT PT 20 MINS	E		0	999	04/01/2019	12/31/9999	1	0.00
G2007	O6	POST-D/C HOME VST EXT PT 30 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2008	O6	POST-D/C HOME VST EXT PT 45 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2009	O6	POST-D/C HOME VST EXT PT 60 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2010	O6	REMOI IMAGE SUBMIT BY PT	E		0	999	01/01/2019	12/31/9999	1	0.00
G2011	O6	ALCOHOL/SUB ABUSE ASSESS	E		0	999	01/01/2019	12/31/9999	1	0.00
G2012	O6	BRIEF CHECK IN BY MD/QHP	E		0	999	01/01/2019	12/31/9999	1	0.00
G2013	O6	POST-D/C HOME VST EXT PT 75 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2014	O6	POST-D/C H VST CARE PLAN OVER30 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2015	O6	POST-D/C H VST CARE PLAN OVER 60 M	E		0	999	04/01/2019	12/31/9999	1	0.00
G2020	O6	HI INTEN SERV FOR SIP MODEL	E		0	999	04/01/2021	12/31/9999	1	0.00
G2021	O6	HEA CARE PRACT TX IN PLACE	E		0	999	01/01/2020	12/31/9999	1	0.00
G2022	O6	BENEF REFUSES SERVICE, MOD	E		0	999	01/01/2020	12/31/9999	1	0.00
G2023	O6	SPEC COLLEC COVID-19, ANY SOURCE	E		0	999	04/01/2020	12/31/9999	1	0.00
G2024	O6	SPECI COLLEC COVID-19, IND IN A SNF, ANY	E		0	999	04/01/2020	12/31/9999	1	0.00
G2025	O6	DIS SITE TELE SVCS RHC/FQHC	E		0	999	01/27/2020	12/31/9999	1	0.00
G2061	O6	QUAL NONMD EST PT 5-10M	E		0	999	01/01/2020	12/31/9999	1	0.00
G2062	O6	QUAL NONMD EST PT 11-20M	E		0	999	01/01/2020	12/31/9999	1	0.00
G2063	O6	QUAL NONMD EST PT 21>MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
G2066	O1	INTER DEVC REMOTE 30D	S		0	999	01/01/2020	12/31/9999	1	29.04
G2067	O6	MED ASSIST TX METH WK	E		0	999	01/01/2020	12/31/9999	1	0.00
G2068	O6	MED ASSIST TX BUPRE ORAL	E		0	999	01/01/2020	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G2069	06	MED ASSIST TX INJECT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2070	06	MED ASSIST TX IMPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2071	06	MED TX REMOVE IMPLANT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2072	06	MED TX INSERT/REMOVE IMP	E		0	999	01/01/2020	12/31/9999	1	0.00
G2073	06	MED TX NALTREXONE	E		0	999	01/01/2020	12/31/9999	1	0.00
G2074	06	MED ASSIST TX NO DRUG	E		0	999	01/01/2020	12/31/9999	1	0.00
G2075	06	.	E		0	999	01/01/2020	12/31/9999	1	0.00
G2076	06	INTAKE ACT W/MED EXAM	E		0	999	01/01/2020	12/31/9999	1	0.00
G2077	06	PERIODIC ASSESSMENT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2078	06	TAKE-HOME METH	E		0	999	01/01/2020	12/31/9999	1	0.00
G2079	06	TAKE-HOM BUPRENORPHINE	E		0	999	01/01/2020	12/31/9999	1	0.00
G2080	06	ADD 30 MINS COUNSEL	E		0	999	01/01/2020	12/31/9999	1	0.00
G2081	06	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2020	12/31/9999	1	0.00
G2082	06	VISIT Esketamine 56M OR LESS	E		0	999	01/01/2020	12/31/9999	1	0.00
G2083	06	VISIT Esketamine, > 56M	E		0	999	01/01/2020	12/31/9999	1	0.00
G2086	06	OFF BASE OPIOID TX 70MIN	E		0	999	01/01/2020	12/31/9999	1	0.00
G2087	06	OFF BASE OPIOID TX, 60 M	E		0	999	01/01/2020	12/31/9999	1	0.00
G2088	06	OFF BASE OPIOID TX, ADD30	E		0	999	01/01/2020	12/31/9999	1	0.00
G2090	06	PT 66+ FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2091	06	PT 66+ FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2092	06	ACE ARB ARNI	E		0	999	01/01/2020	12/31/9999	1	0.00
G2093	06	MED DOC RSN NO ACE ARN ARNI	E		0	999	01/01/2020	12/31/9999	1	0.00
G2094	06	PT RSN NO ACE ARN ARNI	E		0	999	01/01/2020	12/31/9999	1	0.00
G2095	06	SYS RSN NO ACE ARN ARNI	E		0	999	01/01/2020	12/31/9999	1	0.00
G2096	06	NO RSN ACE ARB ARNI	E		0	999	01/01/2020	12/31/9999	1	0.00
G2097	06	DX URI 3D AFTER OTHER DX	E		0	18	01/01/2020	12/31/9999	1	0.00
G2098	06	PT 66+ FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2099	06	PT 66+ FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2100	06	PT 66+ FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2101	06	PT 66+ FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2105	06	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2020	12/31/9999	1	0.00
G2106	06	PT 66+ LT INTS > 90	E		66	999	01/01/2020	12/31/9999	1	0.00
G2107	06	PT 66+ FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2108	06	PT 66+ SNP OR LTC POS > 90D	E		66	999	01/01/2020	12/31/9999	1	0.00
G2109	06	PT 66+ FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2110	06	PT 66+ FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2112	06	PRED<=5 MG RA GLU <6M	E		0	999	01/01/2020	12/31/9999	1	0.00
G2113	06	PRED>5 MG >6M, NO CHG DA	E		0	999	01/01/2020	12/31/9999	1	0.00
G2115	06	PT 66-80 FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2116	06	PT 66-80 FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2118	06	PT 81+ FRAILTY	E		81	999	01/01/2020	12/31/9999	1	0.00
G2121	06	PSY DEP ANX AP AND ICD ASSE	E		0	999	01/01/2020	12/31/9999	1	0.00
G2122	06	PSY/DEP/ANX/APANDICD NOASSE	E		0	999	01/01/2020	12/31/9999	1	0.00
G2125	06	PT 81+ FRAILTY	E		81	999	01/01/2020	12/31/9999	1	0.00
G2126	06	PT 66-80 FRAILTY AND ADV ILL	E		66	999	01/01/2020	12/31/9999	1	0.00
G2127	06	PT 66-80 FRAILTY AND MED DEM	E		66	999	01/01/2020	12/31/9999	1	0.00
G2128	06	NO ASPIRIN MED RSN	E		0	999	01/01/2020	12/31/9999	1	0.00
G2129	06	NO BP OUTPT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2136	06	BK PAIN VAS 6-20WK <= 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2137	06	BK PAIN VAS 6-20WK > 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2138	06	BK PAIN VAS 9-15MO <= 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2139	06	BK PAIN VAS 9-20MO > 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2140	06	LEG PAIN VAS 6-20WK <= 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2141	06	LEG PAIN VAS 6-20WK > 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2142	06	FS ODI 9-15MO POSTOP<= 22	E		0	999	01/01/2020	12/31/9999	1	0.00
G2143	06	FS ODI 9-15MO > 22	E		0	999	01/01/2020	12/31/9999	1	0.00
G2144	06	FS ODI 6-20WK POSTOP > 22	E		0	999	01/01/2020	12/31/9999	1	0.00
G2145	06	FSODI 6-20WK >22 OR CHG 30PT	E		0	999	01/01/2020	12/31/9999	1	0.00
G2146	06	LEG PAIN VAS 9-15MO <= 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2147	06	LEG PAIN VAS 9-15MO > 3	E		0	999	01/01/2020	12/31/9999	1	0.00
G2148	06	MPM USED	E		0	999	01/01/2020	12/31/9999	1	0.00
G2149	06	NO MPM MED RSN	E		0	999	01/01/2020	12/31/9999	1	0.00
G2150	06	NO MPM	E		0	999	01/01/2020	12/31/9999	1	0.00
G2151	06	DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
G2152	06	RES CHANGE SC >=0	E		0	999	01/01/2020	12/31/9999	1	0.00
G2167	06	RES CHANGE SC < 0	E		0	999	01/01/2020	12/31/9999	1	0.00
G2168	06	SVS BY PT IN HOME HEALTH	E		0	999	04/01/2020	12/31/9999	1	0.00
G2169	06	SVS BY OT IN HOME HEALTH	E		0	999	04/01/2020	12/31/9999	1	0.00
G2170	06	AVF BY TISSUE W THERMAL E	E		0	999	07/01/2020	12/31/9999	1	0.00
G2171	06	AVF USE MAGNETIC/ART/VEN	E		0	999	07/01/2020	12/31/9999	1	0.00
G2172	06	TX FOR OPIOID USE DEMO PROJ	E		0	999	04/01/2021	12/31/9999	1	0.00
G2173	06	URI W COMORB 12M OTH DX	E		0	999	01/01/2021	12/31/9999	1	0.00
G2174	06	URI NEW RX ANTIBIOTIC 30D	E		0	999	01/01/2021	12/31/9999	1	0.00
G2175	06	PT COMORB DX 12M OF EPI	E		0	999	01/01/2021	12/31/9999	1	0.00
G2176	06	OUTPT ED OBS W INPT ADMIT	E		0	999	01/01/2021	12/31/9999	1	0.00
G2177	06	BRONCH W RX ANTIBX 30D	E		0	999	01/01/2021	12/31/9999	1	0.00
G2178	06	PT NOT ELIG LOW NEURO EX	E		0	999	01/01/2021	12/31/9999	1	0.00
G2179	06	MED DOC RSN NO LOW EX	E		0	999	01/01/2021	12/31/9999	1	0.00
G2180	06	INELIG FOOTWR EVAL	E		0	999	01/01/2021	12/31/9999	1	0.00
G2181	06	BMI NOT DOC MEDRSN PTREF	E		0	999	01/01/2021	12/31/9999	1	0.00
G2182	06	PT 1ST BIOLOG ANTIRHEUM	E		0	999	01/01/2021	12/31/9999	1	0.00
G2183	06	DOC PT UNABLE COMM	E		0	999	01/01/2021	12/31/9999	1	0.00
G2184	06	NO CAREGIVER	E		0	999	01/01/2021	12/31/9999	1	0.00
G2185	06	CAREGIVER DEM TRAINED	E		0	999	01/01/2021	12/31/9999	1	0.00
G2186	06	PT REF APP RSRCS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2187	06	CLIN IND IMG HD TRAUMA	E		0	999	01/01/2021	12/31/9999	1	0.00
G2188	06	PT 50 YRS W/CLIN IND HD	E		0	999	01/01/2021	12/31/9999	1	0.00
G2189	06	IMG HD ABNML NEURO EXAM	E		0	999	01/01/2021	12/31/9999	1	0.00
G2190	06	IND IMG HD RAD NECK	E		0	999	01/01/2021	12/31/9999	1	0.00
G2191	06	IND IMG HD POS HD ACHE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2192	06	>55 YRS TEMP HD ACHE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2193	06	<6YR NEW ONSET HD ACHE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2194	06	NEW HDACHE PED PT DIS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2195	06	OCCIP HDACHE CHILD	E		0	999	01/01/2021	12/31/9999	1	0.00
G2196	06	SCREEN UNHLTHY ETOH USE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2197	06	SCREEN HLTHY ETOH USE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2198	06	MED RSN NO UNHLTHY ETOH	E		0	999	01/01/2021	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G2199	O6	NOT SCR N ETOH NO RSN	E		0	999	01/01/2021	12/31/9999	1	0.00
G2200	O6	UNHLTHY ETOH RCVD COUNS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2201	O6	MED RSN NO BRIEF COUNS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2202	O6	NO RSN NO BRIEF COUNS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2203	O6	MED RSN NO ETOH COUNS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2204	O6	PT 50-85 W/ SCOPE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2205	O6	PREG DRNG ADJV TRTMT	E		0	999	01/01/2021	12/31/9999	1	0.00
G2206	O6	ADJV TRTMT CHEMO HER2	E		0	999	01/01/2021	12/31/9999	1	0.00
G2207	O6	RSN NO TRTMT CHEM HER2	E		0	999	01/01/2021	12/31/9999	1	0.00
G2208	O6	NO TRTMT CHEMO AND HER2	E		0	999	01/01/2021	12/31/9999	1	0.00
G2209	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2210	O6	NO NECK FS PROM NO RSN	E		0	999	01/01/2021	12/31/9999	1	0.00
G2211	O6	COMPLEX E/M VISIT ADD ON	E		0	999	01/01/2021	12/31/9999	1	0.00
G2212	O6	PROLONG OUTPT/OFFICE VIS	E		0	999	01/01/2021	12/31/9999	1	0.00
G2213	O6	INITIAT MED ASSIST TX IN ER	E		0	999	01/01/2021	12/31/9999	1	0.00
G2214	O6	INIT/SUB PSYCH CARE M 1ST 30	E		0	999	01/01/2021	12/31/9999	1	0.00
G2215	O6	HOME SUPPLY NASAL NALOXONE	E		0	999	01/01/2021	12/31/9999	1	0.00
G2216	O6	HOME SUPPLY INJECT NALOXON	E		0	999	01/01/2021	12/31/9999	1	0.00
G2250	O6	REMOT IMG SUB BY PT, NON E/M	E		0	999	01/01/2021	12/31/9999	1	0.00
G2251	O6	BRIEF CHKIN, 5-10, NON-E/M	E		0	999	01/01/2021	12/31/9999	1	0.00
G2252	O6	BRIEF CHKIN BY MD/QHP, 11-20	E		0	999	01/01/2021	12/31/9999	1	0.00
G4000	O6	DERMATOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4001	O6	DIAGNOSTIC RAD SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4002	O6	EP CARDIO SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4003	O6	EMERGENCY MED SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4004	O6	ENDOCRINOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4005	O6	FAMILY MEDICINE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4006	O6	GASTROENTEROLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4007	O6	GENERAL SURGERY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4008	O6	GERIATRICS SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4009	O6	HOSPITALISTS SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4010	O6	INFECTIOUS DISEASE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4011	O6	INTERNAL MEDICINE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4012	O6	INTERVENTIONAL RAD SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4013	O6	MENTU/BEHAV HEALTH SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4014	O6	NEPHROLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4015	O6	NEUROLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4016	O6	NEUROSURGICAL SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4017	O6	NUTRITION/DIETICIAN SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4018	O6	OB/GYN SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4019	O6	ONCOLOGY/HEMA SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4020	O6	OPHTHALMOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4021	O6	ORTHOPEDIC SURGERY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4022	O6	OTOLARYNGOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4023	O6	PATHOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4024	O6	PEDIATRIC SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4025	O6	PHYSICAL MEDICINE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4026	O6	PHYS/OCC THERAPY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4027	O6	PLASTIC SURGERY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4028	O6	PODIATRY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4029	O6	PREVENTIVE MEDICINE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4030	O6	PULMONOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4031	O6	RADIATION ONCOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4032	O6	RHEUMATOLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4033	O6	SKILLED NURSING FACILITY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4034	O6	SPEECH LANGUAGE PATH SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4035	O6	THORACIC SURGERY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4036	O6	URGENT CARE SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4037	O6	UROLOGY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G4038	O6	VASCULAR SURGERY SS	E		0	999	01/01/2022	12/31/9999	1	0.00
G6001	O6	ULTRASONIC GUID RAD THERAPY FIELDS	E		0	999	01/01/2015	12/31/9999	1	0.00
G6002	O6	STEREOSCOPIC XRAY GUIDANCE	E		0	999	01/01/2015	12/31/9999	1	0.00
G6003	O6	RADIATION TRMT DEL UP TO 5 MEV	E		0	999	01/01/2015	12/31/9999	1	0.00
G6004	O6	RADIATION TRMT DEL 6-10 MEV	E		0	999	01/01/2015	12/31/9999	1	0.00
G6005	O6	RADIATION TREATMENT DELIVERY	E		18	999	01/01/2015	12/31/9999	1	0.00
G6006	O6	RADIATION TREATMENT DELIVERY	E		18	999	01/01/2015	12/31/9999	1	0.00
G6007	O6	RADIATION TREATMENT DELIVERY	E		18	999	01/01/2015	12/31/9999	1	0.00
G6008	O6	RADIATION TREATMENT DELIVERY	E		18	999	01/01/2015	12/31/9999	1	0.00
G6009	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6010	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6011	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6012	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6013	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6014	O6	RADIATION TREATMENT DELIVERY	E		0	999	01/01/2015	12/31/9999	1	0.00
G6015	O6	RADIATION TX DELIVERY IMRT	E		0	999	01/01/2015	12/31/9999	1	0.00
G6016	O6	DELIVERY COMP IMRT	E		0	999	01/01/2015	12/31/9999	1	0.00
G6017	O6	INTRAFACTION TRACK MOTION	E		0	999	01/01/2015	12/31/9999	1	0.00
G8395	O6	LVEF>=40% DOC NORMAL OR MILD	E		0	999	09/01/2012	12/31/9999	1	0.00
G8396	O6	LVEF NOT PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8397	O6	DIL MACULA/FUNDUS EXAM/W DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8399	O6	PT W/DXA RESULTS DOCUMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
G8400	O6	PT W/DXA NO RESULTS DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8404	O6	LOW EXTENTMY NEUR EXAM DOCUM	E		0	999	09/01/2012	12/31/9999	1	0.00
G8405	O6	LOW EXTENTMY NEUR NOT PERFOR	E		0	999	09/01/2012	12/31/9999	1	0.00
G8410	O6	EVAL ON FOOT DOCUMENTED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8415	O6	EVAL ON FOOT NOT PERFORMED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8416	O6	PT INELIG FOOTWEAR EVALUATIO	E		0	999	09/01/2012	12/31/9999	1	0.00
G8417	O6	CALC BMI ABV UP PARAM F/U	E		0	999	09/01/2012	12/31/9999	1	0.00
G8418	O6	CALC BMI BLW LOW PARAM F/U	E		0	999	09/01/2012	12/31/9999	1	0.00
G8419	O6	CALC BMI OUT NRM PARAM NOF/U	E		0	999	09/01/2012	12/31/9999	1	0.00
G8420	O6	CALC BMI NORM PARAMETERS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8421	O6	BMI NOT CALCULATED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8427	O6	DOCREV CUR MEDS BY ELIG CLIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8428	O6	CUR MEDS NOT DOCUMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
G8430	O6	DOC MED RSN NO MEDREC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8431	O6	POS CLIN DEPRES SCR N F/U DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8432	O6	DEP SCR NOT DOC, RNG	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G8433	O6	SCR DEP NOT DONE, DOC RSN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8450	O6	BETA-BLOC RX PT W/ABN IVEF	E		0	999	09/01/2012	12/31/9999	1	0.00
G8451	O6	PT W/ABN LVEF INELIG B-BLOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8452	O6	PT W/ABN IVEF B-BLOC NO RX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8465	O6	HIGH RISK RECURRENCE PRO CA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8473	O6	ACE/ARB THXPY RX'D	E		0	999	09/01/2012	12/31/9999	1	0.00
G8474	O6	ACE/ARB NOT RX'D; DOC REAS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8475	O6	ACE/ARB THXPY NOT RX'D	E		0	999	09/01/2012	12/31/9999	1	0.00
G8476	O6	BP SYS <140 AND DIAS <90	E		0	999	09/01/2012	12/31/9999	1	0.00
G8477	O6	BP SYS>=140 AND/OR DIAS >=90	E		0	999	09/01/2012	12/31/9999	1	0.00
G8478	O6	BP NOT PERFORMED/DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8482	O6	FLU IMMUNIZE ORDER/ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8483	O6	FLU IMM NO ADMIN DOC REA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8484	O6	FLU IMMUNIZE NO ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8506	O6	PT REC ACE/ARB	E		0	999	09/01/2012	12/31/9999	1	0.00
G8510	O6	SCR DEP NEG, NO PLAN REQD	E		0	999	09/01/2012	12/31/9999	1	0.00
G8511	O6	SCR DEP POS, NO PLAN DOC RNG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8535	O6	*PT INELIG NO ELD MAL SCRNR	E		0	999	09/01/2012	12/31/9999	1	0.00
G8536	O6	NO DOC ELDER MAL SCRNR	E		0	999	09/01/2012	12/31/9999	1	0.00
G8539	O6	DOC FUNCT AND CARE PLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8540	O6	*PT INELIG FUNCT ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8541	O6	NO DO CCUR FUNCT ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8542	O6	DOC FUNCT ASSES; NO CARE PLN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8543	O6	CUR FUNCT ASSES; NO CARE PLN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8559	O6	PT REF DOC OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8560	O6	PT HX ACT DRAIN PREV 90 DAYS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8561	O6	PT INELIG FOR REF OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8562	O6	PT NO HX ACT DRAIN 90 D	E		0	999	09/01/2012	12/31/9999	1	0.00
G8563	O6	PT NO REF OTO REAR NO SPEC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8564	O6	PT REF OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8565	O6	VER DOC HEAR LOSS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8566	O6	PT INELIG REF OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8567	O6	PT NO DOC HEAR LOSS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8568	O6	PT NO REF OTOLO NO SPEC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8569	O6	PROL INTUBATION REQ	E		0	999	09/01/2012	12/31/9999	1	0.00
G8570	O6	NO PROL INTUB REQ	E		0	999	09/01/2012	12/31/9999	1	0.00
G8575	O6	POSTOP REN FAIL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8576	O6	NO POSTOP REN FAIL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8577	O6	REOP REQ BLD GRFT OTH	E		0	999	09/01/2012	12/31/9999	1	0.00
G8578	O6	NO REOP REQ BLD GRFT OTH	E		0	999	09/01/2012	12/31/9999	1	0.00
G8598	O6	ASA/ANTIPLAT THER USED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8599	O6	NO ASA/ANTIPLAT THER USE RNG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8600	O6	TPA INITI W/IN 3 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8601	O6	NO ELIG TPA INIT W/IN 3 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8602	O6	NO TPA INIT W/IN 3 HRS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8633	O6	PHARM THER OSTEO RX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8635	O6	NO PHARM THER OSTEO RX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8647	O6	FUN STAT SCORE KNEE >= 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8648	O6	FUN STAT SCORE KNEE < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8650	O6	RAFS CRS KI NO SCOR NO RSN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8651	O6	FUN STAT SCORE HIP >= 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8652	O6	FUN STAT SCORE HIP < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8654	O6	RAFS CRS HI NO SCOR NO SURV	E		0	999	09/01/2012	12/31/9999	1	0.00
G8655	O6	RAFSCRS FT ANK SCORE >=0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8656	O6	RAFSCRS FT ANK SCORE < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8658	O6	RAFSCRS LLFAI NO SCOR + SURV	E		0	999	09/01/2012	12/31/9999	1	0.00
G8659	O6	RAFSCRS LUMB SCORE >= 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8660	O6	RAFSCRS LUMB SCORE < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8661	O6	RAFSCRS LUM, NO MSR/NO FOTO	E		0	999	09/01/2012	12/31/9999	1	0.00
G8662	O6	RAFS CRS LBI NO SCOR NO SURV	E		0	999	09/01/2012	12/31/9999	1	0.00
G8663	O6	FUN STAT SCORE SHDL >=0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8664	O6	FUN STAT SCORE SHDL < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8666	O6	RAFS CRS SI NO SCOR NO SURV	E		0	999	09/01/2012	12/31/9999	1	0.00
G8667	O6	FUN STAT SCORE UE >=0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8668	O6	FUN STAT SCORE UE < 0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8670	O6	RAFS CRS EWH NO SCOR NO SURV	E		0	999	09/01/2012	12/31/9999	1	0.00
G8694	O6	LVEF < 40%	E		0	999	09/01/2012	12/31/9999	1	0.00
G8708	O6	PT NOT PRESCR/DISPENS ANTIBIOTIC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8709	O6	URI EP COMPLETE DIAG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8710	O6	PT PRESCR/DISPENSED ANTIBIOTIC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8711	O6	PRESCR OR DISPENSED ANTIBIOTIC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8712	O6	ANTIBIOTIC NOT PRESCR/DISPENSED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8721	O6	PT CAT, PN CAT, HISTOL GRD DOC IN PATH R	E		0	999	09/01/2012	12/31/9999	1	0.00
G8722	O6	MED REAS PT, PN, NOT DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8723	O6	SPEC SITE OTH THAN ANATOM LOC PRIMARY TU	E		0	999	09/01/2012	12/31/9999	1	0.00
G8724	O6	PT, PN, HISTGRADE NOT DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8733	O6	DOC POS ELDER MAL SCRNR PLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8734	O6	ELDER MALTRT SCR DOC NEG NO FOLLOW-UP RE	E		0	999	09/01/2012	12/31/9999	1	0.00
G8735	O6	ELD MAL SCRNR POS NO PLAN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8749	O6	ABSENCE SIGNS OF MELANOMA OR SYMPTOMS OF	E		0	999	09/01/2012	12/31/9999	1	0.00
G8752	O6	MOST RECENT SBP < 140MMHG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8753	O6	MOST RECENT SBP >= 140MMHG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8754	O6	MOST RECENT DBP < 90MMHG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8755	O6	MOST RECENT DBP >= 90MMHG	E		0	999	09/01/2012	12/31/9999	1	0.00
G8756	O6	NO BP MEASURE DOC	E		0	999	09/01/2012	12/31/9999	1	0.00
G8783	O6	SP SCRNR PERF REC INTERVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8785	O6	BP SCRNR PERF AT INTERVAL, RSN NOT GVN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8797	O6	SPECIMEN SITE NOT ESOPHAGUS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8798	O6	SPECIMEN SITE NOT PROSTATE	E		0	999	09/01/2012	12/31/9999	1	0.00
G8806	O6	TRANSAB OR TRANSVAG US	E		0	999	09/01/2012	12/31/9999	1	0.00
G8807	O6	DOC REAS NO US	E		0	999	09/01/2012	12/31/9999	1	0.00
G8808	O6	NO TRANSAB OR TRASVAG US	E		0	999	09/01/2012	12/31/9999	1	0.00
G8815	O6	DOC REAS NO STATIN THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8816	O6	STATIN MED PRES AT DISCH	E		0	999	09/01/2012	12/31/9999	1	0.00
G8817	O6	DOC REAS NO STATIN MED DISCH	E		0	999	09/01/2012	12/31/9999	1	0.00
G8818	O6	PT DISCH TO HOME BY DAY#7	E		0	999	09/01/2012	12/31/9999	1	0.00
G8825	O6	PT NOT DISCH TO HOME DAY#7	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G8826	O6	PT DISCH HOME DAY #2 EVAR	E		0	999	09/01/2012	12/31/9999	1	0.00
G8833	O6	PT NOT DISCH HOME DAY#2 EVAR	E		0	999	09/01/2012	12/31/9999	1	0.00
G8834	O6	PT DISCH HOME DAY #2 CEA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8838	O6	NOT DISCH HOME BY DAY #2 CEA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8839	O6	SLEEP APNEA ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8840	O6	DOC REAS NO SLEEP APNEA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8841	O6	NO SLEEP APNEA ASSESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8842	O6	AHI OR RDI INITIAL DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8843	O6	DOC REAS NO AHI OR RDI	E		0	999	09/01/2012	12/31/9999	1	0.00
G8844	O6	NO AHI OR RDI INITIAL DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8845	O6	POS AIRWAY PRESS PRESCRIBED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8846	O6	MOD OR SEVERE OSA	E		0	999	09/01/2012	12/31/9999	1	0.00
G8849	O6	DOC REAS NO POS AIR PRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8850	O6	NO PAP PRESCRIBED	E		0	999	09/01/2012	12/31/9999	1	0.00
G8851	O6	ADHERE POS AIR PRESS THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8852	O6	POS AIR PRESS PRESCRIBE	E		0	999	09/01/2012	12/31/9999	1	0.00
G8854	O6	REAS NO ADHERE POS AIR PRES	E		0	999	09/01/2012	12/31/9999	1	0.00
G8855	O6	POS AIR PRESS ADHERE NO PERF	E		0	999	09/01/2012	12/31/9999	1	0.00
G8856	O6	REF FOR OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8857	O6	NO ELIG REF FOR OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8858	O6	NOT REF FOR OTO EVAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8863	O6	NO ASSESS BONE LOSS	E		0	999	09/01/2012	12/31/9999	1	0.00
G8864	O6	PNEUMOCOCCAL VACCINE ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8865	O6	DOC MED REAS NO PNEUMOCOCCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8866	O6	DOC PT REAS NO PNEUMOCOCCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G8867	O6	NO PNEUMOCOCCAL ADMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
G8869	O6	DOC IMMUN HEP B 1ST ANTITNF	E		0	999	09/01/2012	12/31/9999	1	0.00
G8875	O6	BREAST CANCER DX MIN INVSIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
G8876	O6	DOC REAS NO MIN INV DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G8877	O6	NO BRST CNCR DX MIN INVASIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
G8878	O6	SENT LYMPH NODE BIOPSY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8880	O6	DOC REAS NO LYMPH NODE BIOP	E		0	999	09/01/2012	12/31/9999	1	0.00
G8881	O6	BRST CNCR STAGE > T1N0M0	E		0	999	09/01/2012	12/31/9999	1	0.00
G8882	O6	NO SENT LYMPH NODE BIOPSY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8883	O6	REV, COMM, TRACK, DOC BIOPSY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8884	O6	DOC REAS BIOPSY NOT REVIEW	E		0	999	09/01/2012	12/31/9999	1	0.00
G8885	O6	NO REV, COMM, TRACK BIOPSY	E		0	999	09/01/2012	12/31/9999	1	0.00
G8907	O6	PT DOC NO EVENTS ON DISCHARG	E		0	999	07/01/2013	12/31/9999	1	0.00
G8908	O6	PT DOC W BURN PRIOR TO D/C	E		0	999	07/01/2013	12/31/9999	1	0.00
G8909	O6	PT DOC NO BURN PRIOR TO D/C	E		0	999	07/01/2013	12/31/9999	1	0.00
G8910	O6	PT DOC TO HAVE FALL IN ASC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8911	O6	PT DOC NO FALL IN ASC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8912	O6	PT DOC WITH WRONG EVENT	E		0	999	07/01/2013	12/31/9999	1	0.00
G8913	O6	PT DOC NO WRONG EVENT	E		0	999	07/01/2013	12/31/9999	1	0.00
G8914	O6	PT TRANS TO HOSP POST D/C	E		0	999	07/01/2013	12/31/9999	1	0.00
G8915	O6	PT NOT TRANS TOP HOSPITAL AT D/C	E		0	999	07/01/2013	12/31/9999	1	0.00
G8916	O6	PT W IV AB GIVEN ON TIME	E		0	999	07/01/2013	12/31/9999	1	0.00
G8917	O6	PT W IV AB NOT GIVEN ON TIME	E		0	999	07/01/2013	12/31/9999	1	0.00
G8918	O6	PT W/O PREOP ORDER IV AB PRO	E		0	999	07/01/2013	12/31/9999	1	0.00
G8923	O6	LVEF < 40% OR LVSD	E		0	999	07/01/2013	12/31/9999	1	0.00
G8924	O6	SPIR FEV1/FVC<70%,FEV<60%	E		0	999	07/01/2013	12/31/9999	1	0.00
G8934	O6	LVEF <40% OR DEP IV SYS FCN	E		0	999	07/01/2013	12/31/9999	1	0.00
G8935	O6	RX ACE OR ARB THERAPY	E		0	999	07/01/2013	12/31/9999	1	0.00
G8936	O6	PT NOT ELIGIBLE ACE/ARB	E		0	999	07/01/2013	12/31/9999	1	0.00
G8937	O6	NO RX ACE/ARB THERAPY	E		0	999	07/01/2013	12/31/9999	1	0.00
G8941	O6	NO DOC ELDER SCRNM, PT NO EL	E		0	999	07/01/2013	12/31/9999	1	0.00
G8942	O6	DOC FCN/CARE PLAN W/30 DAYS	E		0	999	07/01/2013	12/31/9999	1	0.00
G8944	O6	AJCC MEL CNR STG-IIIC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8946	O6	MIBM BUT NO DX OF BREAST CA	E		0	999	07/01/2013	12/31/9999	1	0.00
G8950	O6	PRE-HTN OR HTN DOC, F/U INDC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8952	O6	PRE-HTM/HTN, NO F/U, NOT GVN	E		0	999	07/01/2013	12/31/9999	1	0.00
G8955	O6	MOST RECENT ASSESS VOL MGMT	E		0	999	07/01/2013	12/31/9999	1	0.00
G8956	O6	PT RCV HEDIA OUTPT DYLS FAC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8958	O6	ASSESS VOL MGMT NOT DOC	E		0	999	07/01/2013	12/31/9999	1	0.00
G8961	O6	CSIT LOWRISK SURG PTS PREOP	E		0	999	07/01/2013	12/31/9999	1	0.00
G8962	O6	CSIT ON PT ANY REAS 30 DAYS	E		0	999	07/01/2013	12/31/9999	1	0.00
G8963	O6	CSI PER ASX PT W/PCI 2 YRS	E		0	999	07/01/2013	12/31/9999	1	0.00
G8964	O6	CSI ANY OTHER THAN PCI 2 YR	E		0	999	07/01/2013	12/31/9999	1	0.00
G8965	O6	CSIT PERF ON LOW SHD RSK	E		0	999	07/01/2013	12/31/9999	1	0.00
G8966	O6	CSIT PERF SX OR HIGH CHD RSK	E		0	999	07/01/2013	12/31/9999	1	0.00
G8967	O6	WFRFN OR ARAL ANTIGOAG PRES	E		0	999	07/01/2013	12/31/9999	1	0.00
G8968	O6	DOC RSN NO WARF/ANTICOG PRES	E		0	999	07/01/2013	12/31/9999	1	0.00
G8969	O6	DOC PT RSN NO PRESC WARF/FDA	E		0	999	07/01/2013	12/31/9999	1	0.00
G8970	O6	NO RSK FAC OR 1 MOD RSK TE	E		0	999	07/01/2013	12/31/9999	1	0.00
G8971	O6	WARFRN OR OTHER ANT COG NO RX	E		0	999	07/01/2013	12/31/9999	1	0.00
G8972	O6	1>=RISK OR >=MOD RISK FOR TE	E		0	999	07/01/2013	12/31/9999	1	0.00
G9001	O6	MCCD, INITIAL RATE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9002	O6	MCCD,MAINTENANCE RATE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9003	O6	MCCD, RISK ADJ HI, INITIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G9004	O6	MCCD, RISK ADJ LO, INITIAL	E		0	999	09/01/2012	12/31/9999	1	0.00
G9005	O6	MCCD, RISK ADJ, MAINTENANCE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9006	O6	MCCD, HOME MONITORING	E		0	999	09/01/2012	12/31/9999	1	0.00
G9007	O6	MCCD, SCH TEAM CONF	E		0	999	09/01/2012	12/31/9999	1	0.00
G9008	O6	MCCD,PHYS COOR-CARE OVRSGHT	E		0	999	09/01/2012	12/31/9999	1	0.00
G9009	O6	MCCD, RISK ADJ, LEVEL 3	E		0	999	09/01/2012	12/31/9999	1	0.00
G9010	O6	MCCD, RISK ADJ, LEVEL 4	E		0	999	09/01/2012	12/31/9999	1	0.00
G9011	O6	MCCD, RISK ADJ, LEVEL 5	E		0	999	09/01/2012	12/31/9999	1	0.00
G9012	O6	OTHER SPECIFIED CASE MGMT	E		0	999	09/01/2012	12/31/9999	1	0.00
G9013	O6	ESRD DEMO LEVEL 1	E		0	999	09/01/2012	12/31/9999	1	0.00
G9014	O6	ESRD DEMO EXPANDED	E		0	999	09/01/2012	12/31/9999	1	0.00
G9016	O6	DEMO-SMOKING CESSATION COUN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9050	O6	ONCOLOGY WORK-UP EVALUATION	E		0	999	09/01/2012	12/31/9999	1	0.00
G9051	O6	ONCOLOGY TREATMENT DECISION	E		0	999	09/01/2012	12/31/9999	1	0.00
G9052	O6	ONC SURVEILLANCE FOR DISEASE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9053	O6	ONC EXPECTANT MANAGEMENT PT	E		0	999	09/01/2012	12/31/9999	1	0.00
G9054	O6	ONC SUPERVISION PALLIATIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9055	O6	ONC VISIT UNSPECIFIED NOS	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9056	O6	ONC PRAC MGMT ADHERES GUIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9057	O6	ONC PRACT MGMT DIFFERS GUIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9058	O6	ONC PRAC MGMT DISAGREE W/GUI	E		0	999	09/01/2012	12/31/9999	1	0.00
G9059	O6	ONC PRAC MGMT PT OPT ALTERNA	E		0	999	09/01/2012	12/31/9999	1	0.00
G9060	O6	ONC PRAC MGMT DIF PT COMORB	E		0	999	09/01/2012	12/31/9999	1	0.00
G9061	O6	ONC PRAC COND NOADD BY GUIDE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9062	O6	ONC PRAC GUIDE DIFFERS NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9063	O6	ONC DX NSCLC STG1 NO DX PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9064	O6	ONC DX NSCLC STG2 NO DX PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9065	O6	ONC DX NSCLC STG3A NODX PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9066	O6	ONC DX NSCLC STG3B-4 METASTA	E		0	999	09/01/2012	12/31/9999	1	0.00
G9067	O6	ONC DX NSCLC DX UNKNOWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9068	O6	ONC DX NSCLC/SCLC LIMITED	E		0	999	09/01/2012	12/31/9999	1	0.00
G9069	O6	ONC DX SCLC/NSCLC EXT AT DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G9070	O6	ONC DX SCLC/NSCLC EXT UNKNWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9071	O6	ONC DX BRST STG1 2B NO DX PR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9072	O6	ONC DX BRST STG1-2 NOPROGRES	E		0	999	09/01/2012	12/31/9999	1	0.00
G9073	O6	ONC DX BRST STG3-W/PROGRES	E		0	999	09/01/2012	12/31/9999	1	0.00
G9074	O6	ONC DX BRST STG3-NOPROGRESS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9075	O6	ONC DX BRST METASTIC/ RECUR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9077	O6	ONC DX PROSTATE T1NO PROGRES	E		0	999	09/01/2012	12/31/9999	1	0.00
G9078	O6	ONC DX PROSTATE T2NO PROGRES	E		0	999	09/01/2012	12/31/9999	1	0.00
G9079	O6	ONC DX PROSTATE T3B-T4NOPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9080	O6	ONC DX PROSTATE W/RISE PSA	E		0	999	09/01/2012	12/31/9999	1	0.00
G9083	O6	ONC DX PROSTATE UNKNWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9084	O6	ONC DX COLON T1-3,N1-2,NO PR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9085	O6	ONC DX COLON T4, NO W/O PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9086	O6	ONC DX COLON T1-4 NO DX PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9087	O6	ONC DX COLON RADIOLOG EVID DX	E		0	999	09/01/2012	12/31/9999	1	0.00
G9088	O6	ONC DX COLON M1/METS W/O RAD	E		0	999	09/01/2012	12/31/9999	1	0.00
G9089	O6	ONC DX COLON EXTENT UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9090	O6	ONC DX RECTAL T1-2 NO PROGR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9091	O6	ONC DX RECTAL T3 NO NO PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9092	O6	ONC DX RECTAL T1-3,N1-2NOPRG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9093	O6	ONC DX RECTAL T4,N,M0 NO PRG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9094	O6	ONC DX RECTAL M1 W/METS PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9095	O6	ONC DX RECTAL EXTENT UNKNWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9096	O6	ONC DX ESOPHAG T1-T3 NOPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9097	O6	ONC DX ESOPHAGEAL T4 NO PROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9098	O6	ONC DX ESOPHAGEAL METS RECUR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9099	O6	ONC DX ESOPHAGEAL UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9100	O6	ONC DX GASTRIC NO RECURRENCE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9101	O6	ONC DX GASTRIC P R1-R2NOPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9102	O6	ONC DX GASTRIC UNRESECTABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9103	O6	ONC DX GASTRIC RECURRENT	E		0	999	09/01/2012	12/31/9999	1	0.00
G9104	O6	ONC DX GASTRIC UNKNOWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9105	O6	ONC DX PANCREATC P R0 RES NO	E		0	999	09/01/2012	12/31/9999	1	0.00
G9106	O6	ONC DX PANCREATC P R1/R2 NO	E		0	999	09/01/2012	12/31/9999	1	0.00
G9107	O6	ONC DX PANCREATIC UNRESECTAB	E		0	999	09/01/2012	12/31/9999	1	0.00
G9108	O6	ONC DX PANCREATIC UNKNWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9109	O6	ONC DX HEAD/NECK T1-T2NO PRG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9110	O6	ONC DX HEAD/NECK T3-4 NOPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9111	O6	ONC DX HEAD/NECK M1 METS REC	E		0	999	09/01/2012	12/31/9999	1	0.00
G9112	O6	ONC DX HEAD/NECK EXT UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9113	O6	ONC DX OVARIAN STG1A-B NO PR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9114	O6	ONC DX OVARIAN STG1A-B OR 2	E		0	999	09/01/2012	12/31/9999	1	0.00
G9115	O6	ONC DX OVARIAN STG3/4 NOPROG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9116	O6	ONC DX OVARIAN RECURRENCE	E		0	999	09/01/2012	12/31/9999	1	0.00
G9117	O6	ONC DX OVARIAN UNKNOWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9123	O6	ONC DX NHL LGE BCELL RELAP	E		0	999	09/01/2012	12/31/9999	1	0.00
G9124	O6	ONC DX NHL RELAPSE/REFRACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9125	O6	ONC DX NHL STG UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9126	O6	ONC DX OVARIAN STG 1A/B	E		0	999	09/01/2012	12/31/9999	1	0.00
G9128	O6	ONC DX MULT MYELOMA STG2 HIG	E		0	999	09/01/2012	12/31/9999	1	0.00
G9129	O6	ONC DX MULT MYELOMA UNKNWN OP	E		0	999	09/01/2012	12/31/9999	1	0.00
G9130	O6	ONC DX MULTI MYELOMA UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9131	O6	ONC DX BRST UNKNOWN NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9132	O6	ONC DX PROSTATE METS NO CAST	E		0	999	09/01/2012	12/31/9999	1	0.00
G9133	O6	ONC DX PROSTATE CLINICAL MET	E		0	999	09/01/2012	12/31/9999	1	0.00
G9134	O6	ONC NHLSTG 1-2 NO RELAP NO	E		0	999	09/01/2012	12/31/9999	1	0.00
G9135	O6	ONC DX NHL STG 3-4 NOT RELAP	E		0	999	09/01/2012	12/31/9999	1	0.00
G9136	O6	ONC DX NHL TRANS TO LG BCELL	E		0	999	09/01/2012	12/31/9999	1	0.00
G9137	O6	ONC DX NHL RELAPSE/REFRACTOR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9138	O6	ONC DX NHL STG UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9139	O6	ONC DX CML DX STATUS UNKNOWN	E		0	999	09/01/2012	12/31/9999	1	0.00
G9140	O6	FRONTIER EXTEND STAY CLINIC DEMO (CMS)	E		0	999	09/01/2012	12/31/9999	1	0.00
G9143	O6	WARFARIN RESPONSE GENETIC TECH	E		0	999	09/01/2012	12/31/9999	1	0.00
G9147	O6	OUTP IV INSULIN TX ANY MEAS	E		0	999	09/01/2012	12/31/9999	1	0.00
G9148	O6	MEDICAL HOME LEVEL I	E		0	999	07/01/2011	12/31/9999	1	0.00
G9149	O6	MEDICAL HOME LEVEL II	E		0	999	07/01/2011	12/31/9999	1	0.00
G9150	O6	MEDICAL HOME LEVEL III	E		0	999	07/01/2011	12/31/9999	1	0.00
G9151	O6	MAPCP DEMO STATE	E		0	999	07/01/2011	12/31/9999	1	0.00
G9152	O6	MAPCP DEMO COMMUNITY	E		0	999	07/01/2011	12/31/9999	1	0.00
G9153	O6	MAPCP DEMO PHYSICIAN	E		0	999	07/01/2011	12/31/9999	1	0.00
G9156	O6	EVALUATION FOR WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
G9157	O6	TRANSESOPIH DOPPL CARDIAC MON	E		0	999	07/01/2013	12/31/9999	1	0.00
G9187	O6	BUNDLED PMTS HOME VISITS	E		0	999	01/01/2014	12/31/9999	1	0.00
G9188	O6	BETA-BLOCKER THERAPY NOT PRESCRIBED	E		0	999	01/01/2014	12/31/9999	1	0.00
G9189	O6	BETA-BLOCKER THERAPY PRESCRIBED	E		0	999	01/01/2014	12/31/9999	1	0.00
G9190	O6	DOC REASON NOT PRESCR BETA-BLOCKER THERA	E		0	999	01/01/2014	12/31/9999	1	0.00
G9191	O6	DOC PT REASON FOR NOT PRESCR BETA-BLOCKE	E		0	999	01/01/2014	12/31/9999	1	0.00
G9192	O6	DOC MED REASON NOT PRESCR BETA-BLOCKER T	E		0	999	01/01/2014	12/31/9999	1	0.00
G9196	O6	MED REASON FOR NO CEPH	E		0	999	01/01/2014	12/31/9999	1	0.00
G9197	O6	DOC ORDER FOR CEPHALOSPORIN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9198	O6	ORDER CEPHALOSPORIN NOT DOC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9212	O6	DSM-IVTM CRITERIA MAJOR DEPR DISORDER DO	E		0	999	01/01/2014	12/31/9999	1	0.00
G9213	O6	DSM-IVTM CRITERIA MAJOR DEPR DISORDER NO	E		0	999	01/01/2014	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9223	06	PNEUMOCYSTIS JIROVECI PRES 3 MO LOW CD4+	E		0	999	01/01/2014	12/31/9999	1	0.00
G9225	06	FOOT EXAM NOT PERFORMED NO REASON	E		0	999	01/01/2014	12/31/9999	1	0.00
G9226	06	3 COMP FOOT EXAM COMPLETED	E		0	999	01/01/2014	12/31/9999	1	0.00
G9227	06	FUNCTIONAL OUTCOME ASSESSMENT DOC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9228	06	CHLAMYDIA, GONORRHEA AND SYPHILIS SCREEN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9229	06	PTRSN NO GC CHL SYP TEST	E		0	999	01/01/2014	12/31/9999	1	0.00
G9230	06	CHLAMYDIA, GONORRHEA, AND SYPHILIS NOT S	E		0	999	01/01/2014	12/31/9999	1	0.00
G9231	06	DOC ESRD DIA TRANS PREG	E		0	999	01/01/2014	12/31/9999	1	0.00
G9242	06	DOC VIRAL LOAD >=200	E		0	999	01/01/2014	12/31/9999	1	0.00
G9243	06	DOCUMENTATION OF VIRAL LOAD LESS THAN 20	E		0	999	01/01/2014	12/31/9999	1	0.00
G9246	06	PATIENT ONE MEDICAL VISIT 6 MONTH PERIOD	E		0	999	01/01/2014	12/31/9999	1	0.00
G9247	06	PATIENT ONE MEDICAL VISIT 6 MONTH PERIOD	E		0	999	01/01/2014	12/31/9999	1	0.00
G9250	06	DOC PAIN BROUGHT TO COMFORT LEVEL 48 HRS	E		0	999	01/01/2014	12/31/9999	1	0.00
G9251	06	DOC PAIN NOT BROUGHT TO COMFORT LEVEL 48	E		0	999	01/01/2014	12/31/9999	1	0.00
G9254	06	DOC PT DISCHRG HOME LATER THAN POST-OP D	E		0	999	01/01/2014	12/31/9999	1	0.00
G9255	06	DOC PT DISCHRG HOME NO LATER THAN POST-O	E		0	999	01/01/2014	12/31/9999	1	0.00
G9273	06	BP SYSTOLIC< 140 DIASTOLIC< 90	E		0	999	01/01/2014	12/31/9999	1	0.00
G9274	06	BP SYSTOLIC=140 DIASTOLIC= 90	E		0	999	01/01/2014	12/31/9999	1	0.00
G9275	06	DOC PT CURRENT NON-TOBACCO USER	E		0	999	01/01/2014	12/31/9999	1	0.00
G9276	06	DOC PT CURRENT TOBACCO USER	E		0	999	01/01/2014	12/31/9999	1	0.00
G9277	06	DOC DAILY ASPIRIN OR CONTRA	E		0	999	01/01/2014	12/31/9999	1	0.00
G9278	06	DOC NO DAILY ASPIRIN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9279	06	PNEUMOCOCCAL SCREEN & DOC VACC RECVD	E		0	999	01/01/2014	12/31/9999	1	0.00
G9280	06	PNEUMOCOCCAL VACC NOT ADMIN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9281	06	SCREEN AND DOC VACC NOT INDICATED/PT REF	E		0	999	01/01/2014	12/31/9999	1	0.00
G9282	06	DOC NOT RPT HISTOLOGICAL TYPE OR NSCLC-N	E		0	999	01/01/2014	12/31/9999	1	0.00
G9283	06	NON SMALL CELL LUNG CANCER BIOPSY AND CY	E		0	999	01/01/2014	12/31/9999	1	0.00
G9284	06	NON SMALL CELL LUNG CANCER BIOPSY AND CY	E		0	999	01/01/2014	12/31/9999	1	0.00
G9285	06	SPECIMEN SITE OTHER THAN ANATOMIC LOCATI	E		0	999	01/01/2014	12/31/9999	1	0.00
G9286	06	ANTIBIO RX W IN 10D OF SYMPT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9287	06	NO ANTIBIO W IN 10D OF SYMPT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9288	06	DOC NOT RPT HISTOLOGICAL TYPE OR NSCLC-N	E		0	999	01/01/2014	12/31/9999	1	0.00
G9289	06	NON SMALL CELL LUNG CANCER BIOPSY & CYTO	E		0	999	01/01/2014	12/31/9999	1	0.00
G9290	06	NON SMALL CELL LUNG CANCER BIOPSY & CYTO	E		0	999	01/01/2014	12/31/9999	1	0.00
G9291	06	SPECIMEN SITE OTHER THAN ANATOMIC LOCATI	E		0	999	01/01/2014	12/31/9999	1	0.00
G9292	06	DOC NOT RPT PT CATEGORY & THICKNESS/ULCE	E		0	999	01/01/2014	12/31/9999	1	0.00
G9293	06	PATHOLOGY REPORT DOES NOT INCLUDE THE PT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9294	06	PATHOLOGY REPORT INCLUDES THE PT CATEGOR	E		0	999	01/01/2014	12/31/9999	1	0.00
G9295	06	SPECIMEN SITE OTHER THAN ANATOMIC CUTANE	E		0	999	01/01/2014	12/31/9999	1	0.00
G9296	06	DOC SHARE DEC PRIOR PROC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9297	06	NO DOC SHARE DEC PRIOR PROC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9298	06	EVAL RISK VTE CARD 30D PRIOR	E		0	999	01/01/2014	12/31/9999	1	0.00
G9299	06	NO EVAL RISK VTE CARD PRIOR	E		0	999	01/01/2014	12/31/9999	1	0.00
G9305	06	INTERVEN LEAK ENDOLUMINAL CNTNTS THRU AN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9306	06	INTERVEN LEAK ENDOLUMINAL CNTNTS THRU AN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9307	06	NO RET FOR SURG W IN 30D	E		0	999	01/01/2014	12/31/9999	1	0.00
G9308	06	UNPL RET OR W/COMPL W/IN 30D	E		0	999	01/01/2014	12/31/9999	1	0.00
G9309	06	NO UNPLANNED HOSPITAL READMISSION WITHIN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9310	06	UNPLANNED HOSPITAL READMIT W/I 30 DAYS P	E		0	999	01/01/2014	12/31/9999	1	0.00
G9311	06	NO SURGICAL SITE INFECTION	E		0	999	01/01/2014	12/31/9999	1	0.00
G9312	06	SURGICAL SITE INFECTION	E		0	999	01/01/2014	12/31/9999	1	0.00
G9313	06	AMOXICILLIN NOT PRES AS FIRST LINE ANTIB	E		0	999	01/01/2014	12/31/9999	1	0.00
G9314	06	AMOXICILLIN NOT PRESAS FIRST LINE ANTIBI	E		0	999	01/01/2014	12/31/9999	1	0.00
G9315	06	DOC AMOXICILLIN PRES AS A FIRST LINE ANT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9316	06	DOC PT-SPEC RISK ASSESS W/RISK CALC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9317	06	DOC PT-SPEC RISK ASSESS W/RISK CALC	E		0	999	01/01/2014	12/31/9999	1	0.00
G9318	06	IMAGING STUDY NAMED STANDARDIZED NOMENCL	E		0	999	01/01/2014	12/31/9999	1	0.00
G9319	06	IMAGING STUDY NOT NAMED STANDARDIZED NOM	E		0	999	01/01/2014	12/31/9999	1	0.00
G9321	06	COUNT OF PREVIOUS CT (ANY TYPE OF CT)	E		0	999	01/01/2014	12/31/9999	1	0.00
G9322	06	COUNT OF PREVIOUS CT AND CARDIAC NUCLEAR	E		0	999	01/01/2014	12/31/9999	1	0.00
G9341	06	SRCH FOR CT W IN 12 MOS	E		0	999	01/01/2014	12/31/9999	1	0.00
G9342	06	NO SRCH FOR CT IN 12MO NORSN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9344	06	SYRSRN NO DICOM SRCH	E		0	999	01/01/2014	12/31/9999	1	0.00
G9345	06	FOLLOW UP PULM NOD	E		0	999	01/01/2014	12/31/9999	1	0.00
G9347	06	NO FOLLOW UP PULM NOD NORSN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9351	06	MORE THAN ONE CT SCAN PARANASAL SINUSES	E		0	999	01/01/2014	12/31/9999	1	0.00
G9352	06	MORE THAN ONE CT SCAN PARANASAL SINUSES	E		0	999	01/01/2014	12/31/9999	1	0.00
G9353	06	MORE THAN ONE CT SCAN PARANASAL SINUSES	E		0	999	01/01/2014	12/31/9999	1	0.00
G9354	06	1 OR NO CT SINUS W/IN 90D DX	E		0	999	01/01/2014	12/31/9999	1	0.00
G9355	06	NO EARLY IND/DELIVERY	E		0	999	01/01/2014	12/31/9999	1	0.00
G9356	06	EARLY IND/DELIVERY	E		0	999	01/01/2014	12/31/9999	1	0.00
G9357	06	POST-PARTUM SCREEN, EVAL & EDUCATION PER	E		0	999	01/01/2014	12/31/9999	1	0.00
G9358	06	POST-PARTUM SCREEN, EVAL & EDUCATION NOT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9359	06	NEG MGD POS TB NOTACT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9360	06	NO DOC NEG/MANAGED POSITIVE TB SCREEN	E		0	999	01/01/2014	12/31/9999	1	0.00
G9361	06	DOC RSN ELECT C-SEC/INDUCT	E		0	999	01/01/2014	12/31/9999	1	0.00
G9364	06	SINUS CAUS BAC INX	E		0	999	01/01/2015	12/31/9999	1	0.00
G9367	06	2HIGH RISK MED ORD	E		0	999	01/01/2015	12/31/9999	1	0.00
G9368	06	2HIGH RISK NO ORD	E		0	999	01/01/2015	12/31/9999	1	0.00
G9380	06	OFF ASSIS EOL ISS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9382	06	NO OFF ASSIS EOL	E		0	999	01/01/2015	12/31/9999	1	0.00
G9383	06	RECD SCRNM HCV INFEC	E		0	999	01/01/2015	12/31/9999	1	0.00
G9384	06	DOC MED REAS NO ANN SRN HCV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9385	06	DOC PT REAS NOT REC HCV SRN	E		0	999	01/01/2015	12/31/9999	1	0.00
G9386	06	SCRNM HCV INFEC NOT RECD	E		0	999	01/01/2015	12/31/9999	1	0.00
G9393	06	INI PHQ9 >9 REMISS <5	E		0	999	01/01/2015	12/31/9999	1	0.00
G9394	06	DX BIPOL, DEATH, NHRES, HOSP	E		0	999	01/01/2015	12/31/9999	1	0.00
G9395	06	INI PHQ9 >9 NO REMISS >=5	E		0	999	01/01/2015	12/31/9999	1	0.00
G9396	06	INI PHQ9 >9 NOT ASSESS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9402	06	RECD F/U W/IN 30D DISCH	E		0	999	01/01/2015	12/31/9999	1	0.00
G9403	06	DOC REAS NO 30 DAY F/U	E		0	999	01/01/2015	12/31/9999	1	0.00
G9404	06	NO 30 DAY F/U	E		0	999	01/01/2015	12/31/9999	1	0.00
G9405	06	RECD F/U W/IN 7D DC	E		0	999	01/01/2015	12/31/9999	1	0.00
G9406	06	DOC REAS NO 7D F/U	E		0	999	01/01/2015	12/31/9999	1	0.00
G9407	06	NO 7D F/U	E		0	999	01/01/2015	12/31/9999	1	0.00
G9408	06	CARD TAMP W/IN 30D	E		0	999	01/01/2015	12/31/9999	1	0.00
G9409	06	NO CARD TAMP E/IN 30D	E		0	999	01/01/2015	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9410	O6	ADMIT W/IN 180D REQ REMOV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9411	O6	NO ADMIT W/IN 180D REQ REMOV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9412	O6	ADMIT W/IN 180D REQ SURG REV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9413	O6	NO ADMIT REQ SURG REV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9414	O6	1DOSE MENIG VAC BTWN 11 & 13	E		0	999	01/01/2015	12/31/9999	1	0.00
G9415	O6	NO 1DOSE MENI VAC BTWN 11&13	E		0	999	01/01/2015	12/31/9999	1	0.00
G9416	O6	PT 1 TDAP BETW 10-13 YRS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9417	O6	PT NOT 1 TDAP BETW 10-13 YRS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9418	O6	LUNG CX BX RPT DOCS CLASS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9419	O6	MED REAS NOT INCL HISTO TYPE	E		0	999	01/01/2015	12/31/9999	1	0.00
G9420	O6	SPEC SITE NO LUNG	E		0	999	01/01/2015	12/31/9999	1	0.00
G9421	O6	LUNG CX BX RPT NO DOC CLASS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9422	O6	RPT DOC CLASS HISTO TYPE	E		0	999	01/01/2015	12/31/9999	1	0.00
G9423	O6	MED REAS RPT NO HISTO TYPE	E		0	999	01/01/2015	12/31/9999	1	0.00
G9424	O6	SITE NO LUNG OR LUNG CX	E		0	999	01/01/2015	12/31/9999	1	0.00
G9425	O6	SPEC RPT NO DOC CLASS HISTO	E		0	999	01/01/2015	12/31/9999	1	0.00
G9426	O6	IMPR MED TIME EDARR PAIN MED	E		0	999	01/01/2015	12/31/9999	1	0.00
G9427	O6	NO IMPRO MED TIME PAIN MED	E		0	999	01/01/2015	12/31/9999	1	0.00
G9428	O6	RPT PT CAT AND PT1	E		0	999	01/01/2015	12/31/9999	1	0.00
G9429	O6	DOC MED REAS NO PT CAT	E		0	999	01/01/2015	12/31/9999	1	0.00
G9430	O6	SPEC SITE NO CUTANEOUS	E		0	999	01/01/2015	12/31/9999	1	0.00
G9431	O6	NO PT CAT AND PT1	E		0	999	01/01/2015	12/31/9999	1	0.00
G9432	O6	ASTH CONTROLLED	E		0	999	01/01/2015	12/31/9999	1	0.00
G9434	O6	ASTH NOT CONTROLLED	E		0	999	01/01/2015	12/31/9999	1	0.00
G9451	O6	1X SCRIN HCV INFECT	E		0	999	01/01/2015	12/31/9999	1	0.00
G9452	O6	DOC MED REAS NO SCRIN HCV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9453	O6	PT REAS NO HCV INFECT	E		0	999	01/01/2015	12/31/9999	1	0.00
G9454	O6	NO HCV INFECT SRN	E		0	999	01/01/2015	12/31/9999	1	0.00
G9455	O6	ABD IMAG W/US, CT OR MRI	E		0	999	01/01/2015	12/31/9999	1	0.00
G9456	O6	DOC MED PT REAS NO HCC SCRIN	E		0	999	01/01/2015	12/31/9999	1	0.00
G9457	O6	NO ABD IMAG W/O REASON	E		0	999	01/01/2015	12/31/9999	1	0.00
G9458	O6	TOB USER RECD CESS INTERV	E		0	999	01/01/2015	12/31/9999	1	0.00
G9459	O6	TOB NON-USER	E		0	999	01/01/2015	12/31/9999	1	0.00
G9460	O6	NO TOB ASSESS OR CESS INTER	E		0	999	01/01/2015	12/31/9999	1	0.00
G9468	O6	NO RECD CORTICO>=10 MG/D>60D	E		0	999	01/01/2015	12/31/9999	1	0.00
G9470	O6	NO REC CORTICO>60D 1RX 600MG	E		0	999	01/01/2015	12/31/9999	1	0.00
G9471	O6	W/IN 2YR DXA NOT ORDER	E		0	999	01/01/2015	12/31/9999	1	0.00
G9473	O6	CHAP SERVICES AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9474	O6	DIET COUNSEL AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9475	O6	OTHER COUNSELOR AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9476	O6	VOLUN SERVICE AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9477	O6	CARE COORD AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9478	O6	OTHE THERAPIST AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9479	O6	PHARMACIST AT HOSPICE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9480	O6	ADMISSION TO MCCM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9481	O6	REMOTE E/M NEW PT 10 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9482	O6	REMOTE E/M NEW PT 20 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9483	O6	REMOTE E/M NEW PT 30 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9484	O6	REMOTE E/M NEW PT 45 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9485	O6	REMOTE E/M NEW PT 60 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9486	O6	REMOTE E/M EST PT 10 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9487	O6	REMOTE E/M EST PT 15 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9488	O6	REMOTE E/M EST PT 25 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9489	O6	REMOTE E/M EST PT 40 MIN	E		0	999	04/01/2016	12/31/9999	1	0.00
G9490	O6	CMS INNOV CNTR MOD HOME VISIT	E		0	999	04/01/2016	12/31/9999	1	0.00
G9497	O6	REC INST NO SMOKE DAY SURG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9498	O6	ABX REG PRESCRIBED	E		0	999	01/01/2016	12/31/9999	1	0.00
G9500	O6	RAD EXPOS IND/EXP TM DOC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9501	O6	RAD EXPOS IND/EXP TM NO DOC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9502	O6	MED REAS NO PERF FOOT EXAM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9504	O6	DOC REAS NO HBV STATUS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9505	O6	ABX PRES W/IN 10 DYS OF SYMP	E		0	999	01/01/2016	12/31/9999	1	0.00
G9506	O6	BIO IMM RESP MOD PRESC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9507	O6	DOC REAS ON STATIN OR CONTRA	E		0	999	01/01/2016	12/31/9999	1	0.00
G9508	O6	DOC PT NOT ON STATIN	E		0	999	01/01/2016	12/31/9999	1	0.00
G9509	O6	REMIS 12M PHQ-9 SCORE <5	E		0	999	01/01/2016	12/31/9999	1	0.00
G9510	O6	REMIS12M NOT PHQ-9 SCORE <5	E		0	999	01/01/2016	12/31/9999	1	0.00
G9511	O6	IDX EVT DTE PHQ>9 DOC 12 MO	E		0	999	01/01/2016	12/31/9999	1	0.00
G9512	O6	INDIV PDC > 0.8	E		0	999	01/01/2016	12/31/9999	1	0.00
G9513	O6	INDIV PDC NOT > 0.8	E		0	999	01/01/2016	12/31/9999	1	0.00
G9514	O6	REQ RET OR W/IN 90D OF SURG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9515	O6	NO REAS, NO RET OR W/IN 90D	E		0	999	01/01/2016	12/31/9999	1	0.00
G9516	O6	IMPR VIS ACUIT W/IN 90D	E		0	999	01/01/2016	12/31/9999	1	0.00
G9517	O6	NO IMPR VIS ACUIT W/IN 90D	E		0	999	01/01/2016	12/31/9999	1	0.00
G9518	O6	DOC ACTIVE INJ DRUG USE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9519	O6	FINAL REF +/- 1.0 W/IN 90D	E		0	999	01/01/2016	12/31/9999	1	0.00
G9520	O6	REFRACT NOT +/- 1.0 W/IN 90D	E		0	999	01/01/2016	12/31/9999	1	0.00
G9521	O6	ER AND IP HOSP <2 IN 12 MOS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9522	O6	ER/IP HOSP =>2 IN 12 MOS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9529	O6	MINOR BLUNT TRAUMA W/HEAD CT	E		0	999	01/01/2016	12/31/9999	1	0.00
G9530	O6	PT MBHT HD CT ORD EC PROV	E		0	999	01/01/2016	12/31/9999	1	0.00
G9531	O6	PT DOC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9533	O6	INDIC FOR HEAD CT NOT VALID	E		0	999	01/01/2016	12/31/9999	1	0.00
G9537	O6	IMG HD CLIN TRIAL	E		0	999	01/01/2016	12/31/9999	1	0.00
G9539	O6	INTENT POT REMV TIME PLACEMT	E		0	999	01/01/2016	12/31/9999	1	0.00
G9540	O6	PT ALIVE 3 MOS POST PROC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9541	O6	FILTER GONE AFT 3MOS PLACMT	E		0	999	01/01/2016	12/31/9999	1	0.00
G9542	O6	DOC REASS APPR REMO FILT 3MS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9543	O6	DOC 2X RE-ASSESS FILT REMOV	E		0	999	01/01/2016	12/31/9999	1	0.00
G9544	O6	NO FILT REMOV W/IN 3MOS PLCM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9547	O6	CYS REN LES OR ADREN	E		0	999	01/01/2016	12/31/9999	1	0.00
G9548	O6	NO F/U REC IMAGE STUDY	E		0	999	01/01/2016	12/31/9999	1	0.00
G9549	O6	DOC MED RSN FOR F/U IMAG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9550	O6	IMAG REC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9551	O6	IMAG NO LES	E		0	999	01/01/2016	12/31/9999	1	0.00
G9552	O6	INC THYR NODE <1.0 IN RPT	E		0	999	01/01/2016	12/31/9999	1	0.00
G9553	O6	PRIOR THYROID DISE DX	E		0	999	01/01/2016	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9554	06	CT/CTA/MRI/A CHST FOLL REC	E		0	999	01/01/2016	12/31/9999	1	0.00
G9555	06	DOC MED RSN FOR FOLLUP IMAGE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9556	06	CT/CTA/MRI/A NO FOLLUP IMAG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9557	06	CT/CTA/MRI/A NO THYR <1.0CM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9580	06	DOOR TO PUNC TIME <2HRS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9582	06	DOOR TO PUNC TIME >2HR, NRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9593	06	LOW PECARN PED HEAD TRAUMA	E		0	999	01/01/2016	12/31/9999	1	0.00
G9594	06	PT MBHT HD CT ORD EC PROV	E		0	999	01/01/2016	12/31/9999	1	0.00
G9595	06	DOC SHNT/TUM/COAG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9596	06	PED PT HD CT ORD	E		0	999	01/01/2016	12/31/9999	1	0.00
G9597	06	NO LOW PECARN PED HEAD TRAUM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9598	06	AOR ANE 5.5-5.9 CM MAX DIAM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9599	06	AOR ANE >=6.0 CM MAX DIAM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9603	06	PT SURV IMPROV BSLINE TX	E		0	999	01/01/2016	12/31/9999	1	0.00
G9604	06	PT SURV RESULTS NOT AVAIL	E		0	999	01/01/2016	12/31/9999	1	0.00
G9605	06	SURV SCORE NO IMPROV W/TX	E		0	999	01/01/2016	12/31/9999	1	0.00
G9606	06	INTRAOP CYST EVAL TRAC INJ	E		0	999	01/01/2016	12/31/9999	1	0.00
G9607	06	DOC RSN NO INTEROP CYSTO	E		0	999	01/01/2016	12/31/9999	1	0.00
G9608	06	INTRAOP CYST EVAL NOT DONE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9609	06	DOC ORDER ANTI-PLAT	E		0	999	01/01/2016	12/31/9999	1	0.00
G9610	06	DOC MD RSN NO ANTIPLA	E		0	999	01/01/2016	12/31/9999	1	0.00
G9611	06	NO DOC ORDER ANTI-PLAT RNG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9612	06	PHODOC 2 MR CEC LNDMK	E		0	999	01/01/2016	12/31/9999	1	0.00
G9613	06	DOC POST SURG ANATOMY	E		0	999	01/01/2016	12/31/9999	1	0.00
G9614	06	PHOTODOC < 2 CEC LNDMK	E		0	999	01/01/2016	12/31/9999	1	0.00
G9618	06	DOC SCR UTER MAL OR US/SAMP	E		0	999	01/01/2016	12/31/9999	1	0.00
G9620	06	NO SCR UTR MALLG/US/SAMP RNG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9621	06	SCR UNHEAL ETOH W/COUNSEL	E		0	999	01/01/2016	12/31/9999	1	0.00
G9622	06	NO UNHEAL ETOH USER	E		0	999	01/01/2016	12/31/9999	1	0.00
G9623	06	DOC MED RSN NO SCR ETOH USE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9624	06	NO ETOH SCR/NO COUNC/NRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9625	06	PT BL SRG 30 DAY PST SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9626	06	MED RSN NO RPT BALDDER INJ	E		0	999	01/01/2016	12/31/9999	1	0.00
G9627	06	PT NO BL SRG 30 DAY PST SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9628	06	PT BWLI SRG 30 DAY PST SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9629	06	MED RSN NO RPT BOWEL INJ	E		0	999	01/01/2016	12/31/9999	1	0.00
G9630	06	PT NO BWLI SRG 30 DAY SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9631	06	PT UI SRG 30 DAY PST SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9632	06	MED RSN FOR NO RPT URET INJ	E		0	999	01/01/2016	12/31/9999	1	0.00
G9633	06	PT NO UI SRG 30 DAY PST SRG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9637	06	DOC >1 DOSE REDUC TECH	E		0	999	01/01/2016	12/31/9999	1	0.00
G9638	06	NO DOC >1 DOSE REDUC TECH	E		0	999	01/01/2016	12/31/9999	1	0.00
G9642	06	CURRENT SMOKER	E		0	999	01/01/2016	12/31/9999	1	0.00
G9643	06	ELECTIVE SURGERY	E		0	999	01/01/2016	12/31/9999	1	0.00
G9644	06	NO SMOK B/4 ANES DAY OF SURG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9645	06	HAD SMOKE B/4 ANES DAY SURG	E		0	999	01/01/2016	12/31/9999	1	0.00
G9646	06	PT W/90D MRS 0-2	E		0	999	01/01/2016	12/31/9999	1	0.00
G9648	06	PT W/90D MRS >2	E		0	999	01/01/2016	12/31/9999	1	0.00
G9649	06	PSOR AS DOC SPC BM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9651	06	PSOR AS DOC NO SPC BM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9654	06	MON ANESTH CARE	E		0	999	01/01/2016	12/31/9999	1	0.00
G9655	06	TOC TOOL INCL KEY ELEM	E		0	999	01/01/2016	12/31/9999	1	0.00
G9656	06	PT DIRECT ANESTH LOC TO PACU	E		0	999	01/01/2016	12/31/9999	1	0.00
G9658	06	TOC TOOL INCL ELEM NOT USED	E		0	999	01/01/2016	12/31/9999	1	0.00
G9659	06	>=86Y NO HX COLO CA/RSN SCOP	E		0	999	01/01/2016	12/31/9999	1	0.00
G9660	06	DOC MED RSN SCOPE PT >= 86Y	E		0	999	01/01/2016	12/31/9999	1	0.00
G9661	06	PT >= 86 W/ HI RISK	E		0	999	01/01/2016	12/31/9999	1	0.00
G9662	06	PRIOR DX/ACTIVE CLIN ASCVD	E		0	999	01/01/2016	12/31/9999	1	0.00
G9663	06	FAST/DIR LDL >= 190 MG/DL	E		0	999	01/01/2016	12/31/9999	1	0.00
G9664	06	TAKING STATIN OR REC'D ORDER	E		0	999	01/01/2016	12/31/9999	1	0.00
G9665	06	NO STATIN/NO ORDER STATIN	E		0	999	01/01/2016	12/31/9999	1	0.00
G9674	06	PT W/CLIN ASCVD DX	E		0	999	01/01/2016	12/31/9999	1	0.00
G9675	06	PT W/FAST/DIR LAB LDL-C >190	E		0	999	01/01/2016	12/31/9999	1	0.00
G9676	06	40-75Y W/TYPE 1/2 W/LDL-C RS	E		0	999	01/01/2016	12/31/9999	1	0.00
G9678	06	ONCOLOGY CARE MODEL SERVICE	E		0	999	04/01/2016	12/31/9999	1	0.00
G9679	06	ACUTE CARE PNEUMONIA	E		0	999	10/01/2016	12/31/9999	1	0.00
G9680	06	ACUTE CARE CHF	E		0	999	10/01/2016	12/31/9999	1	0.00
G9681	06	ACUTE CARE COPD/ASTHMA	E		0	999	10/01/2016	12/31/9999	1	0.00
G9682	06	ACUTE CARE SKIN INFECTION	E		0	999	10/01/2016	12/31/9999	1	0.00
G9683	06	ACUTE FLUID/ELECTRO DISORDER	E		0	999	10/01/2016	12/31/9999	1	0.00
G9684	06	ACUTE CARE UTI	E		0	999	10/01/2016	12/31/9999	1	0.00
G9685	06	ACUTE NURSING FACILITY CARE	E		0	999	10/01/2016	12/31/9999	1	0.00
G9687	06	HOSPICE ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9688	06	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9689	06	INPT ELECT CAROTID INTERVENT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9690	06	PT IN HOS	E		0	999	01/01/2017	12/31/9999	1	0.00
G9691	06	PT HOSP DUR MSMT PERIOD	E		0	999	01/01/2017	12/31/9999	1	0.00
G9692	06	HOSP RECD BY PT DUR MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9693	06	PT USE HOSP DURING MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9694	06	HOSP SRV USED PT IN MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9695	06	LONG ACT INHAL BRONCHDIL PRE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9696	06	MED RSN NO PRESC BRONCHDIL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9697	06	PT RSN NO PRESC BRONCHDIL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9698	06	SYS RSN NO PRESC BRONCHDIL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9699	06	LONG INHAL BRONCHDIL NO PRES	E		0	999	01/01/2017	12/31/9999	1	0.00
G9700	06	PT IS W/HOSP DURING MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9702	06	PT USE HOSP DURING MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9703	06	ANBX 30 PRIOR TO EPISODE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9704	06	AJCC BR CA STG I: T1 MIC/T1A	E		0	999	01/01/2017	12/31/9999	1	0.00
G9705	06	AJCC BR CA STG IB	E		0	999	01/01/2017	12/31/9999	1	0.00
G9706	06	LOW RECUR PROST CA	E		0	999	01/01/2017	12/31/9999	1	0.00
G9707	06	PT HAD HOSP DUR MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9708	06	BILAT MAST/HX BI /UNILAT MAS	E		0	999	01/01/2017	12/31/9999	1	0.00
G9709	06	HOSP SRV USED PT IN MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9710	06	PT PROV HOSP SRV MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9711	06	PT HX TOT COL OR COLON CA	E		0	999	01/01/2017	12/31/9999	1	0.00
G9712	06	DOC MED RSN PRESC ANBX	E		0	999	01/01/2017	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9713	O6	PT USE HOSP DURING MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9714	O6	PT IS W/HOSP DURING MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9715	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9716	O6	BMI DOC ONL FUP NOT CMPLTD	E		0	999	01/01/2017	12/31/9999	1	0.00
G9717	O6	DOC PT DX DEP/BIPOL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9718	O6	HOSPICE ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9719	O6	PT NOT AMBUL/IMMOB/WC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9720	O6	HOSPICE ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9721	O6	PT NOT AMBUL/IMMOB/WC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9722	O6	DOC HX RENAL FAIL OR CR+ >=4	E		0	999	01/01/2017	12/31/9999	1	0.00
G9723	O6	HOSP RECD BY PT DUR MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9724	O6	PT W/DOC USE ANTICOAG MST YR	E		0	999	01/01/2017	12/31/9999	1	0.00
G9725	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9726	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9727	O6	PT UNABLE CMPLT LEFP PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9728	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9729	O6	PT UNBL CMPLT LEFP PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9730	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9731	O6	PT UNBL CMPLT LEFP PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9732	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9733	O6	PT UNBL CMPLT LB FS PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9734	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9735	O6	PT UNBL CMPLT SHLD FS PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9736	O6	REFUSED TO PARTICIPATE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9737	O6	PT UNBL CMPLT EWH FS PROM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9740	O6	HOSP SRV TO PT DUR MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9741	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9744	O6	PT NOT ELIG, DX HTN	E		0	999	01/01/2017	12/31/9999	1	0.00
G9745	O6	DOC RSN NO SCR HIGH BP	E		0	999	01/01/2017	12/31/9999	1	0.00
G9746	O6	MIT STEN, VALVE OR TRANS AF	E		0	999	01/01/2017	12/31/9999	1	0.00
G9751	O6	PT DIED W/IN 24 MOS RPT TIME	E		0	999	01/01/2017	12/31/9999	1	0.00
G9752	O6	URGENT SURGERY	E		0	999	01/01/2017	12/31/9999	1	0.00
G9753	O6	DOC NO DICOM, CT OTHER FAC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9754	O6	INCID PULM NODULE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9755	O6	DOC MED RSN NO FLW UP	E		0	999	01/01/2017	12/31/9999	1	0.00
G9756	O6	SURG PROC W/SILICONE OIL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9757	O6	SURG PROC W/SILICONE OIL	E		0	999	01/01/2017	12/31/9999	1	0.00
G9758	O6	HOSPICE OR TERM PHASE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9760	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9761	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9762	O6	PT HAD HPV B/T 9-13 YR	E		0	999	01/01/2017	12/31/9999	1	0.00
G9763	O6	PT NO HPV B/T 9-13 YR	E		0	999	01/01/2017	12/31/9999	1	0.00
G9764	O6	PT TREATD W/ORAL SYST OR BIO	E		0	999	01/01/2017	12/31/9999	1	0.00
G9765	O6	DOC PAT DECLINED THERAPY	E		0	999	01/01/2017	12/31/9999	1	0.00
G9766	O6	CVA STROKE DX TX TRANSF FAC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9767	O6	HOSP NEW DX CVA CONSID EVST	E		0	999	01/01/2017	12/31/9999	1	0.00
G9768	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9769	O6	BN DEN 2YR/GOT OST MED/THER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9770	O6	PERIP NERVE BLOCK	E		0	999	01/01/2017	12/31/9999	1	0.00
G9771	O6	ANES END, 1 TEMP >35.5(95.9)	E		0	999	01/01/2017	12/31/9999	1	0.00
G9772	O6	DOC MED RSN NO TEMP >= 35.5	E		0	999	01/01/2017	12/31/9999	1	0.00
G9773	O6	1 BOD TEMP >=35.5	E		0	999	01/01/2017	12/31/9999	1	0.00
G9774	O6	PT HAD HYST	E		0	999	01/01/2017	12/31/9999	1	0.00
G9775	O6	RECD 2 ANTI-EMET PRE/INTRAOP	E		0	999	01/01/2017	12/31/9999	1	0.00
G9776	O6	DOC MED RSN NO PROPH ANTIEM	E		0	999	01/01/2017	12/31/9999	1	0.00
G9777	O6	PT NO ANTIEMET PRE/INTRAOP	E		0	999	01/01/2017	12/31/9999	1	0.00
G9778	O6	PTS DX W/PREGN	E		0	999	01/01/2017	12/31/9999	1	0.00
G9779	O6	PTS BREASTFEEDING	E		0	999	01/01/2017	12/31/9999	1	0.00
G9780	O6	PTS DX W/RHABDOMYOLYSIS	E		0	999	01/01/2017	12/31/9999	1	0.00
G9781	O6	DOC RSN NO STATIN	E		0	999	01/01/2017	12/31/9999	1	0.00
G9782	O6	HX DX FAM/PURE HYPERCHOLE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9784	O6	PATH/DERM 2ND OPIN BX	E		0	999	01/01/2017	12/31/9999	1	0.00
G9785	O6	PATH REPORT SENT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9786	O6	PATH REPORT NOT SENT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9787	O6	PT ALIVE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9788	O6	MOST RCT BP </= 140/90	E		0	999	01/01/2017	12/31/9999	1	0.00
G9789	O6	RECORD BP IP, ER, URG/SELF	E		0	999	01/01/2017	12/31/9999	1	0.00
G9790	O6	MOST RCT BP >/= 140/90	E		0	999	01/01/2017	12/31/9999	1	0.00
G9791	O6	MOST RCT TOB STAT FREE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9792	O6	MOST RCT TOB STAT NOT FREE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9793	O6	PT ON DAILY ASA/ANTIPLAT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9794	O6	DOC MED RSN NO ASA/ANTIPLAT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9795	O6	PT NO DAILY ASA/ANTIPLAT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9796	O6	PT NOT CURRENTLY ON STATIN	E		0	999	01/01/2017	12/31/9999	1	0.00
G9797	O6	PT CURRENTLY ON STATIN	E		0	999	01/01/2017	12/31/9999	1	0.00
G9805	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9806	O6	PT RECD CERV CYTO/HPV	E		0	999	01/01/2017	12/31/9999	1	0.00
G9807	O6	PT NO RECD CERV CYTO/HPV	E		0	999	01/01/2017	12/31/9999	1	0.00
G9808	O6	PT NO ASTHM CONT MED MST PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9809	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9810	O6	PDC 75% W/ASTH CONT MED	E		0	999	01/01/2017	12/31/9999	1	0.00
G9811	O6	NO PDC 75% W/ASTH CONT MED	E		0	999	01/01/2017	12/31/9999	1	0.00
G9812	O6	PT DIED DURING INPT/30D AFT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9813	O6	PT NOT DIED W/IN 30D OF PROC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9818	O6	DOC SEX ACTIVITY	E		0	999	01/01/2017	12/31/9999	1	0.00
G9819	O6	PT W/HOSP ANYTIME MSMT PER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9820	O6	DOC CHLAM SCR TEST W/FOLLOW	E		0	999	01/01/2017	12/31/9999	1	0.00
G9821	O6	NO DOC CHLAM SCR TS W/FOLLOW	E		0	999	01/01/2017	12/31/9999	1	0.00
G9822	O6	ENDO ABL PROC YR PREV IND DT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9823	O6	ENDO SMPL/HYST BX RES DOC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9824	O6	ENDO SMPL/HYST BX RES NO DOC	E		0	999	01/01/2017	12/31/9999	1	0.00
G9830	O6	HER-2 POS	E		0	999	01/01/2017	12/31/9999	1	0.00
G9831	O6	AJCC STG BRT CA DX II OR III	E		0	999	01/01/2017	12/31/9999	1	0.00
G9832	O6	BRT CA DX I, NO T1/T1A/T1B	E		0	999	01/01/2017	12/31/9999	1	0.00
G9838	O6	PT MET DIS AT DX	E		0	999	01/01/2017	12/31/9999	1	0.00
G9839	O6	ANTI-EGFR MON ANTI THER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9840	O6	KRAS TST BFR BEG ANTI MOAB	E		0	999	01/01/2017	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9841	O6	NO KRAS TST BFR BEG ANT MOAB	E		0	999	01/01/2017	12/31/9999	1	0.00
G9842	O6	PT MET DIS AT DX	E		0	999	01/01/2017	12/31/9999	1	0.00
G9843	O6	KRAS GENE MUT	E		0	999	01/01/2017	12/31/9999	1	0.00
G9844	O6	PT NO RECD ANTI-EGFR THER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9845	O6	PT RECD ANTI-EGFR THER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9846	O6	PT DIED FROM CANCER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9847	O6	PT RECD CHEMO LAST 14D LIFE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9848	O6	PT NO CHEMO LAST 14D LIFE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9852	O6	PT DIED FROM CANCER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9853	O6	ICU STAY LAST 30D LIFE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9854	O6	NO ICU STAY LAST 30D LIFE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9858	O6	PT ENROLL HOSPICE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9859	O6	PT DIED FROM CANCER	E		0	999	01/01/2017	12/31/9999	1	0.00
G9860	O6	PT LESS 3D HOSPICE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9861	O6	PT MORE THAN 3D HOSPICE	E		0	999	01/01/2017	12/31/9999	1	0.00
G9862	O6	DOC RSN NO 10 YR FOLLOW	E		0	999	01/01/2017	12/31/9999	1	0.00
G9868	O6	CMMI ASYNTELEHEALTH <10MIN	E		0	999	01/01/2018	12/31/9999	1	0.00
G9869	O6	CMMI ASYNTELEHEALTH 10-20MIN	E		0	999	01/01/2018	12/31/9999	1	0.00
G9870	O6	CMMI ASYNTELEHEALTH >20MIN	E		0	999	01/01/2018	12/31/9999	1	0.00
G9873	O6	1 CORE SESSION (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9874	O6	4 CORE SESSIONS (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9875	O6	9 CORE SESSIONS (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9876	O6	2 CORE MS MO 7-9 NO WL (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9877	O6	2 CORE MS MO 10-12 NO WL	E		0	999	04/01/2018	12/31/9999	1	0.00
G9878	O6	2 CORE MS MO 7-9 WL	E		0	999	04/01/2018	12/31/9999	1	0.00
G9879	O6	2 CORE MS MO 10-12 WL	E		0	999	04/01/2018	12/31/9999	1	0.00
G9880	O6	5 PERCENT WL (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9881	O6	9 PERCENT WL (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9882	O6	2 ONGOING MS MO 13-15 WL (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9883	O6	2 ONGOING MS MO 16-18 WL (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9884	O6	2 EM ONGOING MS MO 19-21 WL	E		0	999	04/01/2018	12/31/9999	1	0.00
G9885	O6	2 ONGOING MS MO 22-24 WL	E		0	999	04/01/2018	12/31/9999	1	0.00
G9890	O6	BRIDGE PAYMENT (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9891	O6	SESSION REPORTING (MDPP)	E		0	999	04/01/2018	12/31/9999	1	0.00
G9892	O6	DOC PT RSN NO DIL MAC EXAM	E		0	999	01/01/2018	12/31/9999	1	0.00
G9893	O6	NO MAC EXAM	E		0	999	01/01/2018	12/31/9999	1	0.00
G9894	O6	ADR DEP THRPY PRESCRIBED	E		0	999	01/01/2018	12/31/9999	1	0.00
G9895	O6	DOC MED RSN NO ADR DEP THRPY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9896	O6	DOC PT RSN NO ADR DEP THRPY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9897	O6	PT NT PRSC ADR DEP THRPY RNG	E		0	999	01/01/2018	12/31/9999	1	0.00
G9898	O6	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2018	12/31/9999	1	0.00
G9899	O6	SCRN MAM PERF RSLTS DOC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9900	O6	SCRN MAM PERF RSLTS NOT DOC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9901	O6	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2018	12/31/9999	1	0.00
G9902	O6	PT SCRN TBCO AND ID AS USER	E		0	999	01/01/2018	12/31/9999	1	0.00
G9903	O6	PT SCRN TBCO ID AS NON USER	E		0	999	01/01/2018	12/31/9999	1	0.00
G9904	O6	DOC MED RSN NO TBCO SCRNR	E		0	999	01/01/2018	12/31/9999	1	0.00
G9905	O6	NO PT TBCO SCRNR RNG	E		0	999	01/01/2018	12/31/9999	1	0.00
G9906	O6	PT RECV TBCO CESS INTERV	E		0	999	01/01/2018	12/31/9999	1	0.00
G9907	O6	DOC MED RSN NO TBCO INTERV	E		0	999	01/01/2018	12/31/9999	1	0.00
G9908	O6	NO PT TBCO CESS INTERV RNG	E		0	999	01/01/2018	12/31/9999	1	0.00
G9909	O6	DOC MED RSN NO TBCO INTERV	E		0	999	01/01/2018	12/31/9999	1	0.00
G9910	O6	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2018	12/31/9999	1	0.00
G9911	O6	NODE NEG PRE/POST SYST THER	E		0	999	01/01/2018	12/31/9999	1	0.00
G9912	O6	HBV STATUS ASSESD AND INT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9913	O6	NO HBV STATUS ASSESD AND INT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9914	O6	PT RECEIVING ANTI-TNF AGENT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9915	O6	NO DOCUMNTD HBV RESULTS RCD	E		0	999	01/01/2018	12/31/9999	1	0.00
G9916	O6	FUNCT STATUS PAST 12 MONTHS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9917	O6	ADV DEM CRGVR LIMITED	E		0	999	01/01/2018	12/31/9999	1	0.00
G9918	O6	NO FUNCT STAT PERF, RSN NOS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9919	O6	SCRN ND POS ND PROV OF REC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9920	O6	SCRNING PERF AND NEGATIVE	E		0	999	01/01/2018	12/31/9999	1	0.00
G9921	O6	NO OR PART SCRNR ND RNG OR OS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9922	O6	SFTY CNCRNS SCRNR ND MIT RECS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9923	O6	SAFTY CNCRNS SCRNR AND NEG	E		0	999	01/01/2018	12/31/9999	1	0.00
G9925	O6	NO SCRNR PROV RSN NOS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9926	O6	SFTY CNCRNS SCRNR BUT NO RECS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9927	O6	DOC NO WARF /FDA PT TRIAL	E		0	999	01/01/2018	12/31/9999	1	0.00
G9928	O6	NO WARF OR FDA DRUG PRESC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9929	O6	TRS/REV AF	E		0	999	01/01/2018	12/31/9999	1	0.00
G9930	O6	COM CARE	E		0	999	01/01/2018	12/31/9999	1	0.00
G9931	O6	NO CHAD OR CHAD SCR 0 OR 1	E		0	999	01/01/2018	12/31/9999	1	0.00
G9932	O6	DOC PT RSN NO TB SCRNR RECRDS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9938	O6	PT 66+ SNP OR LTC POS > 90D	E		0	999	01/01/2018	12/31/9999	1	0.00
G9939	O6	SAME PATH/DERM PERF BIOPSY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9940	O6	DOC REAS NO STATIN THERAPY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9942	O6	ADTL SPINE PROC ON SAME DATE	E		0	999	01/01/2018	12/31/9999	1	0.00
G9943	O6	BK PN NT MSR VAS SCL PRE/PST	E		0	999	01/01/2018	12/31/9999	1	0.00
G9945	O6	PT W/CANCER SCOLIOSIS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9946	O6	BK PAIN NO VAS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9948	O6	ADTL SPINE PROC ON SAME DATE	E		0	999	01/01/2018	12/31/9999	1	0.00
G9949	O6	LEG PAIN NO VAS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9954	O6	PT >2 RSK FAC POST-OP VOMIT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9955	O6	INHLNT ANESTH ONLY FOR INDUC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9956	O6	COMBO THRPY OF >= 2 PROPHLY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9957	O6	DOC MED RSN NO COMBO THRPY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9958	O6	NO COMBO PROHPYL THRPR FOR PT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9959	O6	SYSTEMIC ANTIMICRO NOT PRESC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9960	O6	MED RSN SYS ANTIMI NT RX	E		0	999	01/01/2018	12/31/9999	1	0.00
G9961	O6	SYSTEMIC ANTIMICRO PRESC	E		0	999	01/01/2018	12/31/9999	1	0.00
G9962	O6	EMBOLIZATION DOC SEPARATLY	E		0	999	01/01/2018	12/31/9999	1	0.00
G9963	O6	EMBOLIZATION NOT DOC SEPARAT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9964	O6	PT RECV >=1 WELL-CHLD VISIT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9965	O6	NO WELL-CHLD VIST RECV BY PT	E		0	999	01/01/2018	12/31/9999	1	0.00
G9968	O6	PT REFRD 2 PVDR/SPCLST IN PP	E		0	999	01/01/2018	12/31/9999	1	0.00
G9969	O6	PVDR RFRD PT RPRT RCVD	E		0	999	01/01/2018	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
G9970	O6	PVDR RFRD PT NO RPRT RCVD	E		0	999	01/01/2018	12/31/9999	1	0.00
G9974	O6	MAC EXAM PERF	E		0	999	01/01/2018	12/31/9999	1	0.00
G9975	O6	DOC MED RSN NO DIL MAC EXAM	E		0	999	01/01/2018	12/31/9999	1	0.00
G9976	O6	DOC PAT RSN NO MAC EXM PERF	E		0	999	01/01/2018	12/31/9999	1	0.00
G9977	O6	DIL MAC EXAM NO PERF RSN NOS	E		0	999	01/01/2018	12/31/9999	1	0.00
G9978	O6	REMOTE E/M NEW PT 10MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9979	O6	REMOTE E/M NEW PT 20MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9980	O6	REMOTE E/M NEW PT 30 MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9981	O6	REMOTE E/M NEW PT 45MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9982	O6	REMOTE E/M NEW PT 60MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9983	O6	REMOTE E/M EST. PT 10MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9984	O6	REMOTE E/M EST. PT 15MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9985	O6	REMOTE E/M EST. PT 25MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9986	O6	REMOTE E/M EST. PT 40MINS	E		0	999	10/01/2018	12/31/9999	1	0.00
G9987	O6	BPCI ADVANCED IN HOME VISIT	E		0	999	10/01/2018	12/31/9999	1	0.00
G9988	O6	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G9989	O6	MED RSN NO PNEUM VAX	E		0	999	01/01/2022	12/31/9999	1	0.00
G9990	O6	NO PNEUM VAX ADMIN 60+	E		0	999	01/01/2022	12/31/9999	1	0.00
G9991	O6	PNEUM VAX ADMIN 60+	E		0	999	01/01/2022	12/31/9999	1	0.00
G9992	O6	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G9993	O6	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G9994	O6	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G9995	O6	PALL SERV DURING MEAS	E		0	999	01/01/2022	12/31/9999	1	0.00
G9996	O6	DOC PT PAL OR HOSPICE	E		0	999	01/01/2022	12/31/9999	1	0.00
G9997	O6	DOC PT PREG DUR MSRMT PD	E		0	999	01/01/2022	12/31/9999	1	0.00
G9998	O6	DOC MED RSN <3 COLON	E		0	999	01/01/2022	12/31/9999	1	0.00
G9999	O6	DOC SYS RSN <3 COLON	E		0	999	01/01/2022	12/31/9999	1	0.00
H0015	O1	ALCOHOL AND/OR DRUG SERVICES	M1		0	999	05/01/2021	12/31/9999	1	122.54
H0035	O1	MH PARTIAL HOSP TX UNDER 24H	M		0	999	07/01/2021	12/31/9999	1	203.60
H2038	O6	SKILL TRAIN AND DEV/DIEM	E		0	999	04/01/2022	12/31/9999	1	0.00
J0120	O1	INJ, TETCYNE, UP TO 250 MG	N		8	999	07/01/2020	12/31/9999	1	0.00
J0121	O1	INJ., OMADACYCLINE, 1 MG	G		18	999	07/01/2021	12/31/9999	200	3.27
J0122	O1	INJ., ERAVACYCLINE, 1 MG	N		18	999	07/01/2021	12/31/9999	300	0.00
J0129	O1	Abatacept injection	K	Y	0	999	07/01/2021	12/31/9999	100	56.87
J0130	O1	ABCDXIMAB INJECTION	N		0	999	07/01/2020	12/31/9999	1	0.00
J0131	O1	ACETAMINOPHEN INJ, 10 MG	N		2	999	07/01/2014	12/31/9999	400	0.00
J0132	O1	ACETYLCYSTEINE INJECTION	N		0	999	07/01/2020	12/31/9999	300	0.00
J0133	O1	INJ, ACYVIR, 5 MG	N		0	999	07/01/2020	12/31/9999	1200	0.00
J0135	O1	INJ, ADAMAB, 20 MG	K		0	999	07/01/2021	12/31/9999	8	1,430.92
J0153	O1	ADENOSINE INJ 1 MG	N		0	999	01/01/2015	12/31/9999	1	0.00
J0171	O1	ADRENALIN EPINEPHRINE INJECT	N		0	999	01/01/2014	12/31/9999	15	0.00
J0172	O1	INJ, ADUCANUMAB-AVWA, 2 MG	K	Y	18	999	01/01/2022	12/31/9999	795	11.87
J0178	O1	AFLIBERCEPT INJECTION, 1 MG	K		19	999	07/01/2021	12/31/9999	4	921.76
J0179	O6	INJ, BROLCICUZUMAB-DBLL, 1 MG	E		18	999	01/01/2020	12/31/9999	1	0.00
J0180	O1	INJ, AGALSE BETA, 1 MG	K		0	999	07/01/2021	12/31/9999	140	189.29
J0185	O1	INJ., APREPITANT, 1 MG	G		18	999	07/01/2021	12/31/9999	130	1.59
J0190	O6	INJ BIPERIDEN LACTATE/5 MG	E		18	999	09/01/2012	12/31/9999	4	0.00
J0200	O6	ALATROFLOXACIN MESYLATE	E		0	999	01/01/2014	12/31/9999	3	0.00
J0202	O1	INJ ALEMTUZUMAB 1 MG	K	Y	18	999	07/01/2021	12/31/9999	12	2,017.45
J0205	O6	INJ, ALGASE, PER 10 UNITS	E		0	999	07/01/2014	12/31/9999	954	0.00
J0207	O1	AMIFOSTINE	K		0	999	07/01/2021	12/31/9999	4	1,135.69
J0210	O1	INJ, METHYTE EHCL, UP TO 250 MG	N		0	999	07/01/2014	12/31/9999	16	0.00
J0215	O1	ALEFACEPT	K		0	999	07/01/2013	12/31/9999	30	41.64
J0219	O1	INJ AVAL ALFA-NQPT 4MG	G		1	999	04/01/2022	12/31/9999	795	72.71
J0220	O1	ALGLUCOSIDASE ALFA INJECTION	K		0	999	07/01/2021	12/31/9999	20	117.07
J0221	O1	INJ, ALGLUCOSIDASE ALFA, , 10 MG	K	Y	8	999	07/01/2021	12/31/9999	300	174.63
J0222	O1	INJ., PATISIRAN, 0.1 MG	G		18	999	07/01/2021	12/31/9999	300	97.68
J0223	O6	INJ GIVOSIRAN 0.5 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J0224	O1	INJ. LUMASIRAN, 0.5 MG	G		0	999	07/01/2021	12/31/9999	954	299.74
J0248	O1	INJ, REMDESIVIR, 1MG	K		0	999	01/01/2022	12/31/9999	200	5.51
J0256	O1	ALPHA 1 PROTEINASE INHIBITOR	K		0	999	07/01/2021	12/31/9999	1600	4.52
J0257	O1	ALPHA 1 PROTEINASE INHIBITOR INJ (HUMAN)	K		21	999	07/01/2021	12/31/9999	1400	4.89
J0270	O6	ALPROSTADIL INJ 1.25 MCG	E		0	999	09/01/2012	12/31/9999	2	0.00
J0275	O6	ALPROSTADIL URETHRAL SUPPOS	E		0	999	09/01/2012	12/31/9999	2	0.00
J0278	O1	INJ, AMCIN SULTE, 100 MG	N		0	999	01/01/2014	12/31/9999	15	0.00
J0280	O1	AMINOPHYLLIN 250 MG INJ	N		0	999	01/01/2014	12/31/9999	4	0.00
J0282	O1	AMIODARONE HCL	N		0	999	01/01/2014	12/31/9999	34	0.00
J0285	O1	AMPHOTERICIN B	N		0	999	07/01/2020	12/31/9999	5	0.00
J0287	O1	AMPHOTERICIN B LIPID COMPLEX	K		0	999	07/01/2021	12/31/9999	60	9.37
J0288	O1	AMPHO B CHOLESTERYL SULFATE	N		0	999	07/01/2014	12/31/9999	96	0.00
J0289	O1	AMPHOTERICIN B LIPOSOME INJ	K		0	999	07/01/2021	12/31/9999	115	27.24
J0290	O1	AMPCICILLIN 500 MG INJ	N		0	999	07/01/2020	12/31/9999	24	0.00
J0291	O1	INJ., PLAZOMICIN, 5 MG	G		18	999	07/01/2021	12/31/9999	500	3.07
J0295	O1	AMPCICILLIN SULBACTAM 1.5 GM	N		0	999	01/01/2014	12/31/9999	8	0.00
J0300	O6	INJ, AMBITAL, UP TO 125 MG	E		6	999	01/01/2015	12/31/9999	4	0.00
J0330	O1	INJ, SUCHLE CHLR, UP TO 20 MG	N		0	999	01/01/2014	12/31/9999	8	0.00
J0348	O1	Anadulafungin injection	N		0	999	07/01/2014	12/31/9999	200	0.00
J0350	O6	INJECTION ANISTREPLASE 30 U	E		0	999	09/01/2012	12/31/9999	4	0.00
J0360	O1	INJ, HYDZINE HCL, UP TO 20 MG	N		0	999	07/01/2020	12/31/9999	6	0.00
J0364	O1	INJ, APMORPE HCL, 1 MG	N		0	999	07/01/2016	12/31/9999	3	0.00
J0365	O6	APROTININ, 10,000 KIU	E		0	999	01/01/2014	12/31/9999	1	0.00
J0380	O6	INJ, METARL BRTRTE, PER 10 MG	E		18	999	01/01/2015	12/31/9999	10	0.00
J0390	O1	INJ, CHIQNE HYDRIDE, UP TO 250 MG	K		0	999	07/01/2021	12/31/9999	3	165.22
J0395	O6	ARBUTAMINE HCL INJECTION	E		0	999	09/01/2012	12/31/9999	1	0.00
J0400	O1	ARIPIPRAZOLE INJECTION 0.25 MG	N		18	999	03/01/2013	12/31/9999	120	0.00
J0401	O1	ARIPIPRAZOLE EXTENDED RELEASE INJ 1 MG	K		6	999	07/01/2020	12/31/9999	400	5.70
J0456	O1	AZITHROMYCIN	N		0	999	09/01/2012	12/31/9999	1	0.00
J0461	O1	ATROPINE SULFATE INJ .01 MG	N		0	999	01/01/2014	12/31/9999	600	0.00
J0470	O1	INJ, DIMCAPL, PER 100 MG	N		0	999	07/01/2020	12/31/9999	2	0.00
J0475	O1	BACLOFEN 10 MG INJECTION	K		0	999	07/01/2021	12/31/9999	8	172.78
J0476	O1	BACLOFEN INTRATHECAL TRIAL	N		0	999	07/01/2020	12/31/9999	2	0.00
J0480	O1	INJ, BASILB, 20 MG	K		0	999	07/01/2021	12/31/9999	1	4,019.07
J0485	O1	BELATACEPT INJ, 1 MG	K		18	999	07/01/2021	12/31/9999	1500	3.79
J0490	O1	BELIMUMAB INJ, 10 MG	K		0	999	07/01/2021	12/31/9999	160	46.84
J0491	O1	INJ ANIFROLUMAB-FNIA 1MG	G		18	999	04/01/2022	12/31/9999	300	16.21
J0500	O1	INJ, DICLOME HCL, UP TO 20 MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J0515	O1	INJ, BENZNE MESTE, PER 1 MG	N		0	999	01/01/2014	12/31/9999	6	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0517	O1	INJ., BENRALIZUMAB, 1 MG	G	Y	12	999	07/01/2021	12/31/9999	30	171.30
J0520	O1	BETHANECHOL CHLORIDE INJECT	N		18	999	01/01/2015	12/31/9999	2	0.00
J0558	O1	PENG BENZATHINE/PROCAINE INJ	K		0	999	07/01/2021	12/31/9999	24	12.01
J0561	O1	PENICILLIN G BENZATHINE INJ	K		0	999	07/01/2021	12/31/9999	24	15.10
J0565	O1	BEZLOTOXUMAB 10 MG	K		18	999	07/01/2021	12/31/9999	200	39.67
J0567	O1	INJ., CERLIPONASE ALFA 1 MG	N		3	999	07/01/2021	12/31/9999	300	0.00
J0570	O1	BUPRENORPHINE 74.2MG	K		16	999	07/01/2021	12/31/9999	4	1,204.99
J0571	O6	BUPRENORPHINE ORAL 1 MG	E		16	999	01/01/2015	12/31/9999	1	0.00
J0572	O6	BUPREN/NAL UP TO 3MG BUPRENO	E		16	999	01/01/2015	12/31/9999	1	0.00
J0573	O6	BUPRENOR/NALOXONE >3MG <=6MG	E		16	999	01/01/2015	12/31/9999	1	0.00
J0574	O6	BUPREN/NAL 6.1 TO 10MG BUPRE	E		16	999	01/01/2015	12/31/9999	1	0.00
J0575	O6	BUPREN/NAL OVER 10MG BUPRENO	E		16	999	01/01/2015	12/31/9999	1	0.00
J0583	O1	BIVALIRUDIN	N		0	999	07/01/2020	12/31/9999	5	0.00
J0584	O1	INJECTION, BUROSUMAB-TWZA 1M	K		0	999	07/01/2021	12/31/9999	90	361.95
J0585	O1	INJECTION,ONABOTULINUMTOXINA 1 UNIT	K	Y	2	999	07/01/2021	12/31/9999	600	6.06
J0586	O1	ABOBOTULINUMTOXINA 5 UNITS	K		2	999	07/01/2021	12/31/9999	300	8.27
J0587	O1	INJ, RIMABOTULINUMTOXINB 100 UNITS	K		18	999	07/01/2021	12/31/9999	300	11.97
J0588	O1	INCOBOTULINUMTOXIN A INJ, 1 UNIT	K		18	999	07/01/2021	12/31/9999	600	5.06
J0591	O6	INJ DEOXYCHOLIC ACID, 1 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J0592	O1	J0594	N		0	999	09/01/2012	12/31/9999	6	0.00
J0593	O1	INJ., LANADELUMAB-FLYO, 1 MG	N		12	999	07/01/2021	12/31/9999	300	0.00
J0594	O1	BUSULFAN INJECTION	K		0	999	07/01/2021	12/31/9999	320	2.13
J0595	O1	BUTORPHANOL TARTRATE 1 MG	N		0	999	07/01/2020	12/31/9999	12	0.00
J0596	O1	INJ RUCONEST 10 UNITS	K		13	999	07/01/2021	12/31/9999	840	28.98
J0597	O1	C-1 ESTERASE, BERINERT	K	Y	0	999	07/01/2021	12/31/9999	250	54.33
J0598	O1	C-1 ESTERASE, CINRYZE	K	Y	0	999	07/01/2021	12/31/9999	100	56.41
J0599	O1	INJ., HAEGARDA 10 UNITS	G		13	999	07/01/2021	12/31/9999	900	9.92
J0600	O1	INJ, EDET CAL DISODM, UP TO 1000 MG	K		0	999	07/01/2020	12/31/9999	3	5,594.42
J0604	O1	CINACALCET ESRD- DIALYSIS 1MG	B		18	999	07/01/2020	12/31/9999	360	0.76
J0606	O1	ETELCALCETIDE 0.1 MG	N		18	999	07/01/2021	12/31/9999	150	0.00
J0610	O1	INJ, CAL GLUCTE, PER 10 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
J0620	O1	CALCIUM GLYCER & LACT/10 ML	N		0	999	07/01/2020	12/31/9999	1	0.00
J0630	O1	INJ, CALCTN SALM, UP TO 400 UNITS	K		0	999	07/01/2021	12/31/9999	8	2,830.55
J0636	O1	INJ CALCITRIOL PER 0.1 MCG	N		0	999	01/01/2014	12/31/9999	5	0.00
J0637	O1	CASPOFUNGIN ACETATE	N		0	999	07/01/2020	12/31/9999	20	0.00
J0638	O1	CANAKINUMAB INJECTION	K		4	999	07/01/2021	12/31/9999	150	113.26
J0640	O1	LEUCOVORIN CALCIUM INJECTION	N		0	999	07/01/2020	12/31/9999	24	0.00
J0641	O1	INJ LEVULEUCOVORIN NOS 0.5MG	K		6	999	07/01/2021	12/31/9999	1200	0.12
J0642	O6	INJECTION, KHAPZORY, 0.5 MG	E		0	999	10/01/2019	12/31/9999	1	0.00
J0670	O1	INJ MEPIVACAINE HCL/10 ML	N		0	999	07/01/2020	12/31/9999	10	0.00
J0690	O1	INJ, CEFAZN SODM, 500 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J0691	O6	INJ LEFAMULIN 1 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J0692	O1	CEFEPIME HCL FOR INJECTION	N		0	999	09/01/2012	12/31/9999	4	0.00
J0694	O1	INJ, CEFITIN SODM, 1 GM	N		0	999	01/01/2014	12/31/9999	8	0.00
J0695	O1	CEFTOZANAME 50 MG TAZOACTAM 25 MG	K		18	999	07/01/2021	12/31/9999	60	6.43
J0696	O1	CEFTRIAXONE SODIUM INJECTION	N		0	999	01/01/2014	12/31/9999	16	0.00
J0697	O1	INJ, STER CEFUME SODM, PER 750 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J0698	O1	CEFOTE SODM, PER GM	N		0	999	01/01/2014	12/31/9999	12	0.00
J0699	O1	INJ, CEFIDEROCOL, 10 MG	G		18	999	10/01/2021	12/31/9999	800	2.01
J0702	O1	INJ, BETAMETNE ACET 3MG	N		0	999	01/01/2014	12/31/9999	10	0.00
J0706	O1	CAFFEINE CITRATE INJECTION	N		0	999	07/01/2020	12/31/9999	16	0.00
J0710	O1	INJ, CEPRIIN SODM, UP TO 1 GM	M1		0	999	07/01/2015	12/31/9999	12	3.07
J0712	O1	CEFTAROLINE FOSAMIL INJ, 10 MG	K		0	999	07/01/2021	12/31/9999	180	3.35
J0713	O1	INJ CEFTAZIDIME PER 500 MG	N		0	999	01/01/2014	12/31/9999	12	0.00
J0714	O1	CEFTAZIDIME AND AVIBACTAM	K		18	999	07/01/2021	12/31/9999	12	92.28
J0715	O1	CEFTIZOXIME SODIUM / 500 MG	N		0	999	01/01/2014	12/31/9999	24	0.00
J0716	O1	CENTRUROIDES IMMUNE F(AB), UP TO 120 MG	K		0	999	07/01/2021	12/31/9999	4	5,063.56
J0717	O1	CERTOLIZUMAB PEGOL INJ 1 MG	K		18	999	07/01/2021	12/31/9999	400	8.18
J0720	O1	INJ, CHLORPHEL SODM SUCTE, UP TO 1 GM	N		0	999	07/01/2020	12/31/9999	8	0.00
J0725	O1	CHORIONIC GONADOTROPIN/1000U	N		3	20	07/01/2020	12/31/9999	10	0.00
J0735	O1	CLONIDINE HYDROCHLORIDE	N		0	999	09/01/2012	12/31/9999	1	0.00
J0740	O1	INJ, CIDOR, 375 MG	K		0	999	07/01/2021	12/31/9999	2	590.29
J0741	O1	INJ, CABOTE RILPIVIR 2MG 3MG	G		18	999	10/01/2021	12/31/9999	300	20.56
J0742	O6	INJ IMP 4 CILAS 4 RELEB 2MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J0743	O1	INJ, CILATIN SODM; IMIPEN, PR 250MG	N		0	999	01/01/2014	12/31/9999	16	0.00
J0744	O1	CIPROFLOXACIN IV	N		0	999	01/01/2014	12/31/9999	6	0.00
J0745	O1	INJ CODEINE PHOSPHATE /30 MG	K		0	999	07/01/2021	12/31/9999	8	135.64
J0770	O1	INJ, COLISTIME SODM, UP TO 150 MG	N		0	999	07/01/2020	12/31/9999	5	0.00
J0775	O1	COLLAGENASE, CLOST HIST INJ	K		18	999	07/01/2021	12/31/9999	180	52.62
J0780	O1	INJ, PRCHLORPE, UP TO 10 MG	N		2	999	01/01/2014	12/31/9999	4	0.00
J0791	O1	INJ CRIZANLIZUMAB-TMCA 5MG	G		0	999	07/01/2021	12/31/9999	159	122.43
J0795	O1	INJ,CORTICORELIN OVINE TRIFTE,1 MCG	K		0	999	07/01/2021	12/31/9999	100	9.57
J0800	O1	INJ, CORTIRIN, UP TO 40 UNITS	N		0	999	07/01/2021	12/31/9999	3	0.00
J0834	O1	COSYNTROPIN/CORTROSYN 0.25MG	N		0	999	09/01/2012	12/31/9999	3	0.00
J0840	O1	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE)	K		0	999	07/01/2021	12/31/9999	18	2,908.21
J0841	O1	INJ CROTALIDAE IM F(AB)2 EQ	K		0	999	07/01/2021	12/31/9999	24	1,263.49
J0850	O1	CYTOMEGALOVIRUS IMM IV /VIAL	K		0	999	07/01/2021	12/31/9999	9	1,467.02
J0875	O1	INJ DALBAVANCIN 5 MG	K		0	999	07/01/2021	12/31/9999	300	15.39
J0878	O1	DAPTOMYCIN INJECTION	N		0	999	07/01/2021	12/31/9999	1500	0.00
J0879	O1	DIFELIKEFALIN, ESRD ON DIALY	G		18	999	04/01/2022	12/31/9999	795	0.23
J0881	O1	INJ,DARBEPNALFA,1 MCG(NON-ESRD USE)	K		0	999	07/01/2021	12/31/9999	500	3.56
J0882	O6	INJ,DARBEPNALFA,1 MCG(FOR ESRD/DIAS)	E		0	999	09/01/2012	12/31/9999	200	0.00
J0883	O1	ARGATROBAN NONESRD USE 1MG	K		18	999	07/01/2021	12/31/9999	1250	1.45
J0884	O1	ARGATROBAN ESRD USE 1MG	K		18	999	07/01/2021	12/31/9999	1250	1.45
J0885	O1	INJ, EPOETINALFA(NONESRD)/1000 UNITS	K		0	999	07/01/2021	12/31/9999	60	8.82
J0887	O1	EPOETIN BETA ESRD USE	N		0	999	07/01/2020	12/31/9999	360	0.00
J0888	O1	EPOETIN BETA NON ESRD	K		0	999	07/01/2021	12/31/9999	360	1.50
J0890	O6	PEGINESATIDE INJECTION, 0.1 MG	E		18	999	01/01/2014	12/31/9999	60	0.00
J0894	O1	Decitabine injection	K		0	999	07/01/2021	12/31/9999	100	3.43
J0895	O1	INJ, DEFERE MESYLE, 500 MG	N		0	999	01/01/2014	12/31/9999	12	0.00
J0896	O6	INJ LUSPATERCEPT-AAMT 0.25MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J0897	O1	DENOSUMAB INJ, 1 MG	K	Y	18	999	07/01/2021	12/31/9999	120	20.11
J0945	O1	INJ, BRPHENIE MALTE, PER 10 MG	N		2	999	01/01/2015	12/31/9999	4	0.00
J1000	O1	INJ, DEPO-ESTRL CYPTE, UP TO 5 MG	N		0	999	07/01/2020	12/31/9999	1	0.00
J1020	O1	METHYLPREDNISOLONE 20 MG INJ	N		0	999	01/01/2014	12/31/9999	8	0.00
J1030	O1	METHYLPREDNISOLONE 40 MG INJ	N		0	999	01/01/2014	12/31/9999	4	0.00
J1040	O1	METHYLPREDNISOLONE 80 MG INJ	N		0	999	09/01/2012	12/31/9999	2	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1050	O1	MEDROXYPROGESTERONE ACETATE, 1 MG	N		0	999	01/01/2014	12/31/9999	150	0.00
J1071	O1	INJ TESTOSTERONE CYPIONATE	N		12	999	01/01/2015	12/31/9999	400	0.00
J1094	O1	INJ DEXAMETHASONE ACETATE	N		0	999	01/01/2014	12/31/9999	954	0.00
J1095	O1	INJECTION, DEXAMETHASONE 9%	G		18	999	07/01/2021	12/31/9999	517	1.11
J1096	O1	DEXAMETHA OPTH INSERT 0.1 MG	G		18	999	07/01/2021	12/31/9999	1	139.47
J1097	O1	PHENYLEP KETOROLAC OPTH SOLN	N		18	999	07/01/2021	12/31/9999	1	0.00
J1100	O1	INJ, DEXAMETNE SODM PHOSTE, 1MG	N		0	999	07/01/2020	12/31/9999	120	0.00
J1110	O1	INJ, DIHYDTAME MESYTE, PER 1 MG	N		0	999	01/01/2014	12/31/9999	3	0.00
J1120	O1	INJ, ACETAE SODM, UP TO 500 MG	N		0	999	01/01/2014	12/31/9999	2	0.00
J1130	O1	DICLOFENAC SODIUM 0.5MG	N		18	999	07/01/2020	12/31/9999	300	0.00
J1160	O1	INJ, DIGIN, UP TO 0.5 MG	N		0	999	07/01/2020	12/31/9999	1	0.00
J1162	O1	DIGOXIN IMMUNE FAB (OVINE)	K		0	999	07/01/2021	12/31/9999	10	3,969.27
J1165	O1	INJ, PHEIN SODM, PER 50 MG	N		0	999	01/01/2014	12/31/9999	43	0.00
J1170	O1	INJ, HYDPHNE, UP TO 4 MG	N		0	999	01/01/2014	12/31/9999	8	0.00
J1180	O6	INJ, DYPNE, UP TO 500 MG	E		0	999	01/01/2014	12/31/9999	1	0.00
J1190	O1	DEXRAZOXANE HCL INJECTION	K		0	999	07/01/2021	12/31/9999	8	195.98
J1200	O1	INJ, DIPHYNE HCL, UP TO 50 MG	N		0	999	01/01/2014	12/31/9999	8	0.00
J1201	O6	INJ. CETIRIZINE HCL 0.5MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J1205	O1	INJ, CHLZIDE SODM, PER 500 MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J1212	O1	DIMETHYL SULFOXIDE 50% 50 ML	K		0	999	07/01/2021	12/31/9999	1	635.87
J1230	O1	INJ, METHINE HCL, UP TO 10 MG	N		0	999	07/01/2020	12/31/9999	5	0.00
J1240	O1	INJ, DIMATE, UP TO 50 MG	N		0	999	07/01/2020	12/31/9999	6	0.00
J1245	O1	INJ, DIPMOLE, PER 10 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J1250	O1	INJ DOBUTAMINE HCL/250 MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J1260	O1	INJ, DOLTRON MESYTE, 10 MG	N		0	999	01/01/2014	12/31/9999	2	0.00
J1265	O1	DOPAMINE INJECTION	N		0	999	07/01/2020	12/31/9999	100	0.00
J1267	O1	*DORIPENEM INJ 10 MG	N		0	999	07/01/2021	12/31/9999	150	0.00
J1270	O1	INJECTION, DOXERCALCIFEROL, 1	N		0	999	09/01/2012	12/31/9999	6	0.00
J1290	O1	ECALLANTIDE INJECTION	K		12	999	07/01/2021	12/31/9999	60	492.12
J1300	O1	ECULIZUMAB INJECTION 10 MG	K	Y	0	999	07/01/2021	12/31/9999	120	230.32
J1301	O1	INJECTION, EDARAVONE, 1 MG	K		18	999	07/01/2021	12/31/9999	60	19.90
J1303	O1	INJ., RAVULIZUMAB-CWVZ 10 MG	G	Y	0	999	07/01/2021	12/31/9999	360	226.18
J1305	O1	INJ, EVINACUMAB-DGNB, 5MG	G		12	999	10/01/2021	12/31/9999	480	165.63
J1320	O1	INJ, AMITNE HCL, UP TO 20 MG	N		12	999	01/01/2014	12/31/9999	15	0.00
J1322	O1	ELOSULFASE ALFA, INJECTION	K		5	999	07/01/2021	12/31/9999	150	245.34
J1324	O1	Enfuvirtide injection	K		0	999	07/01/2020	12/31/9999	180	0.66
J1325	O1	EPOPROSTENOL INJECTION	N		0	999	01/01/2014	12/31/9999	6	0.00
J1327	O1	EPTIFIBATIDE INJECTION	N		0	999	07/01/2021	12/31/9999	99	0.00
J1330	O1	INJ, ERVINE MALTE, UP TO 0.2 MG	K		0	999	07/01/2020	12/31/9999	1	91.15
J1335	O1	ERTAPENEM INJECTION	N		0	999	09/01/2012	12/31/9999	2	0.00
J1364	O1	ERYTHRO LACTOBIONATE /500 MG	K		0	999	07/01/2021	12/31/9999	8	76.85
J1380	O1	ESTRADIOL VALERATE 10 MG INJ	N		0	999	07/01/2020	12/31/9999	4	0.00
J1410	O1	INJ ESTROGEN CONJUGATE 25 MG	K		0	999	07/01/2021	12/31/9999	4	325.51
J1426	O1	INJECTION, CASIMERSEN, 10 MG	G		6	64	10/01/2021	12/31/9999	480	166.47
J1427	O1	INJ. VILTOLARSEN	G		4	999	04/01/2021	12/31/9999	1272	59.78
J1428	O1	ETEPLIRSEN 10 MG	N	Y	0	999	07/01/2021	12/31/9999	450	0.00
J1429	O1	INJ GOLODIRSEN 10 MG	G	Y	0	999	07/01/2020	12/31/9999	477	166.53
J1430	O1	Ethanolamine oleate 100 mg	K		0	999	07/01/2018	12/31/9999	10	444.10
J1435	O6	INJECTION ESTRONE PER 1 MG	E		0	999	09/01/2012	12/31/9999	1	0.00
J1436	O1	INJ, ETIATE DISODM, PER 300 MG	N		18	999	01/01/2014	12/31/9999	11	0.00
J1437	O1	INJ. FE DERISOMALTOSE 10 MG	G		18	999	11/06/2020	12/31/9999	100	25.38
J1438	O1	ETANERCEPT INJECTION	K		0	999	07/01/2021	12/31/9999	2	736.30
J1439	O1	INJ FERRIC CARBOXYMALTOS 10 MG	K		18	999	07/01/2021	12/31/9999	750	1.13
J1442	O1	INJ FILGRASTIM EXCL BIOSIMIL	K		0	999	07/01/2021	12/31/9999	1500	0.94
J1443	O6	INJ FERRIC PYROPHOSPHATE CIT	E		0	999	01/01/2016	12/31/9999	1	0.00
J1444	O1	FE PYRO CIT POW 0.1 MG IRON	N		18	999	07/01/2020	12/31/9999	272	0.00
J1445	O6	INJ TRIFERIC AVNU 0.1MG IRON	E		6	999	10/01/2021	12/31/9999	1	0.00
J1447	O1	INJ TBO FILGRASTIM 1 MICROG	K		18	999	07/01/2021	12/31/9999	960	0.46
J1448	O1	INJECTION, TRILACICLIB, 1MG	G		18	999	10/01/2021	12/31/9999	680	4.97
J1450	O1	FLUCONAZOLE	N		0	999	01/01/2014	12/31/9999	4	0.00
J1451	O1	FOMEPIZOLE, 15 MG	K		0	999	07/01/2021	12/31/9999	200	7.39
J1452	O6	INTRAOCCULAR FOMIVIRSEN NA	E		0	999	09/01/2012	12/31/9999	1	0.00
J1453	O1	*FOSAPREPITANT INJ 1 MG	K		0	999	07/01/2021	12/31/9999	150	0.42
J1454	O1	INJ FOSNETUPITANT, PALONOSET	G		18	999	07/01/2021	12/31/9999	1	695.56
J1455	O1	INJ, FOSCT SODM, PER 1000 MG	K		18	999	07/01/2020	12/31/9999	18	82.27
J1457	O6	GALLIUM NITRATE INJECTION	E		0	999	01/01/2014	12/31/9999	400	0.00
J1458	O1	Galsulfase injection	K		0	999	07/01/2021	12/31/9999	100	404.07
J1459	O1	*INJ IVIG PRIVIGEN 500 MG	K		0	999	07/01/2021	12/31/9999	300	42.43
J1460	O1	GAMMA GLOBULIN 1 CC INJ	K		0	999	07/01/2021	12/31/9999	10	43.30
J1554	O1	INJ. ASCENTIV	G		12	999	04/01/2021	12/31/9999	254	481.77
J1555	O1	CUVITRU IMMUNE GLOBULIN 100 MG	K		2	999	07/01/2021	12/31/9999	480	13.94
J1556	O1	IMMUNE GLOBULIN (BIVIGAM).INJECTION, 50	K		6	999	07/01/2021	12/31/9999	254	70.49
J1557	O1	IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LY	K		18	999	07/01/2021	12/31/9999	300	49.81
J1558	O6	INJ. XEMBIFY, 100 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J1559	O1	HIZENTRA INJECTION	K		0	999	07/01/2021	12/31/9999	300	11.09
J1560	O1	GAMMA GLOBULIN IM OVER 10 CC INJ	K		0	999	07/01/2021	12/31/9999	1	432.96
J1561	O1	GAMUNEX-C/GAMMAKED, 500 MG	K		0	999	07/01/2021	12/31/9999	300	43.67
J1562	O6	VIVAGLOBIN, INJ 100MG	E		0	999	01/01/2014	12/31/9999	227	0.00
J1566	O1	IMMUNE GLOBULIN, POWDER 500 MG	K		0	999	07/01/2021	12/31/9999	300	66.97
J1568	O1	OCTAGAM INJECTION 500 MG	K		0	999	07/01/2021	12/31/9999	300	41.63
J1569	O1	GAMMAGARD LIQUID INJECTION, 500 MG	K		0	999	07/01/2021	12/31/9999	300	43.63
J1570	O1	INJ, GAVIR SODM, 500 MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J1571	O1	HEPAGAM B IM INJECTION 0.5 ML	K		0	999	07/01/2021	12/31/9999	20	65.61
J1572	O1	FLEBOGAMMA INJ 500 MG	K		0	999	07/01/2021	12/31/9999	300	36.86
J1573	O1	HEPAGAM B INTRAVENOUS, INJ 0.5 ML	K		0	999	07/01/2021	12/31/9999	130	66.75
J1575	O1	HYQVIA 100MG IMMUNEGLOBULIN	K		18	999	07/01/2021	12/31/9999	650	14.34
J1580	O1	INJ, GARN, GENTN, UP TO 80 MG	N		0	999	07/01/2020	12/31/9999	9	0.00
J1595	O1	INJECTION GLATIRAMER ACETATE	K		0	999	07/01/2021	12/31/9999	2	153.12
J1599	O1	IVIG NON-LYOPHILIZED, NOS	N		0	999	07/01/2020	12/31/9999	300	0.00
J1600	O1	INJ, GLD SODM THTE, UP TO 50 MG	N		0	999	07/01/2016	12/31/9999	1	0.00
J1602	O1	GOLIMUMAB, 1 MG, INJECTION,FOR INTRAVEN	K		18	999	07/01/2021	12/31/9999	300	18.12
J1610	O1	GLUCAGON HYDROCHLORIDE/1 MG	K		0	999	07/01/2021	12/31/9999	3	194.42
J1620	O6	GONADORELIN HYDROCH/ 100 MCG	E		0	999	01/01/2015	12/31/9999	1	0.00
J1626	O1	GRANISETRON HCL INJECTION	N		0	999	01/01/2014	12/31/9999	16	0.00
J1627	O1	GRANISETRON XR 0.1 MG	N		18	999	07/01/2021	12/31/9999	100	0.00
J1628	O1	INJ., GUSELKUMAB, 1 MG	K		18	999	07/01/2021	12/31/9999	100	88.40
J1630	O1	INJ, HALOPL, UP TO 5 MG	N		18	999	01/01/2014	12/31/9999	6	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1631	O1	INJ, HALOL DECAT, PER 50 MG	N		18	999	01/01/2014	12/31/9999	4	0.00
J1632	O1	INJ., BREXANOLONE, 1 MG	G		18	999	07/01/2021	12/31/9999	346	76.14
J1640	O1	Hemin, 1 mg	K		0	999	07/01/2021	12/31/9999	672	24.43
J1642	O1	INJ HEPARIN SODIUM PER 10 U	N		0	999	07/01/2013	12/31/9999	100	0.00
J1644	O1	INJ HEPARIN SODIUM PER 1000U	N		0	999	07/01/2013	12/31/9999	2	0.00
J1645	O1	DALTEPARIN SODIUM	N		0	999	01/01/2014	12/31/9999	8	0.00
J1650	O1	INJ ENOXAPARIN SODIUM	N		0	999	01/01/2014	12/31/9999	24	0.00
J1652	O1	FONDAPARINUX SODIUM	N		0	999	09/01/2012	12/31/9999	20	0.00
J1655	O1	TINZAPARIN SODIUM INJECTION	N		0	999	07/01/2021	12/31/9999	28	0.00
J1670	O1	INJ,TETUS IMMEGLB, HN,UP TO 250 UTS	K		0	999	07/01/2021	12/31/9999	2	469.95
J1675	O6	INJ, HISTN ACET, 10 MICRGMS	E		0	999	09/01/2012	12/31/9999	5000	0.00
J1700	O6	INJ, HYDCORE ACET, UP TO 25 MG	E		0	999	07/01/2014	12/31/9999	2	0.00
J1710	O6	HYDROCORTISONE SODIUM PH INJ	E		0	999	07/01/2014	12/31/9999	40	0.00
J1720	O1	INJ, HYDCORE SODM SUCTE, <= 100 MG	N		0	999	07/01/2020	12/31/9999	10	0.00
J1726	O1	MAKENA 10 MG	K		16	999	07/01/2021	12/31/9999	28	16.05
J1729	O1	HYDROXYPROG CAPOAT NOS 10MG	K		16	60	07/01/2021	12/31/9999	25	21.54
J1730	O1	INJ, DIAE, UP TO 300 MG	K		0	999	07/01/2017	12/31/9999	8	690.03
J1738	O1	INJ. MELOXICAM 1 MG	G		18	999	10/01/2020	12/31/9999	30	3.26
J1740	O1	Ibandronate sodium injection	K		0	999	07/01/2021	12/31/9999	3	41.54
J1741	O1	IBUPROFEN INJECTION, 100 MG	N		18	999	01/01/2014	12/31/9999	32	0.00
J1742	O1	IBUTILIDE FUMARATE INJECTION	K		0	999	07/01/2021	12/31/9999	4	273.16
J1743	O1	IDURSULFASE INJECTION 1 MG	N	Y	0	999	07/01/2021	12/31/9999	66	0.00
J1744	O1	ICATIBANT INJECTION, 1 MG	K		0	999	07/01/2021	12/31/9999	90	273.60
J1745	O1	INFIXIMAB EXCL BIOSIMILAR 10MG	K	Y	0	999	07/01/2021	12/31/9999	150	44.90
J1746	O1	INJ., IBALIZUMAB-UIYK, 10 MG	K	Y	18	999	07/01/2021	12/31/9999	200	64.05
J1750	O1	INJ IRON DEXTRAN	K		0	999	07/01/2021	12/31/9999	45	15.05
J1756	O1	IRON SUCROSE INJECTION	N		0	999	01/01/2014	12/31/9999	500	0.00
J1786	O1	IMUGLUCERASE INJECTION	K	Y	0	999	07/01/2021	12/31/9999	680	43.38
J1790	O1	INJ, DROPL, UP TO 5 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
J1800	O1	INJ, PROL HCL, UP TO 1 MG	N		0	999	01/01/2014	12/31/9999	5	0.00
J1810	O6	INJ, DRPRL & FENYL CITE, UP TO 2 ML	E		0	999	09/01/2012	12/31/9999	2	0.00
J1815	O1	INSULIN INJECTION	N		0	999	09/01/2012	12/31/9999	20	0.00
J1817	O1	INSULIN FOR INSULIN PUMP USE	N		0	999	09/01/2012	12/31/9999	2	0.00
J1823	O1	INJ. INEBILIZUMAB-CDON, 1 MG	K		18	999	01/01/2021	12/31/9999	300	449.77
J1826	O6	INTERFERON BETA-1A INJ	E		0	999	09/01/2012	12/31/9999	2	0.00
J1830	O1	INTERFERON BETA-1B / .25 MG	K		18	999	07/01/2021	12/31/9999	1	393.47
J1833	O1	ISAVUCONAZONIUM 1 MG	K		18	999	07/01/2021	12/31/9999	1116	0.78
J1835	O6	INTRACONAZOLE INJECTION	E		0	999	07/01/2014	12/31/9999	8	0.00
J1840	O1	KANAMYCIN SULFATE 500 MG INJ	N		0	999	07/01/2020	12/31/9999	3	0.00
J1850	O1	KANAMYCIN SULFATE 75 MG INJ	N		0	999	07/01/2020	12/31/9999	14	0.00
J1885	O1	INJ, KETC TROME, PER 15 MG	N		0	999	07/01/2020	12/31/9999	8	0.00
J1890	O6	INJ, CEPHN SODM, UP TO 1 GRM	E		0	999	07/01/2014	12/31/9999	1	0.00
J1930	O1	LANREOTIDE INJ 1 MG	K	Y	0	999	07/01/2021	12/31/9999	120	68.46
J1931	O1	LARONIDASE INJECTION	K	Y	0	999	07/01/2021	12/31/9999	609	33.12
J1940	O1	INJ, FURDE, UP TO 20 MG	N		0	999	07/01/2020	12/31/9999	10	0.00
J1943	O1	INJ., ARISTADA INITIO, 1 MG	G		18	65	07/01/2021	12/31/9999	675	2.91
J1944	O1	ARIPRAZOLE LAUROXIL 1 MG	K		18	65	07/01/2021	12/31/9999	1064	2.90
J1945	O6	LEPIRUDIN	E		0	999	07/01/2014	12/31/9999	9	0.00
J1950	O1	LEUPROLIDE ACETATE /3.75 MG	K		0	999	07/01/2021	12/31/9999	12	1,582.13
J1951	O1	INJ FENSOLVI 0.25 MG	K		1	999	07/01/2021	12/31/9999	180	127.75
J1952	O6	LEUPROLIDE INJ, CAMCEVI, 1MG	E		18	999	01/01/2022	12/31/9999	21	0.00
J1953	O1	LEVETIRACETAM INJ 10 MG	N		0	999	09/01/2012	12/31/9999	300	0.00
J1955	O6	INJ LEVOCARNITINE PER 1 GM	E		0	999	09/01/2012	12/31/9999	8	0.00
J1956	O1	LEVOFLOXACIN INJECTION	N		0	999	07/01/2020	12/31/9999	4	0.00
J1960	O1	INJ, LEVORPL TARTE, UP TO 2 MG	N		18	999	01/01/2014	12/31/9999	4	0.00
J1980	O1	INJ, HYOSE SULFE, UP TO 0.25 MG	N		0	999	07/01/2020	12/31/9999	8	0.00
J1990	O1	INJ, CHLOXIDE HCL, UP TO 100 MG	N		6	999	01/01/2014	12/31/9999	3	0.00
J2001	O1	LIDOCAINE INJECTION	N		0	999	01/01/2014	12/31/9999	200	0.00
J2010	O1	INJ, LINMYCIN HCL, UP TO 300 MG	N		0	999	07/01/2020	12/31/9999	10	0.00
J2020	O1	INJECTION, LIPO-HEPIN	N		0	999	07/01/2020	12/31/9999	6	0.00
J2060	O1	LORAZEPAM INJECTION	N		18	999	01/01/2014	12/31/9999	4	0.00
J2062	O6	LOXAPINE FOR INHALATION 1 MG	E		0	999	01/01/2019	12/31/9999	1	0.00
J2150	O1	INJ, MANL, 25% IN 50 ML	N		0	999	09/01/2012	12/31/9999	4	0.00
J2170	O1	Mecasermin Injection	N		0	999	07/01/2020	12/31/9999	8	0.00
J2175	O1	MEPERIDINE HYDROCHL /100 MG	N		0	999	09/01/2012	12/31/9999	2	0.00
J2180	O1	INJ, MEPE & PROME HCL, UP TO 50 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
J2182	O1	MEPOLIZUMAB 1MG	K	Y	6	999	07/01/2021	12/31/9999	300	28.86
J2185	O1	MEROPENEM	N		0	999	09/01/2012	12/31/9999	10	0.00
J2186	O1	INJ. MEROPENEM, VABORBACTAM	K		18	999	07/01/2021	12/31/9999	600	1.77
J2210	O1	INJ, METHYE MALEATE, UP TO 0.2 MG	N		0	999	01/01/2014	12/31/9999	2	0.00
J2212	O1	METHYLNALTREXONE INJECTION, 0.1 MG	N		0	999	07/01/2015	12/31/9999	200	0.00
J2248	O1	Micafungin sodium injection	K		0	999	07/01/2021	12/31/9999	150	1.09
J2250	O1	INJ, MIDAM HYDCHLE, PER 1 MG	N		0	999	07/01/2020	12/31/9999	30	0.00
J2260	O1	INJECTN,MILRINONE LACTATE 5MG	N		0	999	07/01/2020	12/31/9999	16	0.00
J2265	O1	MINOCYCLINE HYDROCHLORIDE INJ, 1 MG	K		8	999	07/01/2021	12/31/9999	400	2.00
J2270	O1	INJ, MORPE SULTE, UP TO 10 MG	N		0	999	01/01/2014	12/31/9999	10	0.00
J2274	O1	IN MORPHINE PRESERVATIV FREE	N		0	999	01/01/2015	12/31/9999	3	0.00
J2278	O1	ZICONOTIDE INJECTION	K		0	999	07/01/2021	12/31/9999	1000	8.48
J2280	O1	INJ MOXIFLOXACIN 100MG	N		0	999	09/01/2012	12/31/9999	4	0.00
J2300	O1	INJ, NALBUE HYDRE, PR 10 MG	N		0	999	07/01/2020	12/31/9999	10	0.00
J2310	O1	INJ, NALOE HYDRE, PER 1 MG	N		0	999	01/01/2014	12/31/9999	10	0.00
J2315	O1	Naltrexone, depot form	K		18	999	07/01/2021	12/31/9999	380	3.43
J2320	O6	NANDROLONE DECANOATE 50 MG	E		0	999	07/01/2014	12/31/9999	1	0.00
J2323	O1	NATALIZUMAB INJECTION 1 MG	K	Y	0	999	07/01/2021	12/31/9999	300	22.39
J2325	O1	NESIRITIDE INJECTION	B		0	999	07/01/2021	12/31/9999	34	74.80
J2326	O1	NUSINERSEN 0.1MG	K	Y	0	999	07/01/2021	12/31/9999	120	1,122.06
J2350	O1	OCRELIZUMAB 1 MG	K	Y	18	999	07/01/2021	12/31/9999	600	57.33
J2353	O1	OCTREOTIDE INJECTION, DEPOT, 1 MG	K	Y	0	999	07/01/2021	12/31/9999	60	205.66
J2354	O1	OCTREOTIDE INJ, NON-DEPOT	N		0	999	01/01/2014	12/31/9999	6	0.00
J2355	O1	OPRELVEKIN INJECTION	N		0	999	07/01/2021	12/31/9999	2	0.00
J2357	O1	OMALIZUMAB INJECTION, 5MG	K	Y	6	75	07/01/2021	12/31/9999	90	37.42
J2358	O1	OLANZAPINE LONG-ACTING INJ	K		18	999	07/01/2021	12/31/9999	405	2.92
J2360	O1	INJ, ORPHENE CITE, UP TO 60 MG	N		0	999	01/01/2014	12/31/9999	3	0.00
J2370	O1	INJ, PHENE HCL, UP TO 1 ML	N		0	999	01/01/2014	12/31/9999	3	0.00
J2400	O1	INJ, CHLORE HYDRE, PER 30 ML	N		0	999	01/01/2014	12/31/9999	2	0.00
J2405	O1	INJ, ONDAN HYDRE, PER 1 MG	N		0	999	09/01/2012	12/31/9999	50	0.00
J2406	O1	INJECTION, ORITAVANCIN 10 MG	G		18	999	10/01/2021	12/31/9999	120	41.92

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2407	O1	INJECTION, ORITAVANCIN	K		18	999	07/01/2021	12/31/9999	120	23.82
J2410	O1	INJ, OXYRPHE HCL, UP TO 1 MG	N		0	999	07/01/2020	12/31/9999	2	0.00
J2425	O1	INJ, PALIFN, 50 MCG	K		0	999	07/01/2021	12/31/9999	125	22.82
J2426	O1	PALIPERIDONE PALMITATE INJ	K		18	999	07/01/2021	12/31/9999	819	12.12
J2430	O1	PAMIDRONATE DISODIUM /30 MG	N		0	999	07/01/2020	12/31/9999	3	0.00
J2440	O1	INJ, PAE HCL, UP TO 60 MG	N		18	999	07/01/2020	12/31/9999	4	0.00
J2460	O6	INJ, OXYTE HCL, UP TO 50 MG	E		0	999	09/01/2012	12/31/9999	9	0.00
J2469	O1	PALONOSETRON HCL	N		0	999	07/01/2020	12/31/9999	10	0.00
J2501	O1	PARICALCITOL	N		0	999	01/01/2014	12/31/9999	10	0.00
J2502	O1	PASIREOTIDE LONG ACT 1 MG	K		18	999	07/01/2021	12/31/9999	60	315.84
J2503	O1	INJ, PEGAB SODM, 0.3 MG	N		0	999	07/01/2020	12/31/9999	2	0.00
J2504	O1	PEGADEMASE BOVINE, 25 IU	K		0	999	07/01/2021	12/31/9999	15	1,471.85
J2506	O1	INJ PEGFILGRAST EX BIO 0.5MG	K	Y	0	999	01/01/2022	12/31/9999	12	182.03
J2507	O1	PEGLOTICASE INJ, 1 MG	K	Y	8	999	07/01/2021	12/31/9999	8	2,771.29
J2510	O1	INJ, PENICGPROC, AQUUS,<=600000 UTS	N		0	999	07/01/2020	12/31/9999	4	0.00
J2513	O6	PENTASTARCH 10% SOLUTION	E		0	999	07/01/2016	12/31/9999	1	0.00
J2515	O1	INJ, PENTL SODM, PER 50 MG	K		0	999	07/01/2021	12/31/9999	8	29.87
J2540	O1	INJ, PENICN G POTM, <=600000 UTS	N		0	999	01/01/2014	12/31/9999	50	0.00
J2543	O1	INJ,PIPEN/TAZOB,1 GM/0.125 GMS	N		0	999	07/01/2020	12/31/9999	20	0.00
J2545	O1	PENTAMIDINE NON-COMP UNIT 300MG	B		0	999	07/01/2020	12/31/9999	1	121.21
J2547	O1	INJ PERAMIVIR 1 MG	K		18	999	07/01/2021	12/31/9999	600	1.60
J2550	O1	INJ, PROME HCL, UP TO 50 MG	N		0	999	07/01/2020	12/31/9999	3	0.00
J2560	O1	INJ, PHENL SODM, UP TO 120 MG	K		0	999	07/01/2021	12/31/9999	15	45.66
J2562	O1	PLERIXAFOR INJ 1 MG	K	Y	0	999	07/01/2021	12/31/9999	48	365.02
J2590	O1	INJ, OXYN, UP TO 10 UNITS	N		9	999	07/01/2020	12/31/9999	15	0.00
J2597	O1	INJ, DESMN ACET, PER 1 MCG	K		0	999	07/01/2021	12/31/9999	45	10.57
J2650	O1	INJ, PREDNE ACET, UP TO 1 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
J2670	O6	INJ, TOLAZE HCL, UP TO 25 MG	E		0	999	07/01/2013	12/31/9999	1	0.00
J2675	O1	INJ PROGESTERONE PER 50 MG	N		0	999	07/01/2020	12/31/9999	1	0.00
J2680	O1	FLUPHENAZINE DECANOATE 25 MG	N		12	999	01/01/2014	12/31/9999	4	0.00
J2690	O1	INJ, PROCAE HCL, UP TO 1 GM	N		0	999	07/01/2020	12/31/9999	4	0.00
J2700	O1	INJ, OXAN SODM, UP TO 250 MG	N		0	999	07/01/2014	12/31/9999	6	0.00
J2704	O1	INJ, PROPOFOL, 10 MG	N		0	999	01/01/2015	12/31/9999	159	0.00
J2710	O1	INJ, NEOSTE METLSUL, UP TO 0.5 MG	N		0	999	01/01/2015	12/31/9999	10	0.00
J2720	O1	INJ PROTAMINE SULFATE/10 MG	N		0	999	01/01/2014	12/31/9999	5	0.00
J2724	O1	PROTEIN C CONCENTRATE 10 IU	K		0	999	07/01/2020	12/31/9999	3500	15.08
J2725	O1	INJ PROTIRELIN PER 250 MCG	M1		6	999	07/01/2015	12/31/9999	2	0.03
J2730	O1	INJ, PRALE CHL, UP TO 1 GM	N		0	999	07/01/2020	12/31/9999	2	0.00
J2760	O1	INJ, PHENE MESYL, UP TO 5 MG	K		0	999	07/01/2021	12/31/9999	2	356.88
J2765	O1	INJ, METOCLE HCL, UP TO 10 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J2770	O1	QUINUPRISTIN/DALFOPRISTIN	K		0	999	07/01/2021	12/31/9999	7	458.83
J2778	O1	RANIBIZUMAB INJECTION 0.1 MG	K		0	999	07/01/2021	12/31/9999	10	322.85
J2780	O1	RANITIDINE HYDROCHLORIDE INJ	N		0	999	01/01/2014	12/31/9999	16	0.00
J2783	O1	RASBURICASE	K		0	999	07/01/2021	12/31/9999	60	306.14
J2785	O1	*REGADENOSON INJ 0.1 MG	N		0	999	07/01/2014	12/31/9999	4	0.00
J2786	O1	RESLIZUMAB 1MG	K	Y	18	999	07/01/2021	12/31/9999	500	9.75
J2787	O1	RIBOFLAVIN S'PHOS OPTH<=3ML	N		14	65	10/01/2019	12/31/9999	1	0.00
J2788	O1	RHO D IMMUNE GLOBULIN 50 MCG	N		0	999	07/01/2014	12/31/9999	1	0.00
J2790	O1	RHO D IMMUNE GLOBULIN 300 MCG	N		0	999	07/01/2014	12/31/9999	1	0.00
J2791	O1	RHOPHYLAC INJECTION 100 IU	N		0	999	07/01/2016	12/31/9999	15	0.00
J2792	O1	RHO(D) IMMUNE GLOBULIN H, SD	K		0	999	07/01/2021	12/31/9999	450	29.40
J2793	O1	RILONACEPT INJ 1 MG	K		12	999	07/01/2020	12/31/9999	320	22.73
J2794	O1	INJ RISPERDAL CONSTA, 0.5 MG	K		18	999	07/01/2021	12/31/9999	100	10.53
J2795	O1	ROPIVACAINE HCL INJECTION	N		0	999	01/01/2014	12/31/9999	750	0.00
J2796	O1	ROMIPLOSTIM INJ 10 MCRGMS	K		0	999	07/01/2021	12/31/9999	150	79.11
J2797	O1	INJ., ROLAPTANT, 0.5 MG	G		18	999	01/01/2019	12/31/9999	333	0.94
J2798	O1	INJ., PERSERIS, 0.5 MG	G		18	999	07/01/2021	12/31/9999	240	10.16
J2800	O1	INJ, METHL, UP TO 10 ML	N		0	999	07/01/2020	12/31/9999	3	0.00
J2805	O1	SINCALIDE INJECTION	N		0	999	07/01/2020	12/31/9999	3	0.00
J2810	O1	INJ THEOPHYLLINE PER 40 MG	N		0	999	01/01/2014	12/31/9999	20	0.00
J2820	O1	INJ, SARGRAM (GM-CSF), 50 MCG	K		0	999	07/01/2021	12/31/9999	10	48.83
J2840	O1	SEBELIPASE ALFA 1 MG	K		0	64	07/01/2021	12/31/9999	160	540.41
J2850	O1	Inj secretin synthetic human	K		0	999	07/01/2020	12/31/9999	48	34.78
J2860	O1	INJ SILTUXIMAB 10 MG	K		18	999	07/01/2021	12/31/9999	170	111.50
J2910	O6	AUROTHIOGLUCOSE INJECTON	E		0	999	07/01/2014	12/31/9999	1	0.00
J2916	O1	NA FERRIC GLUCONATE COMPLEX	N		0	999	09/01/2012	12/31/9999	10	0.00
J2920	O1	INJ, METHPRE SODM SUTE, <=40 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J2930	O1	INJ, METHPRE SODM SUTE, <=125 MG	N		0	999	01/01/2014	12/31/9999	2	0.00
J2940	O6	INJECTION, SPANESTRIN P, UP T	E		0	999	09/01/2012	12/31/9999	1	0.00
J2941	O1	SOMATROPIN INJECTION	K		0	999	07/01/2021	12/31/9999	8	36.54
J2950	O6	INJ, PROME HCL, UP TO 25 MG	E		0	999	07/01/2014	12/31/9999	1	0.00
J2993	O1	RETEPLASE INJECTION	K		0	999	07/01/2021	12/31/9999	2	2,395.94
J2995	O6	INJ STREPTOKINASE /250000 IU	E		0	999	07/01/2014	12/31/9999	6	0.00
J2997	O1	ALTEPLASE RECOMBINANT	K		0	999	07/01/2021	12/31/9999	100	87.43
J3000	O1	INJ, STREPTN, UP TO 1 GM	N		0	999	01/01/2014	12/31/9999	2	0.00
J3010	O1	INJ, FENYL CIT, 0.1 MG	N		0	999	01/01/2014	12/31/9999	3	0.00
J3030	O1	SUMATRIPTAN SUCCINATE / 6 MG	N		0	999	07/01/2020	12/31/9999	2	0.00
J3031	O1	INJ., FREMANEZUMAB-VFRM 1 MG	G		18	999	07/01/2021	12/31/9999	675	2.28
J3032	O1	INJ. EPTINEZUMAB-1JMR 1 MG	G		18	999	07/01/2021	12/31/9999	300	15.60
J3060	O1	TALIGLUCERACE ALFA, 10 UNITS INJECTION,	K		18	999	07/01/2021	12/31/9999	760	40.96
J3070	O1	INJ, PENTAZ, 30 MG	N		0	999	07/01/2020	12/31/9999	3	0.00
J3090	O1	TEDIZOLID PHOSPHATE 1 MG	K		18	999	07/01/2021	12/31/9999	200	1.59
J3095	O1	TELEVANCIN INJECTION	K		18	999	07/01/2021	12/31/9999	150	5.94
J3101	O1	*TENECTEPLASE INJ 1 MG	K		0	999	07/01/2021	12/31/9999	50	129.27
J3105	O1	INJ, TERBUT SULF, UP TO 1 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
J3110	O1	INJECTION, TESLAC, UP TO 100	B		18	999	07/01/2020	12/31/9999	2	59.96
J3111	O1	INJ. ROMOSUZUMAB-AQQG 1 MG	G		18	999	07/01/2021	12/31/9999	210	9.00
J3121	O1	INJ TESTOSTERO ENANTHATE 1MG	N		12	999	01/01/2015	12/31/9999	400	0.00
J3145	O1	TESTOSTERONE UNDECANOATE 1MG	K		12	999	07/01/2021	12/31/9999	750	1.53
J3230	O1	INJ, CHLORPR HCL, UP TO 50 MG	N		0	999	01/01/2014	12/31/9999	4	0.00
J3240	O1	INJ, THYRALPHA,0.9 MG,PRVIDIN 1.1MG	K		0	999	07/01/2021	12/31/9999	1	1,776.21
J3241	O1	INJ. TEPROTUMUMAB-TRBW 10 MG	G	Y	18	999	10/01/2020	12/31/9999	320	315.88
J3243	O1	Tigecycline injection	K		0	999	07/01/2021	12/31/9999	200	1.19
J3245	O1	INJ., TILDRAKIZUMAB, 1 MG	G		18	999	07/01/2021	12/31/9999	100	132.71
J3246	O1	TIOFIBAN HCL	K		18	999	07/01/2021	12/31/9999	100	2.41
J3250	O1	INJ, TRIMETH HCL, UP TO 200 MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J3260	O1	INJ, TOBRN SULF, UP TO 80 MG	N		0	999	01/01/2014	12/31/9999	10	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J3262	O1	TOCILIZUMAB INJECTION	K		2	999	07/01/2021	12/31/9999	800	5.47
J3265	O1	TORSEMIDE 10 MG/ML INJ	N		0	999	01/01/2014	12/31/9999	200	0.00
J3280	O6	INJ, THIETHYL MAL, UP TO 10 MG	E		18	999	07/01/2014	12/31/9999	1	0.00
J3285	O1	TREPROSTINIL INJECTION	K		0	999	07/01/2021	12/31/9999	9	64.03
J3300	O1	TRIAMCINOLONE A INJ PRS-FREE 1MG	N		0	999	07/01/2020	12/31/9999	160	0.00
J3301	O1	TRIAMCINOLONE ACET INJ NOS 10MG	N		0	999	09/01/2012	12/31/9999	12	0.00
J3302	O1	INJ, TRIAMC DIACE, PER 5MG	N		18	999	01/01/2015	12/31/9999	10	0.00
J3303	O1	INJ TRIMAMC HEXACET, PER 5MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J3304	O1	INJ TRIAMCINOLONE ACE XR 1MG	G		18	999	07/01/2021	12/31/9999	64	18.01
J3305	O6	INJ, TRIMETR GLUCUR, PER 25 MG	E		18	999	09/01/2012	12/31/9999	10	0.00
J3310	O1	INJ, PERPHEN, UP TO 5 MG	N		12	999	01/01/2014	12/31/9999	2	0.00
J3315	O1	TRIPTORELIN PAMOATE	K		0	999	07/01/2021	12/31/9999	6	503.81
J3316	O1	INJ., TRIPTORELIN XR 3.75 MG	K		2	999	07/01/2021	12/31/9999	6	3,044.01
J3320	O6	INJ, SPEC DIHYCHL, UP TO 2 GM	E		0	999	09/01/2012	12/31/9999	1	0.00
J3350	O1	INJ, UREA, UP TO 40 GM	N		0	999	07/01/2016	12/31/9999	3	0.00
J3355	O6	Urofollitropin, 75 iu	E		0	999	02/10/2014	12/31/9999	1	0.00
J3357	O1	USTEKINUMAB SUBQ 1MG	K	Y	12	999	07/01/2021	12/31/9999	90	180.12
J3358	O1	USTEKINUMAB IV 1 MG	K	Y	18	999	07/01/2021	12/31/9999	520	11.95
J3360	O1	INJ, DIAZM, UP TO 5 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J3364	O6	UROKINASE 5000 IU INJECTION	E		18	999	01/01/2015	12/31/9999	140	0.00
J3365	O6	UROKINASE 250,000 IU INJ	E		18	999	01/01/2015	12/31/9999	2	0.00
J3370	O1	INJ VANCOMYCIN HCL 500 MG	N		0	999	01/01/2014	12/31/9999	6	0.00
J3380	O1	INJ VEDOLIZUMAB 1 MG	K	Y	18	999	07/01/2021	12/31/9999	300	20.35
J3385	O1	VELAGLUCERASE ALFA	K		0	999	07/01/2021	12/31/9999	80	346.63
J3396	O1	VERTEPORFIN INJECTION	K		0	999	07/01/2021	12/31/9999	150	11.25
J3397	O1	INJ., VESTRONIDASE ALFA-VJBK	N		0	999	07/01/2021	12/31/9999	600	0.00
J3398	O1	INJ LUXTURNA 1 BILLION VEC G	G	Y	1	65	07/01/2021	12/31/9999	150	2,915.24
J3399	O1	INJ ONASE ABEPAR-XIOI TREAT	K	Y	0	2	07/01/2021	12/31/9999	1	2,206,690.98
J3400	O6	INJ, TRIFLUP HCL, UP TO 20 MG	E		2	999	01/01/2015	12/31/9999	8	0.00
J3410	O1	INJ, HYDROX HCL, UP TO 25 MG	N		0	999	07/01/2020	12/31/9999	16	0.00
J3411	O1	THIAMINE HCL 100 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
J3415	O1	PYRIDOXINE HCL 100 MG	N		0	999	09/01/2012	12/31/9999	1	0.00
J3420	O1	INJ, VIT B-12 CYANO, <= 1000 MCG	N		0	999	07/01/2020	12/31/9999	1	0.00
J3430	O1	INJ, PHYTONA (VIT K), PER 1 MG	N		0	999	01/01/2014	12/31/9999	38	0.00
J3465	O1	INJECTION, VORICONAZOLE	N		0	999	07/01/2020	12/31/9999	60	0.00
J3470	O1	INJ, HYALUR, UP TO 150 UTS	N		0	999	01/01/2014	12/31/9999	2	0.00
J3471	O1	OVINE, UP TO 999 USP UNITS	N		0	999	09/01/2012	12/31/9999	1	0.00
J3472	O1	OVINE, 1000 USP UNITS	N		0	999	09/01/2012	12/31/9999	1	0.00
J3473	O1	Hyaluronidase recombinant	N		0	999	01/01/2014	12/31/9999	200	0.00
J3475	O1	INJ, MAGNE SULF, PER 500 MG	N		0	999	09/01/2012	12/31/9999	20	0.00
J3480	O1	INJ, POTASS CHL, PER 2 MEQ	N		0	999	01/01/2014	12/31/9999	150	0.00
J3485	O1	ZIDOVUDINE	N		0	999	07/01/2020	12/31/9999	160	0.00
J3486	O1	ZIPRASIDONE MESYLATE	N		18	999	01/01/2014	12/31/9999	4	0.00
J3489	O1	ZOLEDRONIC ACID, 1 MG, INJECTION	N		18	999	07/01/2020	12/31/9999	5	0.00
J3490	O1	DRUGS UNCLASSIFIED INJECTION	N		0	999	09/01/2012	12/31/9999	999	0.00
J3520	O6	ENDRATE/CHELATION THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
J3530	O1	NASAL VACCINE INHALATION	N		0	999	09/01/2012	12/31/9999	1	0.00
J3535	O6	METERED DOSE INHALER DRUG	E		0	999	09/01/2012	12/31/9999	1	0.00
J3570	O6	LAETRILE, AMYGDALIN, VITAMIN	E		0	999	09/01/2012	12/31/9999	1	0.00
J3590	O1	UNCLASSIFIED BIOLOGICS	N		0	999	09/01/2012	12/31/9999	999	0.00
J3591	O6	ESRD ON DIALYSI DRUG/BIO NOC	E		0	999	01/01/2019	12/31/9999	1	0.00
J7030	O1	INFUS, NORL SALI SOL , 1000 CC	N		0	999	01/01/2014	12/31/9999	4	0.00
J7040	O1	INFUS NRML SAL STER 500 ML=1 UNIT	N		0	999	09/01/2012	12/31/9999	2	0.00
J7042	O1	5% DEX/NORL SALI (500 ML = 1 UNIT)	N		0	999	09/01/2012	12/31/9999	2	0.00
J7050	O1	INFUS, NORL SAL SOLU , 250 CC	N		0	999	09/01/2012	12/31/9999	4	0.00
J7060	O1	5% DEX/WAT(500 ML = 1 UNIT)	N		0	999	09/01/2012	12/31/9999	4	0.00
J7070	O1	INFUS, D5W, 1000 CC	N		0	999	09/01/2012	12/31/9999	1	0.00
J7100	O1	INFUS, DEX 40, 500 ML	N		0	999	07/01/2020	12/31/9999	2	0.00
J7110	O1	INFUS, DEXT 75, 500 ML	N		0	999	01/01/2014	12/31/9999	3	0.00
J7120	O1	RNGERS LACTA INFUS, UP TO 1000 CC	N		0	999	09/01/2012	12/31/9999	1	0.00
J7121	O6	5% DEXTROS LAC RINGERS 1000	E		0	999	01/01/2016	12/31/9999	1	0.00
J7131	O1	HYPERTONIC SALINE SOLUTION, 1 ML	N		0	999	01/01/2014	12/31/9999	8	0.00
J7168	O1	PROTHROMBIN COMPLEX KCENTRA	K		18	999	07/01/2021	12/31/9999	5000	2.23
J7169	O6	INJ ANDEXXA, 10 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J7170	O1	INJ., EMICIZUMAB-KXWH 0.5 MG	G		0	999	07/01/2021	12/31/9999	1800	47.75
J7175	O1	FACTOR X COAGODEX 1 I.U.	K		12	999	07/01/2021	12/31/9999	9000	7.89
J7177	O1	INJ., FIBRYGA, 1 MG	N		0	999	07/01/2021	12/31/9999	10500	0.00
J7178	O1	INJ HUMAN FIBRINOGEN CON NOS	K		0	999	07/01/2021	12/31/9999	7700	1.26
J7179	O1	VONVENDI INJ 1 IU	K		18	64	07/01/2021	12/31/9999	9600	1.89
J7180	O1	FACTOR XIII INJ(ANTHEMOPHL FAC HUMAN),	K		0	999	07/01/2021	12/31/9999	6000	8.78
J7181	O1	FACTOR XIII RECOMB A-SUBUNIT	K		0	999	07/01/2021	12/31/9999	3850	15.45
J7182	O6	FACTOR VIII RECOMB NOVOEIGHT	E		0	999	01/01/2015	12/31/9999	9999	0.00
J7183	O1	VON WILLEBRAND INJ , WILATE, 1 I.U. VWF:	K		0	999	07/01/2021	12/31/9999	9600	1.04
J7185	O1	XYNTHA INJ PER I.U.	K		0	999	07/01/2021	12/31/9999	4000	1.23
J7186	O1	'ANTHEMOPHILIC VIII/VWF COMP	K		0	999	07/01/2021	12/31/9999	9600	1.12
J7187	O1	HUMATE-P, INJ	K		0	999	07/01/2021	12/31/9999	9600	1.22
J7188	O1	FACTOR VIII RECOMB OBIZUR	K		18	999	07/01/2021	12/31/9999	22000	3.19
J7189	O1	FACTOR VIIA RECOMB NOVOSEVEN	K		0	999	07/01/2021	12/31/9999	26000	2.26
J7190	O1	FACTOR VIII	K		0	999	07/01/2021	12/31/9999	22000	1.07
J7191	O6	FACTOR VIII (PORCINE)	E		0	999	07/01/2014	12/31/9999	5000	0.00
J7192	O1	FACTOR VIII RECOMBINANT NOS	K		0	999	07/01/2021	12/31/9999	22000	1.35
J7193	O1	FACTOR IX NON-RECOMBINANT	K		0	999	07/01/2021	12/31/9999	20000	1.19
J7194	O1	FAC IX, COMPX, PER I.U.	K		0	999	07/01/2020	12/31/9999	9000	1.48
J7195	O1	FACTOR IX RECOMBINANT NOS	K		0	999	07/01/2020	12/31/9999	20000	1.53
J7196	O1	ANTITHROMBIN RECOMBINANT	N		0	999	07/01/2021	12/31/9999	175	0.00
J7197	O1	ANTITHRO III (HUMAN), PER I.U.	K		0	999	07/01/2021	12/31/9999	6300	3.48
J7198	O1	ANTI-INHIBITOR	K		0	999	07/01/2021	12/31/9999	30000	2.09
J7199	O5	HEMOPHILIA CLOT FACTOR NOC	M1		0	999	09/01/2012	12/31/9999	1	0.00
J7200	O1	FACTOR IX RECOMBINAN RIXUBIS	K		0	999	07/01/2021	12/31/9999	20000	1.46
J7201	O1	FACTOR IX ALPROLIX 1 IU	K		0	999	07/01/2021	12/31/9999	9000	3.26
J7202	O1	FACTOR IX IDELVION 1 I.U.	K		0	999	07/01/2021	12/31/9999	11550	4.46
J7203	O1	FACTOR IX RECOMB GLY REBINYN	G		0	999	07/01/2020	12/31/9999	12000	3.96
J7204	O6	INJ PER IU	E		0	999	07/01/2020	12/31/9999	1	0.00
J7205	O1	FACTOR VIII FC FUSION RECOMB	K		0	999	07/01/2021	12/31/9999	9750	2.17
J7207	O1	FACTOR VIII PEGYLATED 1 IU	K		12	999	07/01/2021	12/31/9999	7500	1.85
J7208	O1	INJ. JIVI 1 IU	G		0	999	07/01/2021	12/31/9999	6000	2.03
J7209	O1	FACTOR VIII NUWIQ 11U	K		2	999	07/01/2021	12/31/9999	7500	1.26

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7210	O1	AFSTYLA, 1 I.U.	K		0	999	07/01/2021	12/31/9999	22000	1.35
J7211	O1	FAC VIII KOVALTRY 1 IU	K		2	999	07/01/2021	12/31/9999	22000	1.22
J7212	O1	FACTOR VIIA RECOMB SEVENFACT	K		0	999	01/01/2021	12/31/9999	35775	2.59
J7294	O1	SEG ACET AND ETH ESTR YEARLY	G		12	999	10/01/2021	12/31/9999	1	2,000.00
J7295	O1	ETH ESTR AND ETON MONTHLY	G		12	999	10/01/2021	12/31/9999	3	142.36
J7296	O1	KYLEENA, 19.5 MG	B		9	65	07/01/2020	12/31/9999	1	953.51
J7297	O1	INTRAUTERINE CONTRACEP DEV 52MG	B		9	60	07/01/2020	12/31/9999	1	786.87
J7298	O1	INTRAUTERINE CONTRACEP DEV 52MG	B		9	60	07/01/2020	12/31/9999	1	953.51
J7300	O1	INTRAVTERINE COPPER CONTRACEPT	B		9	60	07/01/2020	12/31/9999	1	884.50
J7301	O1	INTRAUTERINE CONTRACEP DEV 13.5MG	B		0	999	07/01/2020	12/31/9999	1	793.96
J7304	O6	CONTRACEPTIVE HORMONE PATCH	E		0	999	09/01/2012	12/31/9999	1	0.00
J7306	O6	LEVONORGESTREL IMPLANT SYS	E		0	999	09/01/2012	12/31/9999	1	0.00
J7307	O1	ETONOGESTREL IMPLANT SYSTEM	B		9	60	07/01/2020	12/31/9999	1	934.82
J7308	O1	AMINOLEVULINIC ACID HCL TOP	K		0	999	07/01/2021	12/31/9999	3	388.42
J7309	O1	METHYL AMINOLEVULINATE, TOP	K		0	999	07/01/2014	12/31/9999	1	83.69
J7310	O1	GANCICLOVIR LONG ACT IMPLANT	K		0	999	07/01/2017	12/31/9999	3	11.71
J7311	O1	INJ., RETISERT, 0.01 MG	K		0	999	07/01/2021	12/31/9999	1	341.22
J7312	O1	DEXAMETHASONE INTRA IMPLANT	K		0	999	07/01/2021	12/31/9999	14	199.85
J7313	O1	INJ., ILUVIEN, 0.01 MG	K		12	999	07/01/2021	12/31/9999	19	490.93
J7314	O6	INJ., YUTIQ, 0.01 MG	E		0	999	10/01/2019	12/31/9999	1	0.00
J7315	O6	OPHTHALMIC MITOMYCIN, 0.2 MG	E		18	999	01/01/2013	12/31/9999	1	0.00
J7316	O1	OCRIPLASMIN, 0.125 MG (JETREA) INJECTION	K		18	999	10/01/2019	12/31/9999	3	1,046.93
J7318	O1	INJ, DUROLANE 1 MG	G		18	999	07/01/2019	12/31/9999	120	17.23
J7320	O1	HYALURONAN 850 1 MG	K		18	999	07/01/2020	12/31/9999	50	16.92
J7321	O1	HYALGAN SUPARTZ VISCO-3 DOSE	N		18	999	07/01/2020	12/31/9999	2	0.00
J7322	O1	HYMOVIS INJECTION 1 MG	K		21	999	07/01/2020	12/31/9999	48	31.67
J7323	O1	EUFLEXXA INJ PER DOSE	K		0	999	07/01/2021	12/31/9999	2	135.14
J7324	O1	ORTHOVISC INJ PER DOSE	K		0	999	07/01/2021	12/31/9999	2	128.55
J7325	O1	SYNVISC OR SYNVISC-ONE 1 MG	K		0	999	07/01/2021	12/31/9999	96	10.67
J7326	O1	HYALURONAN OR DERIV, GEL-ONE, INTRA-ARTI	K		0	999	07/01/2021	12/31/9999	2	1,219.00
J7327	O1	MONOVISC INJ PER DOSE	K		18	999	07/01/2021	12/31/9999	2	785.19
J7328	O1	GEL-SYN INJECTION 0.1 MG	G		18	999	07/01/2020	12/31/9999	336	2.18
J7329	O1	INJ, TRIVISC 1 MG	K		21	999	07/01/2020	12/31/9999	25	7.20
J7330	O6	CULTURED CHONDROCYTES IMPLNT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7331	O6	SYNOJOINT, INJ., 1 MG	E		0	999	07/01/2020	12/31/9999	60	0.00
J7332	O6	INJ., TRILURON, 1 MG	E		0	999	07/01/2020	12/31/9999	60	0.00
J7336	O1	CAPSAICIN 8% PATCH	K		18	999	07/01/2020	12/31/9999	1120	3.25
J7340	O1	CABIDOPA 5 LEVODOPA 20 100ML	K		18	999	07/01/2021	12/31/9999	1	213.76
J7342	O1	CIPROFLOXACIN OPTIC 6 MG	K		0	999	07/01/2020	12/31/9999	10	29.98
J7345	O1	AMINOLEVULINIC ACID 10% GEL	K		18	999	07/01/2021	12/31/9999	200	1.52
J7351	O1	INJ BIMATOPROST ITC IMP1MCG	G		18	999	07/01/2021	12/31/9999	20	206.38
J7352	O1	AFAMELANOTIDE IMPLANT, 1 MG	K		18	999	01/01/2021	12/31/9999	16	3,218.90
J7402	O1	MOMETASONE SINUS SINUVA	G		18	999	04/01/2021	12/31/9999	1	10.25
J7500	O1	AZATHIOP PO TAB 50MG 100S EA	N		0	999	07/01/2020	12/31/9999	15	0.00
J7501	O1	AZATH - PARENTL VIAL 100MG 20 ML EA	K		0	999	07/01/2021	12/31/9999	8	245.17
J7502	O1	CYCLOSPORINE, ORAL, 100 MG	N		0	999	01/01/2014	12/31/9999	15	0.00
J7503	O6	TACROL ENVARSUS EX REL ORAL	E		18	999	01/01/2016	12/31/9999	1	0.00
J7504	O1	LYMPHOCYTE IMMUNE GLOBULIN	K		0	999	07/01/2021	12/31/9999	15	2,257.65
J7505	O6	MUROMONAB-CD3 PEN 5 MG	E		0	999	07/01/2016	12/31/9999	1	0.00
J7507	O1	TACROLIMUS, IMMEDIATE RELEASE,ORAL, 1 MG	N		0	999	01/01/2014	12/31/9999	13	0.00
J7508	O1	TACROL ASTAGRAF EX REL ORAL	N		16	999	07/01/2019	12/31/9999	1	0.00
J7509	O1	METHYLPREDNISOLONE ORAL	N		0	999	01/01/2014	12/31/9999	12	0.00
J7510	O1	PREDNISOLONE ORAL PER 5 MG	N		0	999	01/01/2014	12/31/9999	12	0.00
J7511	O1	ANTITHYMOCYTE GLOBULN RABBIT	K		0	999	07/01/2021	12/31/9999	9	790.60
J7512	O1	PREDNISONE IR OR DR ORAL 1MG	N		0	999	01/01/2016	12/31/9999	60	0.00
J7513	O6	DACLIZUMAB, PARENTERAL	E		0	999	07/01/2014	12/31/9999	7	0.00
J7515	O1	CYCLOSPORINE ORAL 25 MG	N		0	999	01/01/2014	12/31/9999	58	0.00
J7516	O1	CYCLOSPORIN PARENTERAL 250MG	N		0	999	07/01/2020	12/31/9999	4	0.00
J7517	O1	MYCOPHENOLATE MOFETIL ORAL	N		0	999	01/01/2014	12/31/9999	8	0.00
J7518	O1	MYCOPHENOLIC ACID	N		0	999	01/01/2014	12/31/9999	9	0.00
J7520	O1	SIROLIMUS, ORAL	N		0	999	01/01/2014	12/31/9999	6	0.00
J7525	O1	TACROLIMUS INJECTION	K		0	999	07/01/2021	12/31/9999	2	212.22
J7527	O1	ORAL EVEROLIMUS, 0.25 MG	N		0	999	07/01/2020	12/31/9999	20	0.00
J7599	O1	IMMUNOSUPPRESSIVE DRUG NOC	N		0	999	07/01/2020	12/31/9999	1	0.00
J7604	O6	ACETYLCYSTEINE COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7605	O6	ARFORMOTEROL NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	2	0.00
J7606	O6	'FORMOTEROL FUMARATE, INH 20 MCG	E		0	999	09/01/2012	12/31/9999	2	0.00
J7607	O6	Levalbuterol comp con	E		0	999	09/01/2012	12/31/9999	1	0.00
J7608	O6	ACETYLCYSTEINE NON-COMP UNITER PER GR	E		0	999	09/01/2012	12/31/9999	2	0.00
J7609	O6	Albuterol comp unit	E		0	999	09/01/2012	12/31/9999	185	0.00
J7610	O6	Albuterol comp con	E		0	999	09/01/2012	12/31/9999	185	0.00
J7611	O6	ALBUTEROL NON-COMP CON	E		0	999	09/01/2012	12/31/9999	185	0.00
J7612	O6	LEVAlBUTEROL NON-COMP CON	E		0	999	09/01/2012	12/31/9999	5	0.00
J7613	O6	ALBUTEROL NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	185	0.00
J7614	O6	LEVAlBUTEROL NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	5	0.00
J7615	O6	Levalbuterol comp unit	E		0	999	09/01/2012	12/31/9999	5	0.00
J7620	O6	ALBUTEROL IPRATROP NON-COMP	E		0	999	09/01/2012	12/31/9999	185	0.00
J7622	O6	BECLOMETHASONE COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7624	O6	BETAMETHASONE COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7626	O6	BUDESONIDE NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	2	0.00
J7627	O6	BUDESONIDE COMP UNIT	E		0	999	09/01/2012	12/31/9999	2	0.00
J7628	O6	BITOLTEROL MESYLATE COMP CON	E		0	999	09/01/2012	12/31/9999	1	0.00
J7629	O6	BITOLTEROL MESYLATE COMP UNT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7631	O6	CROMOLYN SODIUM NONCOMP UNIT PER 10 ML	E		0	999	09/01/2012	12/31/9999	8	0.00
J7632	O6	CROMOLYN SODIUM COMP UNIT	E		0	999	09/01/2012	12/31/9999	8	0.00
J7633	O6	BUDESONIDE NON-COMP CON	E		0	999	09/01/2012	12/31/9999	2	0.00
J7634	O6	Budesonide comp con	E		0	999	09/01/2012	12/31/9999	2	0.00
J7635	O6	ATROPINE COMP CON	E		0	999	09/01/2012	12/31/9999	3	0.00
J7636	O6	ATROPINE COMP UNIT	E		0	999	09/01/2012	12/31/9999	3	0.00
J7637	O6	DEXAMETHASONE COMP CON	E		0	999	09/01/2012	12/31/9999	1	0.00
J7638	O6	DEXAMETHASONE COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7639	O6	DORNASE ALFA NON-COMP PER MG	E		0	999	09/01/2012	12/31/9999	3	0.00
J7640	O6	FORMOTEROL COMP UNIT	E		0	999	09/01/2012	12/31/9999	4	0.00
J7641	O6	FLUNISOLIDE COMP UNIT	E		0	999	09/01/2012	12/31/9999	4	0.00
J7642	O6	GLYCOPYRROLATE COMP CON	E		0	999	09/01/2012	12/31/9999	1	0.00
J7643	O6	GLYCOPYRROLATE COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7644	O6	IPRATROPIUM BROMIDE NON-COMP	E		0	999	09/01/2012	12/31/9999	2	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7645	O6	Ipratropium bromide comp	E		0	999	09/01/2012	12/31/9999	2	0.00
J7647	O6	Isoetharine comp con	E		0	999	09/01/2012	12/31/9999	1	0.00
J7648	O6	ISOETHARINE NON-COMP CON	E		0	999	09/01/2012	12/31/9999	1	0.00
J7649	O6	ISOETHARINE NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7650	O6	Isoetharine comp unit	E		0	999	09/01/2012	12/31/9999	1	0.00
J7657	O6	Isoproterenol comp con	E		0	999	09/01/2012	12/31/9999	1	0.00
J7658	O6	ISOPROTERENOL NON-COMP CON	E		0	999	09/01/2012	12/31/9999	1	0.00
J7659	O6	ISOPROTERENOL NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7660	O6	Isoproterenol comp unit	E		0	999	09/01/2012	12/31/9999	1	0.00
J7665	O6	MANNITOL, ADMIN THROUGH AN INHALER, 5 MG	E		0	999	09/01/2012	12/31/9999	1	0.00
J7667	O6	Metaproterenol comp con	E		0	999	09/01/2012	12/31/9999	9	0.00
J7668	O6	METAPROTERENOL NON-COMP CON	E		0	999	09/01/2012	12/31/9999	9	0.00
J7669	O6	METAPROTERENOL NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	9	0.00
J7670	O6	Metaproterenol comp unit	E		0	999	09/01/2012	12/31/9999	9	0.00
J7674	O1	METHACHOLINE CHLORIDE, NEB	N		0	999	07/01/2020	12/31/9999	100	0.00
J7676	O6	PENTAMIDINE COMP UNIT DOSE	E		0	999	09/01/2012	12/31/9999	1	0.00
J7677	O6	REVEFENACIN INH NON-COM 1MCG	E		18	999	07/01/2019	12/31/9999	380	0.00
J7680	O6	TERBUTALINE SULF COMP CON	E		0	999	09/01/2012	12/31/9999	3	0.00
J7681	O6	TERBUTALINE SULF COMP UNIT	E		0	999	09/01/2012	12/31/9999	3	0.00
J7682	O6	TOBRAMYCIN NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	2	0.00
J7683	O6	TRIAMCINOLONE COMP CON	E		0	999	09/01/2012	12/31/9999	12	0.00
J7684	O6	TRIAMCINOLONE COMP UNIT	E		0	999	09/01/2012	12/31/9999	12	0.00
J7685	O6	Tobramycin comp unit	E		0	999	09/01/2012	12/31/9999	2	0.00
J7686	O6	TREPROSTINIL, NON-COMP UNIT	E		0	999	09/01/2012	12/31/9999	1	0.00
J7699	O6	NOC DRUGS, INHALATION SOLUTION	E		0	999	09/01/2012	12/31/9999	1	0.00
J7799	O1	NOC DRUGS, OTHER THAN INHALATI	N		0	999	09/01/2012	12/31/9999	1	0.00
J7999	O6	COMPOUNDED DRUG, NOC	E		0	999	01/01/2016	12/31/9999	1	0.00
J8498	O6	ANTIEMETIC RECTAL/SUPP NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
J8499	O6	ORAL PRESCRIP DRUG NON CHEMO	E		0	999	09/01/2012	12/31/9999	1	0.00
J8501	O1	ORAL APREPITANT	N		0	999	07/01/2020	12/31/9999	25	0.00
J8510	O1	ORAL BUSULFAN	N		0	999	07/01/2021	12/31/9999	5	0.00
J8515	O6	CABERGOLINE, ORAL 0.25MG	E		0	999	09/01/2012	12/31/9999	1	0.00
J8520	O1	CAPECITABINE, ORAL, 150 MG	N		0	999	07/01/2020	12/31/9999	46	0.00
J8521	O1	CAPECITABINE, ORAL, 500 MG	N		0	999	07/01/2020	12/31/9999	14	0.00
J8530	O1	CYCLOPHOSPHAMIDE ORAL 25 MG	N		0	999	01/01/2014	12/31/9999	32	0.00
J8540	O1	ORAL DEXAMETHASONE	N		0	999	01/01/2014	12/31/9999	36	0.00
J8560	O1	ETOPOSIDE ORAL 50 MG	K		0	999	07/01/2021	12/31/9999	6	75.77
J8562	O6	ORAL FLUDARABINE PHOSPHATE	E		0	999	07/01/2016	12/31/9999	1	0.00
J8565	O6	GEFITINIB ORAL	E		0	999	09/01/2012	12/31/9999	1	0.00
J8597	O1	ANTIEMETIC DRUG ORAL NOS	N		0	999	09/01/2012	12/31/9999	1	0.00
J8600	O1	MELPHALAN ORAL 2 MG	N		0	999	01/01/2014	12/31/9999	3	0.00
J8610	O1	METHOTREXATE ORAL 2.5 MG	N		0	999	01/01/2014	12/31/9999	12	0.00
J8650	O1	Nabilone oral	K		0	999	07/01/2020	12/31/9999	6	38.20
J8655	O1	ORAL NETUPITANT, PALONOSETRO	K		0	999	07/01/2021	12/31/9999	1	270.65
J8670	O1	ROLAPITANT ORAL 1MG	K		18	999	07/01/2021	12/31/9999	180	2.34
J8700	O1	TEMOZOLMIDE	N		0	999	07/01/2020	12/31/9999	120	0.00
J8705	O1	*TOPOTECAN ORAL 0.25 MG	N		0	999	07/01/2020	12/31/9999	22	0.00
J8999	O6	ORAL PRESCRIPTION DRUG CHEMO	E		0	999	09/01/2012	12/31/9999	1	0.00
J9000	O1	DOXORUBICIN HCL INJ 10 MG	N		0	999	07/01/2020	12/31/9999	20	0.00
J9015	O1	ALDESLEUKIN INJ SNGL USE VIAL	K		0	999	07/01/2021	12/31/9999	1	3,795.26
J9017	O1	ARSENIC TRIOXIDE INJ 1 MG	K		0	999	07/01/2021	12/31/9999	30	17.82
J9019	O1	ERWINAZE INJECTION, 1000 IU	K		0	999	07/01/2021	12/31/9999	60	427.27
J9020	O1	ASPARAGINASE INJ 10,000 UNITS NOS	N		0	999	07/01/2016	12/31/9999	7	0.00
J9021	O1	INJ, ASPARA, RYLAZE, 0.1 MG	G		0	999	01/01/2022	12/31/9999	720	45.22
J9022	O1	ATEZOLIZUMAB10 MG	K	Y	18	999	07/01/2021	12/31/9999	168	78.18
J9023	O1	AVELUMAB 10 MG	K	Y	18	999	07/01/2021	12/31/9999	140	85.33
J9025	O1	INJ, AZACI, 1 MG	K		0	999	07/01/2021	12/31/9999	300	0.91
J9027	O1	INJ, CLOFAR, 1 MG	K		1	999	07/01/2021	12/31/9999	100	30.18
J9030	O1	BCG LIVE INTRAVESICAL 1MG	N		0	999	07/01/2021	12/31/9999	50	0.00
J9032	O1	BELINOSTAT INJ 10MG	K		18	999	07/01/2021	12/31/9999	300	42.70
J9033	O1	BENDAMUSTINE HCL TRENADA 1MG	K		0	999	07/01/2021	12/31/9999	300	24.58
J9034	O1	BENDAMUSTINE HCL 1 MG	K		18	999	07/01/2021	12/31/9999	360	20.17
J9035	O1	BEVACIZUMAB INJECTION	K	Y	0	999	07/01/2021	12/31/9999	170	75.16
J9036	O1	INJ., BELRAPZO, 1 MG	G		18	999	07/01/2021	12/31/9999	360	22.27
J9037	O1	INJ BELANTAMAB MAFODONT BLMF	G		18	999	04/01/2021	12/31/9999	796	42.97
J9039	O1	BLINATUMOMAB INJ 1 MCG	K		0	999	07/01/2021	12/31/9999	210	118.12
J9040	O1	BLEOMYCIN SULFATE INJ 15 UNITS	N		0	999	07/01/2020	12/31/9999	4	0.00
J9041	O1	INJ., VELCADE 0.1 MG	K		0	999	07/01/2021	12/31/9999	35	44.67
J9042	O1	BRENTUXIMAB VEDOTIN INJ, 1 MG	K	Y	18	999	07/01/2021	12/31/9999	200	182.08
J9043	O1	CABAZITAXEL INJ, 1 MG	K	Y	0	999	07/01/2021	12/31/9999	60	184.85
J9044	O1	INJ, BORTEZOMIB, NOS, 0.1 MG	K		18	999	07/01/2021	12/31/9999	35	21.10
J9045	O1	CARBOPLATIN INJECTION	N		0	999	09/01/2012	12/31/9999	20	0.00
J9047	O1	CARFILZOMIB, 1 MG INJECTION,	K		18	999	07/01/2021	12/31/9999	160	39.35
J9050	O1	CARMUSTINE INJ 100 MG	K		0	999	07/01/2021	12/31/9999	6	1,743.25
J9055	O1	CETUXIMAB INJECTION	K		0	999	07/01/2021	12/31/9999	120	65.48
J9057	O1	INJ., COPANLISIB, 1 MG	G		18	999	07/01/2021	12/31/9999	60	79.09
J9060	O1	CISPLATIN 10 MG INJECTION	N		0	999	07/01/2020	12/31/9999	24	0.00
J9061	O1	INJ, AMIVANTAMAB-VMJW	G		18	999	01/01/2022	12/31/9999	700	17.91
J9065	O1	INJ CLADRIBINE PER 1 MG	K		0	999	07/01/2021	12/31/9999	100	21.02
J9070	O1	CYCLOPHOSPHAMIDE 100 MG INJ	K		0	999	07/01/2021	12/31/9999	55	31.16
J9071	O1	INJ CYCLOPHOSPHAMD AUROMEDIC	G		0	999	04/01/2022	12/31/9999	1590	3.76
J9098	O1	CYTARABINE LIPOSOME INJ 10 MG	N		0	999	07/01/2021	12/31/9999	5	0.00
J9100	O1	CYTARABINE HCL 100 MG INJ	N		0	999	09/01/2012	12/31/9999	7	0.00
J9118	O6	INJ. CALASPARGASE PEGOL-MKNL	E		0	999	10/01/2019	12/31/9999	1	0.00
J9119	O1	INJ., CEMPLIMAB-RWLC, 1 M	G	Y	18	999	07/01/2021	12/31/9999	350	27.40
J9120	O1	DACTINOMYCIN INJ 0.5 MG	K		0	999	07/01/2021	12/31/9999	5	934.16
J9130	O1	DACARBAZINE 100 MG INJ	N		0	999	09/01/2012	12/31/9999	8	0.00
J9144	O1	DARATUMUMAB, HYALURONIDASE	G	Y	18	999	07/01/2021	12/31/9999	255	43.85
J9145	O1	DARATUMUMAB 10 MG	K	Y	18	999	07/01/2021	12/31/9999	240	56.04
J9150	O1	DAUNORUBICIN INJ 10 MG	K		0	999	07/01/2021	12/31/9999	12	42.52
J9151	O1	DAUNORUBICIN CITRATE INJ 10 MG	N		18	999	07/01/2020	12/31/9999	10	0.00
J9153	O1	INJ DAUNORUBICIN, CYTARABINE	K	Y	18	999	07/01/2021	12/31/9999	132	201.69
J9155	O1	DEGARELIX INJ 1 MG	K		0	999	07/01/2021	12/31/9999	240	3.89
J9160	O1	DENILEUKIN DIFTTOX INJ 300 MCG	B		18	999	07/01/2020	12/31/9999	7	1,863.80
J9165	O6	DIETHYLSTILBESTROL INJ 250 MG	E		0	999	09/01/2012	12/31/9999	8	0.00
J9171	O1	DOCETAXEL INJ 1 MG	N		0	999	07/01/2021	12/31/9999	240	0.00
J9173	O1	INJ., DURVALUMAB, 10 MG	K	Y	18	999	07/01/2021	12/31/9999	150	77.05

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9175	O1	ELLIOTTS B SOLUTION PER ML	N		0	999	01/01/2014	12/31/9999	10	0.00
J9176	O1	ELOTUZUMAB, IMG	K		18	999	07/01/2021	12/31/9999	3000	6.67
J9177	O6	INJ ENFORT VEDO-EJFV 0.25MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J9178	O1	INJ, EPIRUBICIN HCL, 2 MG	N		0	999	07/01/2014	12/31/9999	136	0.00
J9179	O1	ERIBULIN MESYLATE INJ, 0.1 MG	K		28	85	07/01/2021	12/31/9999	50	117.76
J9181	O1	ETOPOSIDE INJ 10 MG	N		0	999	01/01/2014	12/31/9999	28	0.00
J9185	O1	FLUDARABINE PHOSPHATE INJ 50 MG	N		0	999	07/01/2016	12/31/9999	2	0.00
J9190	O1	FLUOROURACIL INJ 500 MG	N		0	999	09/01/2012	12/31/9999	20	0.00
J9198	O6	INJ. INFUGEM, 100 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J9200	O1	FLOXURIDINE INJ 500 MG	N		0	999	07/01/2020	12/31/9999	1	0.00
J9201	O1	IN GEMCITABINE HCL NOS 200MG	N		0	999	07/01/2014	12/31/9999	17	0.00
J9202	O1	GOSERN ACET IMPLT, PER 3.6 MG	K		0	999	07/01/2021	12/31/9999	3	501.27
J9203	O1	GEMTUZUMAB OZOGAMICIN 0.1 MG	K		2	999	07/01/2021	12/31/9999	180	205.36
J9204	O1	INJ, MOGAMULIZUMAB-KPKC, 1 MG	G	Y	18	999	07/01/2021	12/31/9999	160	206.42
J9205	O1	IRINOTECAN LIPOSOME 1 MG	K		0	999	07/01/2021	12/31/9999	215	54.31
J9206	O1	IRINOTECAN INJ 20 MG	N		0	999	01/01/2014	12/31/9999	41	0.00
J9207	O1	'IXABEPILONE INJ 1 MG	K		0	999	07/01/2021	12/31/9999	90	102.12
J9208	O1	IFOSFOMIDE INJ 1 GRAM	N		0	999	07/01/2020	12/31/9999	10	0.00
J9209	O1	MESNA INJ 200 MG	N		0	999	09/01/2012	12/31/9999	30	0.00
J9210	O1	INJ., EMAPALUMAB-LZSG, 1 MG	G		0	999	07/01/2021	12/31/9999	954	393.16
J9211	O1	IDARUBICIN HCL INJ 5 MG	N		0	999	07/01/2020	12/31/9999	6	0.00
J9212	O6	INTERFERON ALFACON-1 INJ 1 MCG	E		0	999	07/01/2014	12/31/9999	15	0.00
J9213	O6	INTERFERON ALFA-2A INJ 3 ML UNITS	E		0	999	07/01/2014	12/31/9999	5	0.00
J9214	O1	INTERFERON ALFA-2B INJ 1 ML UNITS	K		0	999	07/01/2021	12/31/9999	100	33.99
J9215	O1	INTERFERON ALFA-N3 INJ 250000 UNITS	N		18	999	07/01/2019	12/31/9999	1	0.00
J9216	O1	INTERFERON GAMMA 1-B INJ 3 ML UNITS	K		0	999	07/01/2020	12/31/9999	1	7,196.88
J9217	O1	LEUPRO ACET (DEPOT SUSPEN), 7.5 MG	K		0	999	07/01/2021	12/31/9999	6	228.93
J9218	O1	LEUPRO ACET, PER 1 MG	N		0	999	07/01/2020	12/31/9999	1	0.00
J9219	O1	LEUPROLIDE ACETATE IMPLANT	K		2	999	07/01/2016	12/31/9999	1	168.48
J9223	O1	INJ. LURBINECTEDIN, 0.1 MG	G	Y	18	999	01/01/2021	12/31/9999	93	170.80
J9225	O1	VANTAS IMPLANT 50 MG	K		0	999	07/01/2021	12/31/9999	1	4,586.21
J9226	O1	HISTRELIN IMPLANT, 50 MG	K	Y	2	12	07/01/2021	12/31/9999	1	40,116.00
J9227	O1	INJ. ISATUXIMAB-IRFC 10 MG	G		18	999	07/01/2021	12/31/9999	160	66.37
J9228	O1	IPILIMUMAB INJECTION, 1 MG	K	Y	18	999	07/01/2021	12/31/9999	1100	157.23
J9229	O1	INJ INOTUZUMAB OZOGAM 0.1 MG	K	Y	18	999	07/01/2021	12/31/9999	27	2,341.30
J9230	O1	MECHLORETHAMINE HCL INJ 10 MG	K		0	999	07/01/2020	12/31/9999	5	328.29
J9245	O1	INJ MELPHA HYDROCH NOS 50 MG	K		0	999	07/01/2021	12/31/9999	11	228.79
J9246	O6	INJ., EVOMELA, 1 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
J9247	O1	INJ, MELPHALAN FLUFENAMI 1MG	G		18	999	10/01/2021	12/31/9999	40	499.86
J9250	O1	METHOTRE SODM, 5 MG	N		0	999	01/01/2014	12/31/9999	27	0.00
J9260	O1	METHOTRE SODM, 50 MG	N		0	999	09/01/2012	12/31/9999	4	0.00
J9261	O1	INJ, NELAR, 50 MG	K		0	999	07/01/2021	12/31/9999	80	151.89
J9262	O1	OMACETAXINE MEPESSUCINATE, 0.01 MG INJUE	K		18	999	07/01/2021	12/31/9999	700	3.31
J9263	O1	OXALIPLATIN	N		0	999	07/01/2020	12/31/9999	684	0.00
J9264	O1	INJ, PACLITL PRTN-BND PARTI, 1 MG	K		0	999	07/01/2021	12/31/9999	600	13.43
J9266	O1	PEGASPARGASE INJ SNGL DOSE VIAL	K	Y	0	999	07/01/2021	12/31/9999	2	19,717.46
J9267	O1	PACLITAXEL INJECTION	N		18	999	07/01/2020	12/31/9999	750	0.00
J9268	O1	PENTOSTATIN INJ 10 MG	K		0	999	07/01/2021	12/31/9999	1	2,001.90
J9269	O1	INJ. TAGRAXOFUSP-ERZS 10 MCG	G		2	999	07/01/2021	12/31/9999	191	283.33
J9270	O6	PLICAMYCIN (MITHRAMYCIN) INJ 2.5 MG	E		0	999	07/01/2014	12/31/9999	2	0.00
J9271	O1	INJ PEMBROLIZUMAB 1 MG	K	Y	18	999	07/01/2020	12/31/9999	400	50.65
J9272	O1	INJ, DOSTARLIMAB-GXLY, 10 MG	G		18	999	01/01/2022	12/31/9999	100	215.11
J9273	O1	INJ TISOTU VEDOTIN-TFTV, 1MG	G		18	999	04/01/2022	12/31/9999	200	6,238.10
J9280	O1	MITOMYCIN INJECTION, 5 MG	K		0	999	07/01/2021	12/31/9999	12	54.24
J9281	O1	MITOMYCIN INSTILLATION	G		18	999	07/01/2021	12/31/9999	60	282.17
J9285	O1	OLARATUMAB 10 MG	K		18	999	07/01/2021	12/31/9999	200	52.07
J9293	O1	MITOXANTRONE HYDROCHL / 5 MG	K		0	999	07/01/2021	12/31/9999	8	24.14
J9295	O1	NECTINUMAB, 1 MG	K		18	999	07/01/2020	12/31/9999	800	5.74
J9299	O1	INJECTION, NIVOLUMAB	K	Y	0	999	07/01/2021	12/31/9999	480	28.54
J9301	O1	OBINUTUZUMAB INJ	K	Y	18	999	07/01/2021	12/31/9999	100	63.54
J9302	O1	OFATUMUMAB INJECTION	K		0	999	07/01/2021	12/31/9999	200	62.15
J9303	O1	PANITUMUMAB INJECTION 10 MG	K		0	999	07/01/2021	12/31/9999	90	124.17
J9304	O1	INJ. PEMETREXED, 10 MG	G		18	999	10/01/2020	12/31/9999	135	73.98
J9305	O1	INJ. PEMETREXED NOS 10MG	K	Y	0	999	07/01/2021	12/31/9999	150	73.19
J9306	O1	PERTUZUMAB, 1 MG INJECTION,	K	Y	18	999	07/01/2021	12/31/9999	840	12.99
J9307	O1	PRALATREXATE INJECTION	K	Y	0	999	07/01/2021	12/31/9999	80	310.93
J9308	O1	INJ RAMUCIRUMAB 5 MG	K	Y	18	999	07/01/2021	12/31/9999	280	61.66
J9309	O6	INJ, POLATUZUMAB VEDOTIN 1MG	E		18	999	01/01/2020	12/31/9999	1	0.00
J9312	O1	INJ., RITUXIMAB, 10 MG	K	Y	18	999	07/01/2021	12/31/9999	150	91.26
J9313	O1	INJ., LUMOXITI, 0.01 MG	G		18	999	07/01/2021	12/31/9999	600	22.48
J9314	O6	ROMIDEPSIN NON-LYOPHILIZED	E		18	999	07/01/2021	12/31/9999	380	0.00
J9316	O1	PERTUZU, TRASTUZU, 10 MG	G	Y	18	999	01/01/2021	12/31/9999	180	72.71
J9317	O1	SACITUZUMAB GOVITECAN-HZIY	G	Y	18	999	07/01/2021	12/31/9999	636	29.51
J9318	O1	INJ ROMIDEPSIN NON-LYLO 0.1MG	G		18	999	10/01/2021	12/31/9999	38	33.91
J9319	O1	INJ ROMIDEPSIN LYOPHIL 0.1MG	G		18	999	10/01/2021	12/31/9999	40	33.68
J9320	O1	STREPTOZOCIN INJ 1 GRAM	K		0	999	07/01/2021	12/31/9999	4	348.73
J9325	O1	TALIMOGENE LAHERPAREPVEC	K		21	999	07/01/2021	12/31/9999	400	54.02
J9328	O1	TEMOZOLOMIDE INJ 1 MG	K		0	999	07/01/2021	12/31/9999	400	10.38
J9330	O1	TEMSIROLIMUS INJ 1 MG	K		0	999	07/01/2021	12/31/9999	50	42.86
J9340	O1	THIOTEPA INJ 15 MG	K		18	999	07/01/2021	12/31/9999	4	454.82
J9348	O1	INJ. NAXITAMAB-GQGK, 1 MG	G		1	64	07/01/2021	12/31/9999	30	524.48
J9349	O1	INJ., TAFASITAMAB-CXIX	G	Y	18	999	04/01/2021	12/31/9999	954	12.66
J9351	O1	TOPOTECAN INJECTION	N		0	999	07/01/2020	12/31/9999	40	0.00
J9352	O1	TRABECTEDIN 0.1MG	K		18	65	07/01/2021	12/31/9999	40	318.92
J9353	O1	INJ. MARGETUXIMAB-CMKB, 5 MG	G		18	999	07/01/2021	12/31/9999	478	42.79
J9354	O1	ADO-TRASTUZUMAB ENTANSINE, 1 MG INJECTI	K	Y	18	999	07/01/2021	12/31/9999	600	32.85
J9355	O1	INJ TRASTUZUMAB EXCL BIOSIMI	K		18	999	07/01/2021	12/31/9999	105	97.92
J9356	O1	INJ. HERCEPTIN HYLECTA, 10MG	G		18	999	07/01/2021	12/31/9999	60	74.59
J9357	O1	VALRUBICIN INJ 200 MG	K		0	999	07/01/2021	12/31/9999	4	1,513.40
J9358	O1	INJ FAM-TRASTU DERU-NXKI 1MG	G	Y	18	999	07/01/2020	12/31/9999	1018	23.98
J9359	O1	INJ LOW TESIRIN-LPYL 0.075MG	G		18	999	04/01/2022	12/31/9999	318	186.83
J9360	O1	VINBLASTINE SULFATE INJ 1 MG	N		0	999	09/01/2012	12/31/9999	30	0.00
J9370	O1	VINCISTINE SULFATE 1 MG INJ	N		0	999	07/01/2020	12/31/9999	4	0.00
J9371	O1	VINCISTINE SULFATE LIPOSOME, 1 MG INJUE	K		18	999	07/01/2021	12/31/9999	5	3,320.40
J9390	O1	VINORELBINE TARTRATE INJ 10 MG	N		0	999	01/01/2014	12/31/9999	9	0.00
J9395	O1	INJECTION, FULVESTRANT	K		18	999	07/01/2021	12/31/9999	20	54.77
J9400	O1	, ZIV-AFLIBERCEPT, 1 MG INJECTION	K		18	999	07/01/2021	12/31/9999	500	8.50

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9600	O6	PORFIMER SODIUM INJ 75 MG	E		18	999	07/01/2014	12/31/9999	5	0.00
J9999	O1	CHEMOTHERAPY DRUG	N		0	999	09/01/2012	12/31/9999	999	0.00
K0001	O6	STANDARD WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0002	O6	STANDARD HEMI (LOW SEAT) WHEEL	E		0	999	09/01/2012	12/31/9999	1	0.00
K0003	O6	LIGHTWEIGHT WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0004	O6	HIGH STRENGTH, LIGHTWEIGHT WHE	E		0	999	09/01/2012	12/31/9999	1	0.00
K0005	O6	ULTRALIGHTWEIGHT WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0006	O6	HEAVY DUTY WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0007	O6	EXTRA HEAVY DUTY WHEELCHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0008	O6	CUSTOM MANUAL WHEELCHAIR/BASE	E		0	999	01/01/2014	12/31/9999	1	0.00
K0009	O6	OTHER MANUAL WHEELCHAIR/BASE	E		0	999	09/01/2012	12/31/9999	1	0.00
K0010	O6	STANDARD - WEIGHT FRAME MOTORI	E		0	999	09/01/2012	12/31/9999	1	0.00
K0011	O6	STANDARD - WEIGHT FRAME MOTORI	E		0	999	09/01/2012	12/31/9999	1	0.00
K0012	O6	LIGHTWEIGHT PORTABLE MOTORIZED	E		0	999	09/01/2012	12/31/9999	1	0.00
K0013	O6	CUSTOM MOTORIZED/POWER WHEELCH	E		0	999	01/01/2014	12/31/9999	1	0.00
K0014	O6	OTHER MOTORIZED/POWER WHEELCHA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0015	O6	DETACHABLE, NON-ADJUSTABLE HEI	E		0	999	09/01/2012	12/31/9999	1	0.00
K0017	O6	DETACH ADJ HT ARMREST BASE REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
K0018	O6	DETACH ADJ HT ARMREST UPPER REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
K0019	O6	ARM PAD REPL, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
K0020	O6	FIXED, ADJUSTABLE HEIGHT ARMRE	E		0	999	09/01/2012	12/31/9999	1	0.00
K0037	O6	HI MOUNT FLIP-UP FOOTREST EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0038	O6	LEG STRAP, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
K0039	O6	LEG STRAP, H STYLE, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
K0040	O6	ADJUSTABLE ANGLE FOOTPLATE, EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0041	O6	LARGE SIZE FOOTPLATE, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
K0042	O6	STANDARD SIZE FTPLATE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0043	O6	FTRST LOWR EXTEN TUBE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0044	O6	FTRST UPR HANGER BRAC REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0045	O6	FTRST COMPL ASSEMBLY REPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0046	O6	ELEV LGRST LWR EXTEN REPL EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0047	O6	ELEV LEGRST UPR HANGR REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0050	O6	RATCHET ASSEMBLY REPLACEMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
K0051	O6	CAM REL ASM FT/LEGRST REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0052	O6	SWINGAWAY DETACH FTREST REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
K0053	O6	ELEVATING FOOTRESTS, ARTICULAT	E		0	999	09/01/2012	12/31/9999	1	0.00
K0056	O6	SEAT HT <17 OR >=21 LTWT WC	E		0	999	09/01/2012	12/31/9999	1	0.00
K0065	O6	SPOKE PROTECTORS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0069	O6	RR WHL COMPL SOL TIRE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0070	O6	REAR WHEEL ASSEMBLY, COMPLETE,	E		0	999	09/01/2012	12/31/9999	1	0.00
K0071	O6	FR CSTR COMP PNE TIRE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0072	O6	FR CSTR SEMI-PNE TIRE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0073	O6	CASTER PIN LOCK,EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
K0077	O6	FR CSTR ASMB SOL TIRE REP EA	E		0	999	09/01/2012	12/31/9999	1	0.00
K0098	O6	DRIVE BELT FOR PWC, REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
K0105	O6	IV HANGER	E		0	999	09/01/2012	12/31/9999	1	0.00
K0108	O6	W/C COMPONENT-ACCESSORY NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0195	O6	ELEVATING WHLCHAIR LEG RESTS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0455	O6	PUMP UNINTERRUPTED INFUSION	E		0	999	09/01/2012	12/31/9999	1	0.00
K0462	O6	TEMPORARY REPLACEMENT EQPMNT	E		0	999	09/01/2012	12/31/9999	1	0.00
K0552	O6	SUP/EXT NON-INS INF PUMP SYR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0553	O6	THER CGM SUPPLY ALLOWANCE	E		0	999	07/01/2017	12/31/9999	1	0.00
K0554	O6	THER CGM RECEIVER/MONITOR	E		0	999	07/01/2017	12/31/9999	1	0.00
K0601	O6	REPL BATT SILVER OXIDE 1.5 V	E		0	999	09/01/2012	12/31/9999	1	0.00
K0602	O6	REPL BATT SILVER OXIDE 3 V	E		0	999	09/01/2012	12/31/9999	1	0.00
K0603	O6	REPL BATT ALKALINE 1.5 V	E		0	999	09/01/2012	12/31/9999	1	0.00
K0604	O6	REPL BATT LITHIUM 3.6 V	E		0	999	09/01/2012	12/31/9999	1	0.00
K0605	O6	REPL BATT LITHIUM 4.5 V	E		0	999	09/01/2012	12/31/9999	1	0.00
K0606	O6	AED GARMENT W ELEC ANALYSIS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0607	O6	REPL BATT FOR AED	E		0	999	09/01/2012	12/31/9999	1	0.00
K0608	O6	REPL GARMENT FOR AED	E		0	999	09/01/2012	12/31/9999	1	0.00
K0609	O6	REPL ELECTRODE FOR AED	E		0	999	09/01/2012	12/31/9999	1	0.00
K0669	O6	SEAT/BACK CUS NO DMEPDAC VER	E		0	999	09/01/2012	12/31/9999	1	0.00
K0672	O6	REMOVE SOFT INTERFACE, REPL	E		0	20	09/01/2012	12/31/9999	1	0.00
K0730	O6	Ctrl dose inh drug deliv sys	E		0	999	09/01/2012	12/31/9999	1	0.00
K0733	O6	PWR WC 12-24 HR SEALED LEAD ACID	E		0	999	09/01/2012	12/31/9999	1	0.00
K0738	O6	PORTABLE GAS OXYGEN SYSTEM	E		0	999	09/01/2012	12/31/9999	1	0.00
K0739	O6	REPAIR/SVC DME NON-OXYGEN EQ	E		0	999	09/01/2012	12/31/9999	1	0.00
K0740	O6	REPAIR/SVC DME OXYGEN EQUIPMENT	E		0	999	09/01/2012	12/31/9999	1	0.00
K0743	O6	PORTABLE HOME SUCTION PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0744	O6	ABSORP DRG <= 16 SUC PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0745	O6	ABSORP DRG >16 <=48 SUC PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0746	O6	ABSORP DRG >48 SUC PUMP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0800	O6	POV GROUP 1 STD UP TO 300 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0801	O6	POV GROUP 1 HD 301-450 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0802	O6	POV GROUP 1 VHD 451-600 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0806	O6	POV GROUP 2 STD UP TO 300LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0807	O6	POV GROUP 2 HD 301-450 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0808	O6	POV GROUP 2 VHD 451-600 LBS	E		0	999	09/01/2012	12/31/9999	1	0.00
K0812	O6	POWER OPERATED VEHICLE NOC	E		0	999	09/01/2012	12/31/9999	1	0.00
K0813	O6	PWC GP 1 STD PORT SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0814	O6	PWC GP 1 STD PORT CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0815	O6	PWC GP 1 STD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0816	O6	PWC GP 1 STD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0820	O6	PWC GP 2 STD PORT SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0821	O6	PWC GP 2 STD PORT CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0822	O6	PWC GP 2 STD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0823	O6	PWC GP 2 STD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0824	O6	PWC GP 2 HD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0825	O6	PWC GP 2 HD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0826	O6	PWC GP2 VHD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0827	O6	PWC GP 2 VHD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0828	O6	PWC GP 2 XTRA HD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0829	O6	PWC GP 2 XTRA HD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0830	O6	PWC GP2 STD SEAT ELEVATE S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0831	O6	PWC GP2 STD SEAT ELEVATE CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0835	O6	PWC GP2 STD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
K0836	O6	PWC GP2 STD SING POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0837	O6	PWC GP 2 HD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0838	O6	PWC GP 2 HD SING POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0839	O6	PWC GP2 VHD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0840	O6	PWC GP3 XHD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0841	O6	PWC GP2 STD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0842	O6	PWC GP2 STD MULT POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0843	O6	PWC GP3 HD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0848	O6	PWC GP 3 STD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0849	O6	PWC GP 3 STD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0850	O6	PWC GP 3 HD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0851	O6	PWC GP 3 HD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0852	O6	PWC GP 3 VHD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0853	O6	PWC GP 3 VHD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0854	O6	PWC GP 3 XHD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0855	O6	PWC GP 3 XHD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0856	O6	PWC GP3 STD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0857	O6	PWC GP3 STD SING POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0858	O6	PWC GP3 HD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0859	O6	PWC GP3 HD SING POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0860	O6	PWC GP3 VHD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0861	O6	PWC GP3 STD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0862	O6	PWC GP3 HD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0863	O6	PWC GP3 VHD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0864	O6	PWC GP3 XHD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0868	O6	PWC GP 4 STD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0869	O6	PWC GP 4 STD CAP CHAIR	E		0	999	09/01/2012	12/31/9999	1	0.00
K0870	O6	PWC GP 4 HD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0871	O6	PWC GP 4 VHD SEAT/BACK	E		0	999	09/01/2012	12/31/9999	1	0.00
K0877	O6	PWC GP4 STD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0878	O6	PWC GP4 STD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0879	O6	PWC GP4 HD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0880	O6	PWC GP4 VHD SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0884	O6	PWC GP4 STD MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0885	O6	PWC GP4 STD MULT POW OPT CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
K0886	O6	PWC GP4 HD MULT POW S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0890	O6	PWC GP5 PED SING POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0891	O6	PWC GP5 PED MULT POW OPT S/B	E		0	999	09/01/2012	12/31/9999	1	0.00
K0898	O6	POWER WHEELCHAIR NOC	E		0	999	09/01/2012	12/31/9999	1	0.00
K0899	O6	POW MOBIL DEV NO DME PDAC	E		0	999	09/01/2012	12/31/9999	1	0.00
K0900	O6	CSTM DME OTH THAN WHLCHR	E		0	999	07/01/2013	12/31/9999	1	0.00
K1001	O6	ELECTRONIC POSA TREATMENT	E		0	999	01/01/2020	12/31/9999	1	0.00
K1002	O6	CES SYSTEM W/SUPPLIES ACCESS	E		0	999	01/01/2020	12/31/9999	1	0.00
K1003	O6	WHIRLPOOL TUB WALKIN PORTABL	E		0	999	01/01/2020	12/31/9999	1	0.00
K1004	O6	LO FREQ US DIATHERMY DEVICE	E		0	999	01/01/2020	12/31/9999	1	0.00
K1005	O6	DISP COL STO BAG BREAST MILK	E		0	999	01/01/2020	12/31/9999	1	0.00
K1006	O6	SUCT PUM EXT URINE MGMT SYS	E		0	999	10/01/2020	12/31/9999	1	0.00
K1007	O6	BIL HKAF PC S/D MICRO SENSOR	E		0	999	10/01/2020	12/31/9999	1	0.00
K1009	O6	SPEECH VOLUME MODULATION SYS	E		0	999	10/01/2020	12/31/9999	1	0.00
K1013	O6	ENEMA TUBE ANY TYPE REPL	E		0	999	04/01/2021	12/31/9999	1	0.00
K1014	O6	AK 4 BAR LINK HYDL SWG/STANC	E		0	999	04/01/2021	12/31/9999	1	0.00
K1015	O6	FOOT, ADDUCTUS POSITION, ADJ	E		0	999	04/01/2021	12/31/9999	1	0.00
K1016	O6	TRANS ELEC NERV FOR TRIGEMIN	E		0	999	04/01/2021	12/31/9999	1	0.00
K1017	O6	MONTHLY SUPP USE WITH K1016	E		0	999	04/01/2021	12/31/9999	1	0.00
K1018	O6	EXT UP LIMB TREMOR STIM WRIS	E		0	999	04/01/2021	12/31/9999	1	0.00
K1019	O6	MONTHLY SUPP USE WITH K1018	E		0	999	04/01/2021	12/31/9999	1	0.00
K1020	O6	NON-INVASIVE VAGUS NERV STIM	E		0	999	04/01/2021	12/31/9999	1	0.00
K1021	O6	EXSUFF BELT INCL ALL SUP ACC	E		0	999	10/01/2021	12/31/9999	1	0.00
K1022	O6	ENDOSKEL POSIT ROTAT UNIT	E		0	999	10/01/2021	12/31/9999	1	0.00
K1023	O6	TRANS ELEC NERV PERIPH NERV	E		0	999	10/01/2021	12/31/9999	1	0.00
K1024	O6	NON PNEUM COMP CONTROL CAL	E		0	999	10/01/2021	12/31/9999	1	0.00
K1025	O6	NON PNEUM COMPRESS FULL ARM	E		0	999	10/01/2021	12/31/9999	1	0.00
K1026	O6	MECH ALLERGEN PARTI BARRIER	E		0	999	10/01/2021	12/31/9999	1	0.00
K1027	O6	ORAL DEV WITHOUT FIX MECH	E		0	999	10/01/2021	12/31/9999	1	0.00
K1028	O6	CONTROL UNIT NEUROMUSCUL OSA	E		0	999	04/01/2022	12/31/9999	1	0.00
K1029	O6	ORAL DV/APP NEUROMUS MOUTHPI	E		0	999	04/01/2022	12/31/9999	1	0.00
K1030	O6	EXT RECHARGE BAT REPLACEMENT	E		0	999	04/01/2022	12/31/9999	1	0.00
K1031	O6	NON PNEU COMP CONTROL W/O CA	E		0	999	04/01/2022	12/31/9999	1	0.00
K1032	O6	NON PNEUM SEQ COMP FULL LEG	E		0	999	04/01/2022	12/31/9999	1	0.00
K1033	O6	NON PNEUM SEQ COMP HALF LEG	E		0	999	04/01/2022	12/31/9999	1	0.00
L0112	O6	CRANIAL CERVICAL ORTHOSIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0113	O6	*CRANIAL CERVICAL TORTICOLLIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0120	O6	CERV FLEX N/ADJ FOAM PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0130	O6	CERVICAL, FLEXIBLE, THERMOPLAS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0140	O6	CERVICAL, SEMI-RIGID, ADJUSTA	E		0	20	09/01/2012	12/31/9999	1	0.00
L0150	O6	CERVICAL, SEMI-RIGID, ADJUSTA	E		0	20	09/01/2012	12/31/9999	1	0.00
L0160	O6	CERV SR WIRE OCC/MAN PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0170	O6	CERVICAL, COLLAR, MOLDED TO	E		0	20	09/01/2012	12/31/9999	1	0.00
L0172	O6	CERV COL SR FOAM 2PC PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0174	O6	CERV SR 2PC THOR EXT PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0180	O6	CERVICAL, MULTIPLE POST COLLAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L0190	O6	CERVICAL, MULTIPLE POST COLLAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L0200	O6	CERVICAL, MULTIPLE POST COLLAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L0220	O6	THORACIC, RIB BELT, CUSTOM FA	E		0	20	09/01/2012	12/31/9999	1	0.00
L0450	O6	TLSO FLEX TRUNK/THOR PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0452	O6	TLSO FLEX CUSTOM FAB THORACI	E		0	20	09/01/2012	12/31/9999	1	0.00
L0454	O6	TLSO FLEX PREFAB SACROCOC-T9	E		0	20	09/01/2012	12/31/9999	1	0.00
L0455	O6	TLSO FLEX TRNK SJ-T9 PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0456	O6	TLSO FLEX PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0457	O6	TLSO FLEX TRNK SJ-SS PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0458	O6	TLSO 2MOD SYMPHIS-XIPHO PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0460	O6	TLSO2MOD SYMPHYSIS-STERN PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0462	O6	TLSO 3MOD SACRO-SCAP PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0464	O6	TLSO 4MOD SACRO-SCAP PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0466	O6	TLSO RIGID FRAME PRE SOFT AP	E		0	20	09/01/2012	12/31/9999	1	0.00
L0467	O6	TLSO R FRAM SOFT PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0468	O6	TLSO RIGID FRAME PREFAB PELV	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L0469	06	TLSO RIG FRAM PELVIC PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0470	06	TLSO RIGID FRAME PRE SUBCLAV	E		0	20	09/01/2012	12/31/9999	1	0.00
L0472	06	TLSO RIGID FRAME HYPEREX PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0480	06	TLSO RIGID PLASTIC CUSTOM FA	E		0	20	09/01/2012	12/31/9999	1	0.00
L0482	06	TLSO RIGID LINED CUSTOM FAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0484	06	TLSO RIGID PLASTIC CUST FAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0486	06	TLSO RIGIDLINED CUST FAB TWO	E		0	20	09/01/2012	12/31/9999	1	0.00
L0488	06	TLSO RIGID LINED PRE ONE PIE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0490	06	TLSO RIGID PLASTIC PRE ONE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0491	06	TLSO 2 PIECE RIGID SHELL	E		0	20	09/01/2012	12/31/9999	1	0.00
L0492	06	TLSO 3 PIECE RIGID SHELL	E		0	20	09/01/2012	12/31/9999	1	0.00
L0621	06	SIO FLEX PELVISACRAL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0622	06	SIO FLEX PELVISACRAL CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0623	06	SIO PANEL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0624	06	SIO PANEL CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0625	06	LO FLEXIBL L1-BELOW L5 PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0626	06	LO SAG STAYS/PANELS PRE-FAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0627	06	LO SAGITT RIGID PANEL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0628	06	LO FLEX W/O RIGID STAYS PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0629	06	LSO FLEX W/RIGID STAYS CUST	E		0	20	09/01/2012	12/31/9999	1	0.00
L0630	06	LSO POST RIGID PANEL PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0631	06	LSO SAG-CORO RIGID FRAME PRE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0632	06	LSO SAG RIGID FRAME CUST	E		0	20	09/01/2012	12/31/9999	1	0.00
L0633	06	LSO FLEXION CONTROL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0634	06	LSO FLEXION CONTROL CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0635	06	LSO SAGIT RIGID PANEL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0636	06	LSO SAGITTAL RIGID PANEL CUS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0637	06	LSO SAG-CORONAL PANEL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0638	06	LSO SAG-CORONAL PANEL CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0639	06	LSO S/C SHELL/PANEL PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L0640	06	LSO S/C SHELL/PANEL CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0641	06	LO RIG POS PNL L1-L5 PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0642	06	LO SAG RI AN/POS PNL PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0643	06	LSO SAG CTR RIGI POS PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0648	06	LSO SAG R AN/POS PNL PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0649	06	LSO SC R POS/LAT PNL PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0650	06	LSO SC R ANT/POS PNL PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0651	06	LSO SC R RIG SHELL/POST PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L0700	06	CTLSO,ANTERIOR-POSTERIOR-LATE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0710	06	CTLSO, ANTERIOR-POSTERIOR-LATE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0810	06	HALO PROCEDURES, CERVICAL HALO	E		0	20	09/01/2012	12/31/9999	1	0.00
L0820	06	HALO PROCEDURES, CERVICAL HAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L0830	06	HALO PROCEDURES, CERVICAL HAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L0859	06	MRI COMPATIBLE SYSTEM	E		0	20	09/01/2012	12/31/9999	1	0.00
L0861	06	HALO REPL LINER/INTERFACE	E		0	20	09/01/2012	12/31/9999	1	0.00
L0970	06	TLSO, CORSET FRONT	E		0	20	09/01/2012	12/31/9999	1	0.00
L0972	06	LSO, CORSET FRONT	E		0	20	09/01/2012	12/31/9999	1	0.00
L0974	06	TLSO, FULL CORSET	E		0	20	09/01/2012	12/31/9999	1	0.00
L0976	06	LOS, FULL CORSET	E		0	20	09/01/2012	12/31/9999	1	0.00
L0978	06	AXILLARY CRUTCH EXTENSION	E		0	20	09/01/2012	12/31/9999	1	0.00
L0980	06	PERONEAL STRAPS PAIR PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0982	06	STOCKING SUP GRIPS 4 PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0984	06	PROTECT BODY SOCK EA PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L0999	06	ADD TO SPINAL ORTHOSIS NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1000	06	CERVICAL-THORACIC-LUMBAR-SCAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L1001	06	CTLSO infant immobilizer	E		0	20	09/01/2012	12/31/9999	1	0.00
L1005	06	TENSION BASED SCOLIOSIS ORTH	E		0	999	09/01/2012	12/31/9999	1	0.00
L1010	06	ADDITIONS TO CERVICAL-THORACI	E		0	20	09/01/2012	12/31/9999	1	0.00
L1020	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1025	06	KYPHOSIS PAD FLOATING	E		0	20	09/01/2012	12/31/9999	1	0.00
L1030	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1040	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1050	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1060	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1070	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1080	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1085	06	ADDITION TO CTLSO OF SCOLIOSIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1090	06	ADDITION TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1100	06	ADDITION TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1110	06	ADDITIONS TO CTLSO OR SCOLIOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1120	06	ADDITIONS TO CTLSO OR SIO	E		0	20	09/01/2012	12/31/9999	1	0.00
L1200	06	THORACIC-LUMBAR-SACAL-OTHOSE	E		0	20	09/01/2012	12/31/9999	1	0.00
L1210	06	ADDITIONS TO TLSO, (LOW PROFI	E		0	20	09/01/2012	12/31/9999	1	0.00
L1220	06	ADDITIONS TO TLSO, (LOW PROFI	E		0	20	09/01/2012	12/31/9999	1	0.00
L1230	06	ADDITIONS TO TLSO, (LOW PROFI	E		0	20	09/01/2012	12/31/9999	1	0.00
L1240	06	ADDITION TO TLSO (LOW PROFILE	E		0	20	09/01/2012	12/31/9999	1	0.00
L1250	06	ADDITION TO TLSO (LOW PROFILE)	E		0	20	09/01/2012	12/31/9999	1	0.00
L1260	06	ADDITION TO TLSO (LOW PROFILE)	E		0	20	09/01/2012	12/31/9999	1	0.00
L1270	06	ADDITION TO TLSO (LOW PROFILE)	E		0	20	09/01/2012	12/31/9999	1	0.00
L1280	06	ADDITION TO TLSO (LOW PROFILE)	E		0	20	09/01/2012	12/31/9999	1	0.00
L1290	06	ADDITION TO TLSO (LOW PROFILE)	E		0	20	09/01/2012	12/31/9999	1	0.00
L1300	06	OTHER SCOLIOSIS PROCEDURES, B	E		0	20	09/01/2012	12/31/9999	1	0.00
L1310	06	OTHER SCOLIOSIS PROCEDURES,	E		0	20	09/01/2012	12/31/9999	1	0.00
L1499	06	SPINAL ORTHOSIS NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1600	06	ABDUCT HIP FLEX FREJKA W CVR	E		0	20	09/01/2012	12/31/9999	1	0.00
L1610	06	ABDUCT HIP FLEX FREJKA COVR	E		0	20	09/01/2012	12/31/9999	1	0.00
L1620	06	ABDUCT HIP FLEX PAVLIK HARNE	E		0	20	09/01/2012	12/31/9999	1	0.00
L1630	06	ABDUCT CONTROL HIP SEMI-FLEX	E		0	20	09/01/2012	12/31/9999	1	0.00
L1640	06	PELV BAND/SPREAD BAR THIGH C	E		0	20	09/01/2012	12/31/9999	1	0.00
L1650	06	HO ABDUCTION HIP ADJUSTABLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L1652	06	HO BI HIGHCHUFFS W SPRDR BAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L1660	06	HO ABDUCTION STATIC PLASTIC	E		0	20	09/01/2012	12/31/9999	1	0.00
L1680	06	PELVIC & HIP CONTROL THIGH C	E		0	20	09/01/2012	12/31/9999	1	0.00
L1685	06	POST-OP HIP ABDUCT CUSTOM FA	E		0	20	09/01/2012	12/31/9999	1	0.00
L1686	06	HO POST-OP HIP ABDUCTION	E		0	20	09/01/2012	12/31/9999	1	0.00
L1690	06	COMBINATION BILATERAL HO	E		0	20	09/01/2012	12/31/9999	1	0.00
L1700	06	LEG PERTHES ORTH TORONTO TYP	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L1710	06	LEGG PERTHES ORTH NEWINGTON	E		0	20	09/01/2012	12/31/9999	1	0.00
L1720	06	LEGG PERTHES ORTHOSIS TRILAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L1730	06	LEGG PERTHES ORTH SCOTTISH R	E		0	20	09/01/2012	12/31/9999	1	0.00
L1755	06	LEGG PERTHES PATTEN BOTTOM T	E		0	20	09/01/2012	12/31/9999	1	0.00
L1810	06	KO ELASTIC WITH JOINTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1812	06	KO ELASTIC W/JOINTS PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L1820	06	KO ELAS W/ CONDYLE PADS & JO	E		0	20	09/01/2012	12/31/9999	1	0.00
L1830	06	KO IMMOB CANVAS LONG PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1831	06	KNEE ORTH POS LOCKING JOINT	E		0	20	09/01/2012	12/31/9999	1	0.00
L1832	06	KO ADJ JNT POS RIGID SUPPORT	E		0	20	09/01/2012	12/31/9999	1	0.00
L1833	06	KO ADJ JNT POS R SUP PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L1834	06	KO W/O JOINT RIGID MOLDED TO	E		0	20	09/01/2012	12/31/9999	1	0.00
L1836	06	KO RIGID W/O JOINTS PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1840	06	KO DEROT ANT CRUCIATE CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L1843	06	KO SINGLE UPRIGHT CUSTOM FIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L1844	06	KO W/ADJ JT ROT CNTRL MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L1845	06	KO W/ ADJ FLEX/EXT ROTAT CUS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1846	06	KO W ADJ FLEX/EXT ROTAT MOLD	E		0	20	09/01/2012	12/31/9999	1	0.00
L1847	06	KO ADJUSTABLE W AIR CHAMBERS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1848	06	KO DBL UPRIGHT W/AIR PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L1850	06	KO SWEDISH TYPE PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1851	06	KO SINGLE UPRIGHT PREFAB OTS	E		0	20	01/01/2017	12/31/9999	1	0.00
L1852	06	KO DOUBLE UPRIGHT PREFAB OTS	E		0	20	01/01/2017	12/31/9999	1	0.00
L1860	06	KO SUPRACONDYLAR SOCKET MOLD	E		0	20	09/01/2012	12/31/9999	1	0.00
L1900	06	AFO SPRNG WIR DRFLX CALF BD	E		0	20	09/01/2012	12/31/9999	1	0.00
L1902	06	ANKLE ORTH WJ/WO JOINTS OFF SHELF	E		0	20	09/01/2012	12/31/9999	1	0.00
L1904	06	ANKLE ORTH W/WO JOINTS CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L1906	06	AFO MULTILIG ANK SUP PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1907	06	AFO SUPRAMALLEOLAR CUSTOM	E		0	20	09/01/2012	12/31/9999	1	0.00
L1910	06	AFO SING BAR CLASP ATTACH SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L1920	06	AFO SING UPRIGHT W/ ADJUST S	E		0	20	09/01/2012	12/31/9999	1	0.00
L1930	06	AFO PLASTIC	E		0	20	09/01/2012	12/31/9999	1	0.00
L1932	06	AFO RIG ANT TIB PREFAB TCF/=	E		0	20	09/01/2012	12/31/9999	1	0.00
L1940	06	AFO MOLDED TO PATIENT PLASTI	E		0	20	09/01/2012	12/31/9999	1	0.00
L1945	06	AFO MOLDED PLAS RIG ANT TIB	E		0	20	09/01/2012	12/31/9999	1	0.00
L1950	06	AFO SPIRAL MOLDED TO PT PLAS	E		0	20	09/01/2012	12/31/9999	1	0.00
L1951	06	AFO SPIRAL PREFABRICATED	E		0	20	09/01/2012	12/31/9999	1	0.00
L1960	06	AFO POS SOLID ANK PLASTIC MO	E		0	20	09/01/2012	12/31/9999	1	0.00
L1970	06	AFO PLASTIC MOLDED W/ANKLE J	E		0	20	09/01/2012	12/31/9999	1	0.00
L1971	06	AFO W/ANKLE JOINT, PREFAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L1980	06	AFO SING SOLID STIRRUP CALF	E		0	20	09/01/2012	12/31/9999	1	0.00
L1990	06	AFO DOUB SOLID STIRRUP CALF	E		0	20	09/01/2012	12/31/9999	1	0.00
L2000	06	KAFO SING FRE STIRR THI/CALF	E		0	20	09/01/2012	12/31/9999	1	0.00
L2005	06	KAFO SNG/DBL MECHANICAL ACT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2006	06	KAF SNG/DBL SWG/STN MCPR CUS	E		0	20	01/01/2020	12/31/9999	1	0.00
L2010	06	KAFO SNG SOLID STIRRUP W/O J	E		0	20	09/01/2012	12/31/9999	1	0.00
L2020	06	KAFO DBL SOLID STIRRUP BAND/	E		0	20	09/01/2012	12/31/9999	1	0.00
L2030	06	KAFO DBL SOLID STIRRUP W/O J	E		0	20	09/01/2012	12/31/9999	1	0.00
L2034	06	KAFO PLA SIN UP W/WO K/A CUS	E		0	20	09/01/2012	12/31/9999	1	0.00
L2035	06	KAFO PLASTIC PEDIATRIC SIZE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2036	06	KAFO PLAS DOUB FREE KNEE MOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L2037	06	KAFO PLAS SING FREE KNEE MOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L2038	06	KAFO W/O JOINT MULTI-AXIS AN	E		0	20	09/01/2012	12/31/9999	1	0.00
L2040	06	HKAFO TORSION BIL ROT STRAPS	E		0	20	09/01/2012	12/31/9999	1	0.00
L2050	06	HKAFO TORSION CABLE HIP PELV	E		0	20	09/01/2012	12/31/9999	1	0.00
L2060	06	HKAFO TORSION BALL BEARING J	E		0	20	09/01/2012	12/31/9999	1	0.00
L2070	06	HKAFO TORSION UNILAT ROT STR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2080	06	HKAFO UNILAT TORSION CABLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2090	06	HKAFO UNILAT TORSION BALL BR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2106	06	AFO TIB FX CAST PLASTER MOLD	E		0	20	09/01/2012	12/31/9999	1	0.00
L2108	06	AFO TIB FX CAST MOLDED TO PT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2112	06	AFO TIBIAL FRACTURE SOFT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2114	06	AFO TIB FX SEMI-RIGID	E		0	20	09/01/2012	12/31/9999	1	0.00
L2116	06	AFO TIBIAL FRACTURE RIGID	E		0	20	09/01/2012	12/31/9999	1	0.00
L2126	06	KAFO FEM FX CAST THERMOPLAS	E		0	20	09/01/2012	12/31/9999	1	0.00
L2128	06	KAFO FEM FX CAST MOLDED TO P	E		0	20	09/01/2012	12/31/9999	1	0.00
L2132	06	KAFO FEMORAL FX CAST SOFT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2134	06	KAFO FEM FX CAST SEMI-RIGID	E		0	20	09/01/2012	12/31/9999	1	0.00
L2136	06	KAFO FEMORAL FX CAST RIGID	E		0	20	09/01/2012	12/31/9999	1	0.00
L2180	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2182	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2184	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2186	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2188	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2190	06	ADDITION TO LOWER EXTREMITY FR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2192	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2200	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2210	06	ADDITION TO LOWER EXTREMITY, D	E		0	20	09/01/2012	12/31/9999	1	0.00
L2220	06	ADDITION TO LOWER EXTREMITY, D	E		0	20	09/01/2012	12/31/9999	1	0.00
L2230	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2232	06	ROCKER BOTTOM, CONTACT AFO	E		0	20	09/01/2012	12/31/9999	1	0.00
L2240	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2250	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2260	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2265	06	ADDITION TO LOWER EXTREMITY,LO	E		0	20	09/01/2012	12/31/9999	1	0.00
L2270	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2275	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2280	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2300	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2310	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2320	06	NON-MOLDED LACER	E		0	20	09/01/2012	12/31/9999	1	0.00
L2330	06	LACER MOLDED TO PATIENT MODE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2335	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2340	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2350	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2360	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2370	06	ADDITIONTO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L2375	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2380	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2385	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2387	06	ADD LE POLY KNEE CUSTOM KAFO	E		0	20	09/01/2012	12/31/9999	1	0.00
L2390	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2395	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2397	06	ADDITION TO LOWER EXTREMITY OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2405	06	KNEE JOINT DROP LOCK EA JNT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2415	06	KNEE JOINT CAM LOCK EACH JOI	E		0	20	09/01/2012	12/31/9999	1	0.00
L2425	06	ADDITION TO KNEE JOINT, DISC	E		0	20	09/01/2012	12/31/9999	1	0.00
L2430	06	KNEE JNT RATCHET LOCK, EA JNT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2492	06	ADDITION TO KNEE JOINT, LIFT	E		0	20	09/01/2012	12/31/9999	1	0.00
L2500	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2510	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2520	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2525	06	ADDITION TO LOWER EXTREMITY,TH	E		0	20	09/01/2012	12/31/9999	1	0.00
L2526	06	ADDITION TO LOWER EXTREMITY,TH	E		0	20	09/01/2012	12/31/9999	1	0.00
L2530	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2540	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2550	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2570	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2580	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2600	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2610	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2620	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2622	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2624	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2627	06	ADDITION TO LOWER EXTREMITY,PE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2628	06	ADDITION TO LOWER EXTREMITY,PE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2630	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2640	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2650	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2660	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L2670	06	ADDITION TO LOWER EXTREMITY,T	E		0	20	09/01/2012	12/31/9999	1	0.00
L2680	06	ADDITION TO LOWER EXTREMITY, T	E		0	20	09/01/2012	12/31/9999	1	0.00
L2750	06	ADDITION TO LOWER EXTREMITY OF	E		0	20	09/01/2012	12/31/9999	1	0.00
L2755	06	CARBON GRAPHITE LAMINATION	E		0	20	09/01/2012	12/31/9999	1	0.00
L2760	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2768	06	ORTHO SIDEBAR DISCONNECT	E		0	999	09/01/2012	12/31/9999	1	0.00
L2780	06	ADDITION TO LOWER EXTREMITY OF	E		0	20	09/01/2012	12/31/9999	1	0.00
L2785	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2795	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2800	06	KNEE CAP MEDIAL OR LATERAL P	E		0	20	09/01/2012	12/31/9999	1	0.00
L2810	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2820	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2830	06	ADDITION TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L2840	06	ADDITION TO LOWER EXTREMITY OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2850	06	ADDITION TO LOWER EXTREMITY,OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L2861	06	TORSION MECHANISM KNEE/ANKLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L2999	06	LOWER EXTREMITY ORTHOSIS NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3000	06	FT INSERT UCB BERKELEY SHELL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3001	06	FOOT INSERT REMOV MOLDED SPE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3002	06	FOOT INSERT PLASTAZOTE OR EQ	E		0	20	09/01/2012	12/31/9999	1	0.00
L3003	06	FOOT INSERT SILICONE GEL EAC	E		0	20	09/01/2012	12/31/9999	1	0.00
L3010	06	FOOT LONGITUDINAL ARCH SUPPO	E		0	20	09/01/2012	12/31/9999	1	0.00
L3020	06	FOOT LONGITUD/METATARSAL SUP	E		0	20	09/01/2012	12/31/9999	1	0.00
L3030	06	FOOT ARCH SUPPORT REMOV PREM	E		0	20	09/01/2012	12/31/9999	1	0.00
L3031	06	FOOT LAMIN/PREPREG COMPOSITE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3040	06	FT ARCH SUPRT PREMOLD LONGIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3050	06	FOOT ARCH SUPP PREMOLD METAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3060	06	FOOT ARCH SUPP LONGITUD/META	E		0	20	09/01/2012	12/31/9999	1	0.00
L3070	06	ARCH SUPRT ATT TO SHO LONGIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3080	06	ARCH SUPP ATT TO SHOE METATA	E		0	20	09/01/2012	12/31/9999	1	0.00
L3090	06	ARCH SUPP ATT TO SHOE LONG/M	E		0	20	09/01/2012	12/31/9999	1	0.00
L3100	06	HALLUS-VALGUS NT DYN PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3140	06	ABDUCTION ROTATION BAR SHOE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3150	06	ABDUCT ROTATION BAR W/O SHOE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3160	06	FOOT, ADJUSTABLE SHOE-STYLED P	E		0	20	09/01/2012	12/31/9999	1	0.00
L3170	06	FOOT PLAS HEEL STABI PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3201	06	OXFORD W SUPINAT/PRONAT INF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3202	06	OXFORD W/SUPINAT/PRONATOR C	E		0	20	09/01/2012	12/31/9999	1	0.00
L3203	06	OXFORD W/ SUPINATOR/PRONATOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3204	06	HIGHTOP W/ SUPP/PRONATOR INF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3206	06	HIGHTOP W/ SUPP/PRONATOR CHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L3207	06	HIGHTOP W/ SUPP/PRONATOR JUN	E		0	20	09/01/2012	12/31/9999	1	0.00
L3208	06	SURGICAL BOOT, EACH, INFANT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3209	06	SURGICAL BOOT, EACH, CHILD	E		0	20	09/01/2012	12/31/9999	1	0.00
L3211	06	SURGICAL BOOT, EACH, JUNIOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3212	06	BENESCH BOOT, PAIR, INFANT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3213	06	BENESCH BOOT, PAIR, CHILD	E		0	20	09/01/2012	12/31/9999	1	0.00
L3214	06	BENESCH BOOT, PAIR, JUNIOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3215	06	ORTHOPEDIC FTWEAR LADIES OXF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3216	06	ORTHOPED LADIES SHOES DPTH I	E		0	999	09/01/2012	12/31/9999	1	0.00
L3217	06	LADIES SHOES HIGHTOP DEPTH I	E		0	20	09/01/2012	12/31/9999	1	0.00
L3219	06	ORTHOPEDIC MENS SHOES OXFORD	E		0	20	09/01/2012	12/31/9999	1	0.00
L3221	06	ORTHOPEDIC MENS SHOES DPTH I	E		0	999	09/01/2012	12/31/9999	1	0.00
L3222	06	MENS SHOES HIGHTOP DEPTH INL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3224	06	ORTHOPEDIC FOOTWEAR, WOMAN'S S	E		0	20	09/01/2012	12/31/9999	1	0.00
L3225	06	ORTHOPEDIC FOOTWEAR MAN'S SHOE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3230	06	CUSTOM SHOES DEPTH INLAY	E		0	20	09/01/2012	12/31/9999	1	0.00
L3250	06	CUSTOM MOLD SHOE REMOV PROST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3251	06	SHOE MOLDED TO PT SILICONE S	E		0	20	09/01/2012	12/31/9999	1	0.00
L3252	06	SHOE MOLDED PLASTAZOTE CUST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3253	06	SHOE MOLDED PLASTAZOTE CUST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3254	06	ORTH FOOT NON-STANDARD SIZE/W	E		0	999	09/01/2012	12/31/9999	1	0.00
L3255	06	ORTH FOOT NON-STANDARD SIZE/	E		0	999	09/01/2012	12/31/9999	1	0.00
L3257	06	ORTH FOOT ADD CHARGE SPLIT S	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L3260	06	AMBULATORY SURGICAL BOOT EAC	E		0	999	09/01/2012	12/31/9999	1	0.00
L3265	06	PLASTAZOTE SANDAL, EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
L3300	06	SHO LIFT TAPER TO METATARSAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3310	06	SHOE LIFT ELEV HEEL/SOLE NEO	E		0	20	09/01/2012	12/31/9999	1	0.00
L3320	06	SHOE LIFT ELEV HEEL/SOLE COR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3330	06	LIFTS ELEVATION METAL EXTENS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3332	06	SHOE LIFTS TAPERED TO ONE-HA	E		0	20	09/01/2012	12/31/9999	1	0.00
L3334	06	SHOE LIFTS ELEVATION HEEL/T	E		0	20	09/01/2012	12/31/9999	1	0.00
L3340	06	SHOE WEDGE SACH	E		0	20	09/01/2012	12/31/9999	1	0.00
L3350	06	SHOE HEEL WEDGE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3360	06	SHOE SOLE WEDGE OUTSIDE SOLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3370	06	SHOE SOLE WEDGE BETWEEN SOLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3380	06	SHOE CLUBFOOT WEDGE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3390	06	SHOE OUTFLARE WEDGE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3400	06	SHOE METATARSAL BAR WEDGE RO	E		0	20	09/01/2012	12/31/9999	1	0.00
L3410	06	SHOE METATARSAL BAR BETWEEN	E		0	20	09/01/2012	12/31/9999	1	0.00
L3420	06	FULL SOLE/HEEL WEDGE BTWEEN	E		0	20	09/01/2012	12/31/9999	1	0.00
L3430	06	SHO HEEL COUNT PLAST REINFOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3440	06	HEEL LEATHER REINFORCED	E		0	20	09/01/2012	12/31/9999	1	0.00
L3450	06	SHOW HEEL SACH CUSHION TYPE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3455	06	SHOE HEEL NEW LEATHER STANDA	E		0	20	09/01/2012	12/31/9999	1	0.00
L3460	06	SHOE HEEL NEW RUBBER STANDAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3465	06	SHOE HEEL THOMAS WITH WEDGE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3470	06	SHOE HEEL THOMAS EXTEND TO B	E		0	20	09/01/2012	12/31/9999	1	0.00
L3480	06	SHOE HEEL PAD & DEPRESS FOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3485	06	SHOE HEEL PAD REMOVABLE FOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3500	06	ORTHO SHOE ADD LEATHER INSOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3510	06	ORTHOPEDIC SHOE ADD RUB INSL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3520	06	O SHOE ADD FELT W LEATH INSL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3530	06	ORTHO SHOE ADD HALF SOLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3540	06	ORTHO SHOE ADD FULL SOLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3550	06	O SHOE ADD STANDARD TOE TAP	E		0	20	09/01/2012	12/31/9999	1	0.00
L3560	06	O SHOE ADD HORSESHOE TOE TAP	E		0	20	09/01/2012	12/31/9999	1	0.00
L3570	06	O SHOE ADD INSTEP EXTENSION	E		0	20	09/01/2012	12/31/9999	1	0.00
L3580	06	O SHOE ADD INSTEP VELCRO CLO	E		0	20	09/01/2012	12/31/9999	1	0.00
L3590	06	O SHOE CONVERT TO SOF COUNT	E		0	20	09/01/2012	12/31/9999	1	0.00
L3595	06	ORTHO SHOE ADD MARCH BAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3600	06	TRANS SHOE CALIP PLATE EXIST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3610	06	TRANS SHOE CALIPER PLATE NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
L3620	06	TRANS SHOE SOLID STIRRUP EXI	E		0	999	09/01/2012	12/31/9999	1	0.00
L3630	06	TRANS SHOE SOLID STIRRUP NEW	E		0	999	09/01/2012	12/31/9999	1	0.00
L3640	06	SHOE DENNIS BROWNE SPLINT BO	E		0	999	09/01/2012	12/31/9999	1	0.00
L3649	06	ORTHOPEDIC SHOE MODIFICA NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
L3650	06	SO 8 ABD RESTRAINT PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3660	06	SO 8 AB RSTR CAN/WEB PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3670	06	SO ACRO/CLAV CAN WEB PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3671	06	SO CAP DESIGN W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3674	06	SO AIRPLANE W/WO JOINT CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3675	06	SO VEST CANVAS/WEB PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3677	06	SO HARD PLASTIC STABILIZER	E		0	999	09/01/2012	12/31/9999	1	0.00
L3678	06	SO HARD PLAS STABILI PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L3702	06	EO W/O JOINTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3710	06	EO ELAS W/METAL JNTS PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3720	06	FOREARM/ARM CUFFS FREE MOTIO	E		0	20	09/01/2012	12/31/9999	1	0.00
L3730	06	FOREARM/ARM CUFFS EXT/FLEX A	E		0	20	09/01/2012	12/31/9999	1	0.00
L3740	06	CUFFS ADJ LOCK W/ ACTIVE CON	E		0	20	09/01/2012	12/31/9999	1	0.00
L3760	06	EO WITHJOINT, PREFABRICATED	E		0	999	09/01/2012	12/31/9999	1	0.00
L3761	06	EO, ADJ LOCK JOINT PREFAB OT	E		0	999	01/01/2018	12/31/9999	1	0.00
L3762	06	EO RIGID W/O JOINTS PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3763	06	EWHO RIGID W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3764	06	EWHO W/JOINT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3765	06	EWHFO RIGID W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3766	06	EWHFO W/JOINT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3806	06	WHFO w/joint(s) custom fab	E		0	20	09/01/2012	12/31/9999	1	0.00
L3807	06	WHFO W/O JOINTS PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3808	06	WHFO, rigid w/o joints	E		0	20	09/01/2012	12/31/9999	1	0.00
L3809	06	WHFO W/O JOINTS PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L3891	06	TORSTION MECHANISM KNEE/ANKLE	E		0	20	09/01/2012	12/31/9999	1	0.00
L3900	06	HINGE EXTENSION/FLEX WRIST/F	E		0	20	09/01/2012	12/31/9999	1	0.00
L3901	06	HINGE EXT/FLEX WRIST FINGER	E		0	20	09/01/2012	12/31/9999	1	0.00
L3904	06	WHFO ELECTRIC CUSTOM FITTED	E		0	20	09/01/2012	12/31/9999	1	0.00
L3905	06	WHO W/NONTORSION JNT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3906	06	WHO W/O JOINTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3908	06	WHO COCK-UP NONMOLDE PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3912	06	HFO FLEXION GLOVE PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3913	06	HFO W/O JOINTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3915	06	WHO NONTORSION JNTS PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3916	06	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	E		0	20	01/01/2014	12/31/9999	1	0.00
L3917	06	METACARP FX ORTHOSIS PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3918	06	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO	E		0	20	01/01/2014	12/31/9999	1	0.00
L3919	06	HO W/O JOINTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3921	06	HFO W/JOINT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3923	06	HFO WITHOUT JOINTS PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3924	06	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	E		0	20	01/01/2014	12/31/9999	1	0.00
L3925	06	FO PIP DIP JNT/SPRNG PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3927	06	FO PIP DIP NO JT SPR PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3929	06	HFO NONTORSION JNTS PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3930	06	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	E		0	20	01/01/2014	12/31/9999	1	0.00
L3931	06	WHFO NONTORSION JOINT PREF AB	E		0	20	09/01/2012	12/31/9999	1	0.00
L3933	06	FO W/O JOINTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3935	06	FO NONTORSION JOINT CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3956	06	ADD JOINT UPPER EXT ORTHOSIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3960	06	SEWHO AIRPLAN DESIG ABDU POS	E		0	20	09/01/2012	12/31/9999	1	0.00
L3961	06	SEWHO CAP DESIGN W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3962	06	SEWHO ERBS PALSEY DESIGN ABD	E		0	20	09/01/2012	12/31/9999	1	0.00
L3967	06	SEWHO AIRPLANE W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3971	06	SEWHO CAP DESIGN W/JNT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L3973	06	SEWHO AIRPLANE W/JNT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3975	06	SEWHFO CAP DESIGN W/O JNT CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3976	06	SEWHFO AIRPLANE W/O JNTS CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3977	06	SEWHFO CAP DESGN W/JNT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3978	06	SEWHFO AIRPLANE W/JNT(S) CF	E		0	20	09/01/2012	12/31/9999	1	0.00
L3980	06	UPP EXT FX ORTHOSIS HUMERAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3981	06	FRACTURE ORTHOSIS HUMERAL	E		0	20	01/01/2015	12/31/9999	2	0.00
L3982	06	UPPER EXT FX ORTHOSIS RAD/UL	E		0	20	09/01/2012	12/31/9999	1	0.00
L3984	06	UPPER EXT FX ORTHOSIS WRIST	E		0	20	09/01/2012	12/31/9999	1	0.00
L3995	06	ADDITION TO UPPER EXTREMITY,OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L3999	06	UPPER LIMB ORTHOSIS NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L4000	06	REPL GIRDLE MILWAUKEE ORTH	E		0	20	09/01/2012	12/31/9999	1	0.00
L4002	06	REPLACE STRAP, ANY ORTHOSIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L4010	06	REPAIR TRILATERAL SOCKET BRI	E		0	20	09/01/2012	12/31/9999	1	0.00
L4020	06	REPAIR QUADRILATERAL SOCKET	E		0	20	09/01/2012	12/31/9999	1	0.00
L4030	06	REPAIR QUADRILATERAL SOCKET	E		0	20	09/01/2012	12/31/9999	1	0.00
L4040	06	REPLACE MOLDED THIGH LACER	E		0	20	09/01/2012	12/31/9999	1	0.00
L4045	06	REPLACE NON-MOLDED THIGH LAC	E		0	20	09/01/2012	12/31/9999	1	0.00
L4050	06	REPLACE MOLDED CALF LACER	E		0	20	09/01/2012	12/31/9999	1	0.00
L4055	06	REPLACE NON-MOLDED CALF LACE	E		0	20	09/01/2012	12/31/9999	1	0.00
L4060	06	REPAIR HIGH ROLL CUFF	E		0	20	09/01/2012	12/31/9999	1	0.00
L4070	06	REPAIR PROXIMAL AND DISTAL U	E		0	20	09/01/2012	12/31/9999	1	0.00
L4080	06	REPAIR METAL BANDS KAFO-AFO,	E		0	20	09/01/2012	12/31/9999	1	0.00
L4090	06	REPAIR METAL BANDS KAFO-AFO,	E		0	20	09/01/2012	12/31/9999	1	0.00
L4100	06	REPLACE LEATHER CUFF KAFO, PRO	E		0	20	09/01/2012	12/31/9999	1	0.00
L4110	06	REPAIR LEATHER CUFF KAFO-AFO	E		0	20	09/01/2012	12/31/9999	1	0.00
L4130	06	REPLACE PRETIBIAL SHELL	E		0	20	09/01/2012	12/31/9999	1	0.00
L4205	06	ORTHO DVC REPAIR PER 15 MIN	E		0	20	09/01/2012	12/31/9999	1	0.00
L4210	06	REPAIR OF ORTHOTIC DEVICE, PA	E		0	20	09/01/2012	12/31/9999	1	0.00
L4350	06	ANKLE CONTROL ORTHO PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L4360	06	PNEUMAT WALKING BOOT PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L4361	06	PNEUMA/VAC WALK BOOT PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L4370	06	PNEUM FULL LEG SPLINT PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L4386	06	NON-PNEUM WALK BOOT PRE CST	E		0	999	09/01/2012	12/31/9999	1	0.00
L4387	06	NON-PNEUM WALK BOOT PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L4392	06	REPLACE AFO SOFT INTERFACE	E		0	20	09/01/2012	12/31/9999	1	0.00
L4394	06	REPLACE FOOT DROP SPINT	E		0	20	09/01/2012	12/31/9999	1	0.00
L4396	06	STATIC OR DYNAMI AFO PRE CST	E		0	20	09/01/2012	12/31/9999	1	0.00
L4397	06	STATIC OR DYNAMI AFO PRE OTS	E		0	20	01/01/2014	12/31/9999	1	0.00
L4398	06	FOOT DROP SPLINT PRE OTS	E		0	20	09/01/2012	12/31/9999	1	0.00
L4631	06	AFO, WALK BOOT TYPE, CUS FAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5000	06	PARTIAL FOOT, SHOE INSERT WIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5010	06	PARTIAL FOOT, MOLDED SOCKET, A	E		0	20	09/01/2012	12/31/9999	1	0.00
L5020	06	PARTIAL FOOT, MOLDED SOCKET	E		0	20	09/01/2012	12/31/9999	1	0.00
L5050	06	ANKLE (SYMES), MOLDED SOCKET,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5060	06	ANKLE (SYME), METAL FRAME, MO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5100	06	BELOW KNEE, MOLDED SOCKET, SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5105	06	BEL KNE,PLA SOC,JOI AND THI LA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5150	06	KNEE DISARTICULATION (OR THRO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5160	06	KNEE DISARTICULATION (OR THRO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5200	06	ABOVE KNEE, MOLDED SOCKET, SI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5210	06	ABOVE KNEE, SHORT PROTHESIS,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5220	06	ABOVE KNEE, SHORT PROTHESIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L5230	06	ABOVE KNEE, FOR PROXIMAL FEMO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5250	06	HIP DISARTICULATION, CANADIAN	E		0	20	09/01/2012	12/31/9999	1	0.00
L5270	06	HIP DISARTICULATION, TILT TAB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5280	06	HEMIPELVECTOMY, CANADIAN TYPE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5301	06	BK MOLD SOCKET SACH FT ENDO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5312	06	KNEE DISART, SACH FT, ENDO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5321	06	AK OPEN END SACH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5331	06	HIP DISART CANADIAN SACH FT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5341	06	HEMIPELVECTOMY CANADIAN SACH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5400	06	IMMEDIATE POST SURGICAL OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L5410	06	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L5420	06	IMMEDIATE POST SURGICAL OR EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5430	06	IMMEDIATE POST SURGICAL OR EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5450	06	IMMEDIATE POST SURGICAL OR EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5460	06	IMMEDIATE POST SURGICAL OR EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5500	06	INITIAL, BELOW KNEE PTB TYPE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5505	06	INITIAL, ABOVE KNEE-KNEE DIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L5510	06	PREPARATORY, BELOW KNEE PTB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5520	06	PERP BK PTB THERMOPLS DIRECT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5530	06	PREPARATORY, BELOW KNEE PTB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5535	06	PRE,BEL KNE PTB TYP SOC, USM	E		0	20	09/01/2012	12/31/9999	1	0.00
L5540	06	PREPARATORY, BELOW KNEE PTB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5560	06	PREPARATORY, ABOVE KNEE- KNEE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5570	06	PREPARATORY, ABOVE KNEE-KNEE D	E		0	20	09/01/2012	12/31/9999	1	0.00
L5580	06	PREPARATORY, ABOVE KNEE-KNEE D	E		0	20	09/01/2012	12/31/9999	1	0.00
L5585	06	PREPARATORY, ABOVE KNEE-KNEE DI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5590	06	PREPARATORY, ABOVE KNEE-KNEE D	E		0	20	09/01/2012	12/31/9999	1	0.00
L5595	06	PRE, HIP DIS-HEM,PYL, NO COV	E		0	20	09/01/2012	12/31/9999	1	0.00
L5600	06	PRE, HIP DIS-HEM.PLY NO COV	E		0	20	09/01/2012	12/31/9999	1	0.00
L5610	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5611	06	ADDITION TO LOWER EXTREMITY, A	E		0	20	09/01/2012	12/31/9999	1	0.00
L5613	06	ADDITION TO LOWER EXTREMITY, A	E		0	20	09/01/2012	12/31/9999	1	0.00
L5614	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5616	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5617	06	AK/BK SELF-ALIGNING UNIT EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5618	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5620	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5622	06	TEST SOCKET KNEE DISARTICULA	E		0	20	09/01/2012	12/31/9999	1	0.00
L5624	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5626	06	ADDITIONS TO LOWER EXTREMITY	E		0	20	09/01/2012	12/31/9999	1	0.00
L5628	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5629	06	ADD TO LOWE EXTR,BELO KNE,ACR	E		0	20	09/01/2012	12/31/9999	1	0.00
L5630	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5631	06	ADD TO LOW EXT,ABO KNE OR KNE	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5632	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5634	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5636	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5637	06	ADD TO LOW EXT,BEL KNE, TOT CO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5638	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5639	06	ADD TO LOW EXT, BEL KNE WOOD C	E		0	20	09/01/2012	12/31/9999	1	0.00
L5640	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5642	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5643	06	ADDITION TO LOWER EXTREMITY,HI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5644	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5645	06	ADDITION TO LOWER EXTREMITY,BE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5646	06	BELOW KNEE CUSHION SOCKET	E		0	20	09/01/2012	12/31/9999	1	0.00
L5647	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5648	06	ABOVE KNEE CUSHION SOCKET	E		0	20	09/01/2012	12/31/9999	1	0.00
L5649	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5650	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5651	06	ADDITION TO LOWER EXTREMITY,AB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5652	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5653	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5654	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5655	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5656	06	ADDITION TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5658	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5661	06	ADDITION TO LOWER EXTREMITY,SO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5665	06	ADDITION TO LOWER EXTREMITY,SO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5666	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5668	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5670	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5671	06	BK/AK LOCKING MECHANISM	E		0	20	09/01/2012	12/31/9999	1	0.00
L5672	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5673	06	SOCKET INSERT W LOCK MECH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5676	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5677	06	ADDITIONS TO LOWER EXTREMITY,B	E		0	20	09/01/2012	12/31/9999	1	0.00
L5678	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5679	06	SOCKET INSERT W/O LOCK MECH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5680	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5681	06	INTL CUSTM CONG/LATYP INSERT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5682	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5683	06	INITIAL CUSTOM SOCKET INSERT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5684	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5685	06	BELOW KNEE SUS/SEAL SLEEVE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5686	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5688	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5690	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5692	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5694	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5695	06	ADD TO LOW EXT,ABO KNE,PEL CON	E		0	20	09/01/2012	12/31/9999	1	0.00
L5696	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5697	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5698	06	ADDITIONS TO LOWER EXTREMITY,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5699	06	ALL LOWER EXTREMITY PROTHESI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5700	06	REPLACEMENT, SOCKET, BELOW KNE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5701	06	REPLACEMENT,SOCKET,ABOVE KNEE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5702	06	REPLACEMENT,SOCKET HIP DISARTI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5703	06	Symes ankle w/o (SACH) foot	E		0	20	09/01/2012	12/31/9999	1	0.00
L5704	06	CUSTOM SHAPE COVER BK	E		0	20	09/01/2012	12/31/9999	1	0.00
L5705	06	CUSTOM SHAPE COVER AK	E		0	20	09/01/2012	12/31/9999	1	0.00
L5706	06	CUSTOM SHAPE CVR KNEE DISART	E		0	20	09/01/2012	12/31/9999	1	0.00
L5707	06	CUSTOM SHAPE CVR HIP DISART	E		0	20	09/01/2012	12/31/9999	1	0.00
L5710	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5711	06	ADDITIONS EXOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5712	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5714	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5716	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5718	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5722	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5724	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5726	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5728	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5780	06	ADDITION, EXOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5781	06	LOWER LIMB PROS VACUUM PUMP	E		0	20	09/01/2012	12/31/9999	1	0.00
L5782	06	HD LOW LIMB PROS VACUUM PUMP	E		0	20	09/01/2012	12/31/9999	1	0.00
L5785	06	ADDITION,EXOSKELETAL SYSTEM,BE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5790	06	ADDITION,EXOSKELETAL SYSTEM,AB	E		0	20	09/01/2012	12/31/9999	1	0.00
L5795	06	ADDITON,EXOSKELETAL SYSTEM,HI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5810	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5811	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5812	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5814	06	ENDO KNEE-SHIN SYDRAL SWG PH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5816	06	ADDITION,ENDOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5818	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5822	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5824	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5826	06	PEDIATRIC KNEE JOINT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5828	06	ADDITION,ENDOSKELETAL KNEE-SHI	E		0	20	09/01/2012	12/31/9999	1	0.00
L5830	06	ADDITION, WNDOSKELETAL KNEE-SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5840	06	MULTI-AXIAL KNEE/SHIN SYSTEM	E		0	20	09/01/2012	12/31/9999	1	0.00
L5845	06	KNEE-SHIN SYS STANCE FLEXION	E		0	20	09/01/2012	12/31/9999	1	0.00
L5848	06	KNEE-SHIN SYS HYDRAUL STANCE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5850	06	ADDITION,ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5855	06	ADDITION,ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5856	06	ELEC KNEE-SHIN SWING/STANCE	E		0	20	09/01/2012	12/31/9999	1	0.00
L5857	06	ELEC KNEE-SHIN SWING ONLY	E		0	20	09/01/2012	12/31/9999	1	0.00
L5858	06	STANCE PHASE ONLY	E		0	999	09/01/2012	12/31/9999	1	0.00
L5859	06	KNEE-SHIN PRO FLEX/EXT CONT	E		0	999	07/01/2013	12/31/9999	1	0.00
L5910	06	ADDITION, ENDOSKELETAL SYSTEM	E		0	20	09/01/2012	12/31/9999	1	0.00
L5920	06	ADDITION,ENDOSKELETAL SYSTEM,A	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L5925	O6	ABOVE KNEE MANUAL LOCK	E		0	20	09/01/2012	12/31/9999	1	0.00
L5930	O6	HIGH ACTIVITY KNEE FRAME	E		0	20	09/01/2012	12/31/9999	1	0.00
L5940	O6	CARBON GRAPHITE RING	E		0	20	09/01/2012	12/31/9999	1	0.00
L5950	O6	ADDITION,ENDOSKELETAL SYSTEM,A	E		0	20	09/01/2012	12/31/9999	1	0.00
L5960	O6	ADDITION,ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5961	O6	ENDO POLY HIP, PNEU/HYD/ROT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5962	O6	ADDITION, ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5964	O6	ADDITION, ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5966	O6	ADDITION, ENDOSKELETAL SYSTEM,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5968	O6	MULTIAXIAL ANKLE W DORSIFLEX	E		0	20	09/01/2012	12/31/9999	1	0.00
L5969	O6	AK/FT POWER ASST INCL MOTORS	E		0	20	01/01/2014	12/31/9999	1	0.00
L5970	O6	ALL LOW EXTR PRO, FOO,EXT KEE,	E		0	20	09/01/2012	12/31/9999	1	0.00
L5971	O6	SACH FOOT, REPLACEMENT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5972	O6	FLEXIBLE KEEL FOOT	E		0	20	09/01/2012	12/31/9999	1	0.00
L5973	O6	ANK-FOOT SYS DORS-PLANT FLEX	E		0	20	09/01/2012	12/31/9999	1	0.00
L5974	O6	ALL LOW EXT PRO,FOO,SIN AXI AN	E		0	20	09/01/2012	12/31/9999	1	0.00
L5975	O6	COMBO ANKLE/FOOT PROSTHESIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L5976	O6	ALL LOW EXT PRO, ENE STO FOO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5978	O6	ALL LOWER EXTREMITY PROTHESES	E		0	20	09/01/2012	12/31/9999	1	0.00
L5979	O6	MULTI-AXIAL ANKLE/FT PROSTH	E		0	20	09/01/2012	12/31/9999	1	0.00
L5980	O6	ALL LOW EXT PROT, FLE FOOT SYS	E		0	20	09/01/2012	12/31/9999	1	0.00
L5981	O6	ALL LOWER EXTREMITY PROTHESES	E		0	20	09/01/2012	12/31/9999	1	0.00
L5982	O6	ALL EXO LOW EXT PRO,AXI ROT UN	E		0	20	09/01/2012	12/31/9999	1	0.00
L5984	O6	ENDOSKELETAL AXIAL ROTATION	E		0	20	09/01/2012	12/31/9999	1	0.00
L5985	O6	LWR EXT DYNAMIC PROSTH PYLON	E		0	20	09/01/2012	12/31/9999	1	0.00
L5986	O6	ALL LOW EXT PRO,MUL-AXI ROTA U	E		0	20	09/01/2012	12/31/9999	1	0.00
L5987	O6	SHANK FT W VERT LOAD PYLON	E		0	20	09/01/2012	12/31/9999	1	0.00
L5988	O6	VERTICAL SHOCK REDUCING PYLO	E		0	20	09/01/2012	12/31/9999	1	0.00
L5990	O6	USER ADJUSTABLE HEEL HEIGHT	E		0	999	09/01/2012	12/31/9999	1	0.00
L5999	O6	LOWR EXTREMITY PROSTHES NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6000	O6	PART HAND THUMB REM	E		0	20	09/01/2012	12/31/9999	1	0.00
L6010	O6	PART HAND LITTLE/RING	E		0	20	09/01/2012	12/31/9999	1	0.00
L6020	O6	PART HAND NO FINGERS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6026	O6	PARTIAL HAND PROSTHESIS	E		0	999	01/01/2015	12/31/9999	2	0.00
L6050	O6	WRIST DISARTICULATION, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6055	O6	WRIST DISARTICULATION,MOLDED S	E		0	20	09/01/2012	12/31/9999	1	0.00
L6100	O6	BELOW ELBOW, MOLDED SOCKET, F	E		0	20	09/01/2012	12/31/9999	1	0.00
L6110	O6	BELOW ELBOW, MOLDED SOCKET,	E		0	20	09/01/2012	12/31/9999	1	0.00
L6120	O6	BELOW ELBOW, MOLDED DOUBLE WA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6130	O6	BELOW ELBOW, MOLDED DOUBLE WA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6200	O6	ELBOW DISARTICULATION, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6205	O6	ELBOW DISARTICULATION, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6250	O6	ABOVE ELBOW, MOLDED DOUBLE WA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6300	O6	SHOULDER DISARTICULATION, MOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6310	O6	SHOULDER DISARTICULATION, PAS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6320	O6	SHOULDER DISARTICULATION, PAS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6350	O6	INTERSCAPULAR THORACIC, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6360	O6	INTERSCAPULAR THORACIC, PASSI	E		0	20	09/01/2012	12/31/9999	1	0.00
L6370	O6	INTERSCAPULAR THORACIC, PASSIV	E		0	20	09/01/2012	12/31/9999	1	0.00
L6380	O6	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6382	O6	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6384	O6	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6386	O6	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6388	O6	IMMEDIATE POST SURGICAL OR EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6400	O6	BELOW ELBOW, MOLDED SOCKET, E	E		0	20	09/01/2012	12/31/9999	1	0.00
L6450	O6	ELBOW DISARTICULATION, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6500	O6	ABOVE ELBOW, MOLDED SOCKET, E	E		0	20	09/01/2012	12/31/9999	1	0.00
L6550	O6	SHOULDER DISARTICULATION, MOLD	E		0	20	09/01/2012	12/31/9999	1	0.00
L6570	O6	INTERSCAPULAR THORACIC, MOLDED	E		0	20	09/01/2012	12/31/9999	1	0.00
L6580	O6	PREPARATORY,WRIST DISARTICULAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6582	O6	PREPARATORY,WRIST DISARTICULAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6584	O6	PREPARATORY,ELBOW DISARTICULAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6586	O6	PREPARATORY,ELBOW DISARTICULAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6588	O6	PREPARATORY SHOULDER DISARTICU	E		0	20	09/01/2012	12/31/9999	1	0.00
L6590	O6	PREPARATORY,SHOULDER DISARTICU	E		0	20	09/01/2012	12/31/9999	1	0.00
L6600	O6	UPPER EXTREMITY ADDITIONS, PO	E		0	20	09/01/2012	12/31/9999	1	0.00
L6605	O6	UPPER EXTREMITY ADDITIONS, SI	E		0	20	09/01/2012	12/31/9999	1	0.00
L6610	O6	UPPER EXTREMITY ADDITIONS, FL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6611	O6	Additional switch, ext power	E		0	999	09/01/2012	12/31/9999	1	0.00
L6615	O6	UPPER EXTREMITY ADDITIONS, DI	E		0	20	09/01/2012	12/31/9999	1	0.00
L6616	O6	UPP EXT ADD,ADD DIS INS FOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6620	O6	FLEXION/EXTENSION WRIST UNIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6621	O6	FLEX/EXT WRIST W/WO FRICTION	E		0	20	09/01/2012	12/31/9999	1	0.00
L6623	O6	UPPER EXTREMITY ADDITION,SPRIN	E		0	20	09/01/2012	12/31/9999	1	0.00
L6624	O6	Flex/ext/rotation wrist unit	E		0	999	09/01/2012	12/31/9999	1	0.00
L6625	O6	UPPER EXTREMITY ADDITIONS, RO	E		0	20	09/01/2012	12/31/9999	1	0.00
L6628	O6	UPPER EXTREMITY ADDITION,QUICK	E		0	20	09/01/2012	12/31/9999	1	0.00
L6629	O6	UPPER EXTREMITY ADDITION,QUICK	E		0	20	09/01/2012	12/31/9999	1	0.00
L6630	O6	UPPER EXTREMITY ADDITIONS ST	E		0	20	09/01/2012	12/31/9999	1	0.00
L6632	O6	UPPER EXTREMITY ADDITION,LATEX	E		0	20	09/01/2012	12/31/9999	1	0.00
L6635	O6	UPPER EXTREMITY ADDITION, LIF	E		0	20	09/01/2012	12/31/9999	1	0.00
L6637	O6	UPPER EXTREMITY ADDITION,NUDGE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6638	O6	ELEC LOCK ON MANUAL PW ELBOW	E		0	20	09/01/2012	12/31/9999	1	0.00
L6640	O6	UPPER EXTREMITY ADDITIONS, SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L6641	O6	UPPER EXTREMITY ADDITION,EXCUR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6642	O6	UOGER EXTREMITY ADDITION,EXCUR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6645	O6	UPPER EXTREMITY ADDITIONS, SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L6646	O6	MULTIPO LOCKING SHOULDER JNT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6647	O6	SHOULDER LOCK ACTUATOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6648	O6	EXT PWRD SHLDER LOCK/UNLOCK	E		0	20	09/01/2012	12/31/9999	1	0.00
L6650	O6	UPPER EXTREMTY ADDITIONS, SH	E		0	20	09/01/2012	12/31/9999	1	0.00
L6655	O6	UPPER EXTREMITY ADDITIONS, ST	E		0	20	09/01/2012	12/31/9999	1	0.00
L6660	O6	UPPER EXTREMITY ADDITIONS, HE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6665	O6	UPPER EXTREMITY ADDITIONS, TE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6670	O6	UPPER EXTREMITY ADDITIONS, HO	E		0	20	09/01/2012	12/31/9999	1	0.00
L6672	O6	UPPER EXTREMITY ADDITIONS, HA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6675	O6	HARNESS FIGURE OF 8 SING CON	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L6676	O6	HARNESS FIGURE OF 8 DUAL CON	E		0	20	09/01/2012	12/31/9999	1	0.00
L6677	O6	UE TRIPLE CONTROL HARNESS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6680	O6	UPPER EXTREMITY ADDITIONS, TE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6682	O6	UPPER EXTREMITY ADDITIONS, TE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6684	O6	UPPER ADDITIONS, TE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6686	O6	UPPER EXTREMITY ADDITION,SUCTI	E		0	20	09/01/2012	12/31/9999	1	0.00
L6687	O6	UPPER EXTREMITY ADDITION, FRAM	E		0	20	09/01/2012	12/31/9999	1	0.00
L6688	O6	UPPER EXTREMITY ADDITION, FRAM	E		0	20	09/01/2012	12/31/9999	1	0.00
L6689	O6	UPPER EXTREMITY ADDITION,FRAME	E		0	20	09/01/2012	12/31/9999	1	0.00
L6690	O6	UPPER EXTREMITY ADDITION,FRAME	E		0	20	09/01/2012	12/31/9999	1	0.00
L6691	O6	UPPER EXTREMITY ADDITION,REMOV	E		0	20	09/01/2012	12/31/9999	1	0.00
L6692	O6	UPP EXT ADD,SIL GEL INS OR EQU	E		0	20	09/01/2012	12/31/9999	1	0.00
L6693	O6	LOCKINGELBOW FOREARM CNTRBAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6694	O6	ELBOW SOCKET INS USE W/LOCK	E		0	20	09/01/2012	12/31/9999	1	0.00
L6695	O6	ELBOW SOCKET INS USE W/O LCK	E		0	20	09/01/2012	12/31/9999	1	0.00
L6696	O6	CUS ELBO SKT IN FOR CON/ATYP	E		0	20	09/01/2012	12/31/9999	1	0.00
L6697	O6	CUS ELBO SKT IN NOT CON/ATYP	E		0	20	09/01/2012	12/31/9999	1	0.00
L6698	O6	BELOW/ABOVE ELBOW LOCK MECH	E		0	20	09/01/2012	12/31/9999	1	0.00
L6703	O6	Term dev, passive hand mitt	E		0	20	09/01/2012	12/31/9999	1	0.00
L6704	O6	Term dev, sport/rec/work att	E		0	20	09/01/2012	12/31/9999	1	0.00
L6706	O6	Term dev mech hook vol open	E		0	20	09/01/2012	12/31/9999	1	0.00
L6707	O6	Term dev mech hook vol close	E		0	20	09/01/2012	12/31/9999	1	0.00
L6708	O6	Term dev mech hand vol open	E		0	20	09/01/2012	12/31/9999	1	0.00
L6709	O6	Term dev mech hand vol close	E		0	20	09/01/2012	12/31/9999	1	0.00
L6711	O6	*PED TERM DEV, HOOK, VOL OPEN	E		0	20	09/01/2012	12/31/9999	1	0.00
L6712	O6	*PED TERM DEV, HOOK, VOL CLOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6713	O6	*PED TERM DEV, HAND, VOL OPEN	E		0	20	09/01/2012	12/31/9999	1	0.00
L6714	O6	*PED TERM DEV, HAND, VOL CLOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6715	O6	TERM DEVICE, MULTI ART DIGIT INITIAL OR	E		0	20	09/01/2012	12/31/9999	1	0.00
L6721	O6	*HOOK/HAND, HVY DTY, VOL OPEN	E		0	20	09/01/2012	12/31/9999	1	0.00
L6722	O6	*HOOK/HAND, HVY DTY, VOL CLOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6805	O6	TERM DEV MODIFIER WRIST UNIT	E		0	20	09/01/2012	12/31/9999	1	0.00
L6810	O6	TERM DEV PRECISION PINCH DEV	E		0	20	09/01/2012	12/31/9999	1	0.00
L6880	O6	ELEC HAND IND ART DIGITS	E		0	20	09/01/2012	12/31/9999	1	0.00
L6881	O6	TERM DEV AUTO GRASP FEATURE	E		0	999	09/01/2012	12/31/9999	1	0.00
L6882	O6	MICROPROCESSOR CONTROL UPLMB	E		0	999	09/01/2012	12/31/9999	1	0.00
L6883	O6	REPLC SOCKT BELOW E/W DISA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6884	O6	REPLC SOCKT ABOVE ELBOW DISA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6885	O6	REPLC SOCKT SHLDR DIS/INTERC	E		0	20	09/01/2012	12/31/9999	1	0.00
L6890	O6	PREFAB GLOVE FOR TERM DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6895	O6	CUSTOM GLOVE FOR TERM DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
L6900	O6	HAND RESTORATION (CASTS, SHAD	E		0	20	09/01/2012	12/31/9999	1	0.00
L6905	O6	HAND RESTORATION (CASTS, SHAD	E		0	20	09/01/2012	12/31/9999	1	0.00
L6910	O6	HAND RESTORATION (CASTS, SHAD	E		0	20	09/01/2012	12/31/9999	1	0.00
L6915	O6	HAND RESTORATION REPLACMNT G	E		0	20	09/01/2012	12/31/9999	1	0.00
L6920	O6	WRIST DISARTICULATION,EXTERNAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6925	O6	WRIST DISARTICULATION,EXTERNAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6930	O6	BELOW ELBOW,EXTERNAL POWER,SEL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6935	O6	BELOW ELBOW,EXTERNAL POWER,SEL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6940	O6	ELBOW DISARTICULATION,EXTERNAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6945	O6	ELBOW DISARTICULATION,EXTERNAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6950	O6	ABOVE ELBOW,EXTERNAL POWER,MOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6955	O6	ABOVE ELBOW,EXTERNAL POWER,MOL	E		0	20	09/01/2012	12/31/9999	1	0.00
L6960	O6	SHOULDER DISARTICULATION,EXTER	E		0	20	09/01/2012	12/31/9999	1	0.00
L6965	O6	SHOULDER DISARTICULATION,EXTER	E		0	20	09/01/2012	12/31/9999	1	0.00
L6970	O6	INTERSCAPULAR-THORACIC,EXTERNA	E		0	20	09/01/2012	12/31/9999	1	0.00
L6975	O6	INTERSCAPULAR-THORACIC,EXTERNA	E		0	20	09/01/2012	12/31/9999	1	0.00
L7007	O6	Adult electric hand	E		0	999	09/01/2012	12/31/9999	1	0.00
L7008	O6	Pediatric electric hand	E		0	999	09/01/2012	12/31/9999	1	0.00
L7009	O6	Adult electric hook	E		0	999	09/01/2012	12/31/9999	1	0.00
L7040	O6	PREHENSILE ACTUATOR	E		0	20	09/01/2012	12/31/9999	1	0.00
L7045	O6	PEDIATRIC ELECTRIC HOOK	E		0	20	09/01/2012	12/31/9999	1	0.00
L7170	O6	ELECTRONIC ELBOW,HOSMER OR EQU	E		0	20	09/01/2012	12/31/9999	1	0.00
L7180	O6	ELECTRONIC ELBOW SEQUENTIAL	E		0	20	09/01/2012	12/31/9999	1	0.00
L7181	O6	ELECTRONIC ELBO SIMULTANEOUS	E		0	999	09/01/2012	12/31/9999	1	0.00
L7185	O6	ELECTRONIC ELBOW, ADOLESCENT,	E		0	20	09/01/2012	12/31/9999	1	0.00
L7186	O6	ELE ELB,CHI,VAR,VIL OR EQU,SWI	E		0	20	09/01/2012	12/31/9999	1	0.00
L7190	O6	ELECTRONIC ELBOW, ADOLESCENT,	E		0	20	09/01/2012	12/31/9999	1	0.00
L7191	O6	ELE ELB,CHI,VAR VIL OR EQU,MYO	E		0	20	09/01/2012	12/31/9999	1	0.00
L7259	O6	ELECTRONIC WRIST ROTATOR	E		0	20	01/01/2015	12/31/9999	2	0.00
L7360	O6	SIX VOLT BATTERY OTTO BOCK/EQ EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L7362	O6	BATTERY CHRGR SIX VOLT OTTO EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L7364	O6	TWELVE VOLT BATTERY UTAH/EQU EA	E		0	20	09/01/2012	12/31/9999	1	0.00
L7366	O6	BATTERY CHRGR 12 VOLT UTAH/E	E		0	20	09/01/2012	12/31/9999	1	0.00
L7367	O6	LITHIUM ION BATT REPLACEMENT	E		0	20	09/01/2012	12/31/9999	1	0.00
L7368	O6	LITHIUM ION BATTERY CHARGER	E		0	20	09/01/2012	12/31/9999	1	0.00
L7400	O6	ADD UE PROST BE/WD, ULTLITE	E		0	20	09/01/2012	12/31/9999	1	0.00
L7401	O6	ADD UE PROST A/E ULTLITE MAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L7402	O6	ADD UE PROST S/D ULTLITE MAT	E		0	20	09/01/2012	12/31/9999	1	0.00
L7403	O6	ADD UE PROST B/E ACRYLIC	E		0	20	09/01/2012	12/31/9999	1	0.00
L7404	O6	ADD UE PROST A/E ACRYLIC	E		0	20	09/01/2012	12/31/9999	1	0.00
L7405	O6	ADD UE PROST S/D ACRYLIC	E		0	20	09/01/2012	12/31/9999	1	0.00
L7499	O6	UPPER EXTREMITY PROSTHES NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L7510	O6	PROSTHETIC DEVICE REPAIR REP	E		0	999	09/01/2012	12/31/9999	1	0.00
L7520	O6	REPAIR PROSTHESIS PER 15 MIN	E		0	20	09/01/2012	12/31/9999	1	0.00
L7600	O6	PROSTHETIC DONNING SLEEVE	E		0	20	09/01/2012	12/31/9999	1	0.00
L7700	O6	PROS SOC INSERT GASKET/SEAL	E		0	999	01/01/2018	12/31/9999	1	0.00
L7900	O6	VACUUM ERECTION SYSTEM	E		0	20	09/01/2012	12/31/9999	1	0.00
L7902	O6	TENSION RING, VAC ERECT DEV	E		0	999	07/01/2013	12/31/9999	1	0.00
L8000	O6	MASTECTOMY BRA	E		0	20	09/01/2012	12/31/9999	1	0.00
L8001	O6	BREAST PROSTHESIS BRA & FORM	E		0	999	09/01/2012	12/31/9999	1	0.00
L8002	O6	BRST PRSTH BRA & BILAT FORM	E		0	999	09/01/2012	12/31/9999	1	0.00
L8010	O6	BREAST PROSTHESES, MASTECTOMY	E		0	20	09/01/2012	12/31/9999	1	0.00
L8015	O6	EXT BREASTPROSTHESIS GARMENT	E		0	20	09/01/2012	12/31/9999	1	0.00
L8020	O6	BREAST PROSTHESES, MASTECTOMY	E		0	20	09/01/2012	12/31/9999	1	0.00
L8030	O6	BREAST PROSTHES W/O ADHESIVE	E		0	20	09/01/2012	12/31/9999	1	0.00
L8031	O6	BREAST PROSTHESIS W ADHESIVE	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L8032	06	REUSABLE NIPPLE PROSTHESIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L8033	06	NIPPLE PROSTHESIS CUSTOM, EA	E		0	20	01/01/2020	12/31/9999	1	0.00
L8035	06	CUSTOM BREAST PROSTHESIS	E		0	20	09/01/2012	12/31/9999	1	0.00
L8039	06	BREAST PROSTHESIS NOS	E		0	20	09/01/2012	12/31/9999	1	0.00
L8040	06	NASAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8041	06	MIDFACIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8042	06	ORBITAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8043	06	UPPER FACIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8044	06	HEMI-FACIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8045	06	AURICULAR PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8046	06	PARTIAL FACIAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8047	06	NASAL SEPTAL PROSTHESIS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8048	06	UNSPEC MAXILLOFACIAL PROSTH	E		0	999	09/01/2012	12/31/9999	1	0.00
L8049	06	REPAIR MAXILLOFACIAL PROSTH	E		0	999	09/01/2012	12/31/9999	1	0.00
L8300	06	TRUSSES, SINGLE WITH STANDARD	E		0	20	09/01/2012	12/31/9999	1	0.00
L8310	06	TRUSSES, DOUBLE WITH STANDARD	E		0	20	09/01/2012	12/31/9999	1	0.00
L8320	06	TRUSS, ADDITION TO STANDARD PA	E		0	20	09/01/2012	12/31/9999	1	0.00
L8330	06	TRUSS, ADDITION TO STANDARD PA	E		0	20	09/01/2012	12/31/9999	1	0.00
L8400	06	PROSTHETIC SHEATH, BELOW KNEE	E		0	20	09/01/2012	12/31/9999	1	0.00
L8410	06	PROSTHETIC SHEATH, ABOVE KNEE	E		0	20	09/01/2012	12/31/9999	1	0.00
L8415	06	PROSTHETIC SHEATH,UPPER LIMB,	E		0	20	09/01/2012	12/31/9999	1	0.00
L8417	06	PROS SHEATH/SOCK W GEL CUSHN	E		0	20	09/01/2012	12/31/9999	1	0.00
L8420	06	PROSTHETIC SOCK MULTI PLY BK	E		0	20	09/01/2012	12/31/9999	1	0.00
L8430	06	PROSTHETIC SOCK MULTI PLY AK	E		0	20	09/01/2012	12/31/9999	1	0.00
L8435	06	PROS SOCK MULTI PLY UPPER LM	E		0	20	09/01/2012	12/31/9999	1	0.00
L8440	06	BK STUMP SHRINKER	E		0	20	09/01/2012	12/31/9999	1	0.00
L8460	06	AK STUMP SHRINKER	E		0	20	09/01/2012	12/31/9999	1	0.00
L8465	06	PROSTHETIC SHRINKER,UPPER LIMB	E		0	20	09/01/2012	12/31/9999	1	0.00
L8470	06	PROS SOCK SINGLE PLY BK	E		0	20	09/01/2012	12/31/9999	1	0.00
L8480	06	PROS SOCK SINGLE PLY AK	E		0	20	09/01/2012	12/31/9999	1	0.00
L8485	06	PROS SOCK SINGLE PLY UPPER L	E		0	20	09/01/2012	12/31/9999	1	0.00
L8499	06	UNLISTED PROCEDURE FOR MISCEL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8500	06	ARTIFICIAL LARYNX, ANY TYPE	E		0	20	09/01/2012	12/31/9999	1	0.00
L8501	06	TRACHEOSTOMY SPEAKING VALVE	E		0	20	09/01/2012	12/31/9999	1	0.00
L8505	06	ARTIFICIAL LARYNX, ACCESSORY	E		0	999	09/01/2012	12/31/9999	1	0.00
L8507	06	TRACH-ESOPH VOICE PROS PT IN	E		0	999	09/01/2012	12/31/9999	1	0.00
L8509	06	TRACH-ESOPH VOICE PROS MD IN	E		0	999	09/01/2012	12/31/9999	1	0.00
L8510	06	VOICE AMPLIFIER	E		0	999	09/01/2012	12/31/9999	1	0.00
L8511	06	INDWELLING TRACH INSERT	E		0	999	09/01/2012	12/31/9999	1	0.00
L8512	06	GEL CAP FOR TRACH VOICE PROS	E		0	999	09/01/2012	12/31/9999	1	0.00
L8513	06	TRACH PROS CLEANING DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
L8514	06	REPL TRACH PUNCTURE DILATOR	E		0	999	09/01/2012	12/31/9999	1	0.00
L8515	06	GEL CAP APP DEVICE FOR TRACH	E		0	999	09/01/2012	12/31/9999	1	0.00
L8600	01	IMPLANTABLE BREAST PROSTHESIS,	N		0	999	09/01/2012	12/31/9999	1	0.00
L8603	01	COLLAGEN IMP URINARY 2.5 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
L8604	01	'DEXTRANOMER/HYALURONIC ACID 1 ML	N		0	999	09/01/2012	12/31/9999	1	0.00
L8605	06	INJ BULKING AGENT ANAL CANAL	E		0	999	07/01/2013	12/31/9999	1	0.00
L8606	01	SYNTHETIC IMPLNT URINARY 1ML	N		0	999	09/01/2012	12/31/9999	1	0.00
L8607	06	INJ VOCAL CORD BULKING AGENT	E		0	999	01/01/2016	12/31/9999	1	0.00
L8608	06	ARG II EXT COM/SUP/ACC MISC	E		0	999	01/01/2019	12/31/9999	1	0.00
L8609	01	ARTIFICIAL CORNEA	N		0	999	09/01/2012	12/31/9999	1	0.00
L8610	01	OCULAR IMPLANT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8612	01	AQUEOUS SHUNT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8613	01	OSSICULAR IMPLANT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8614	01	COCHLEAR DEVICE	M1		0	999	07/01/2020	12/31/9999	2	15,284.83
L8615	06	COCH IMPLANT HEADSET REPLACE	E		0	999	09/01/2012	12/31/9999	1	0.00
L8616	06	COCH IMPLANT MICROPHONE REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8617	06	COCH IMPLANT TRANS COIL REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8618	06	COCH IMPLANT TRAN CABLE REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8619	06	COCH IMP EXT PROC/CONTR RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
L8621	06	REPL ZINC AIR BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
L8622	06	REPL ALKALINE BATTERY	E		0	999	09/01/2012	12/31/9999	1	0.00
L8623	06	Lith ion batt CID,non-earlvi	E		0	999	09/01/2012	12/31/9999	1	0.00
L8624	06	Lith ion batt CID, ear level	E		0	999	09/01/2012	12/31/9999	1	0.00
L8625	06	CHARGER COCH IMPL/AOI BATTRY	E		0	999	01/01/2018	12/31/9999	1	0.00
L8627	06	CID EXT SPEECH PROCESS REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8628	06	CID EXT CONTROLLER REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8629	06	CID TRANSMIT COIL & CABLE REPL	E		0	999	09/01/2012	12/31/9999	1	0.00
L8630	01	METACARPOPHALANGEAL IMPLANT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8631	01	MCP JOINT REPL 2 PC OR MORE	N		0	999	09/01/2012	12/31/9999	1	0.00
L8641	01	METATARSAL JOINT IMPLANT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8642	01	HALLUX IMPLANT	N		0	999	09/01/2012	12/31/9999	1	0.00
L8658	01	INTERPHALANGEAL JOINT SPACER	N		0	999	09/01/2012	12/31/9999	1	0.00
L8659	01	INTERPHALANGEAL JOINT REPL	N		0	999	09/01/2012	12/31/9999	1	0.00
L8670	01	VASCULAR GRAFT, SYNTHETIC	N		0	999	09/01/2012	12/31/9999	1	0.00
L8679	06	IMP NEUROSTI PLS GN ANY TYPE	E		0	20	01/01/2014	12/31/9999	1	0.00
L8680	06	IMPLT NEUROSTIM ELCTR EACH	E		0	999	09/01/2012	12/31/9999	1	0.00
L8681	06	PT PRGRM FOR IMPLT NEUROSTIM	E		0	999	09/01/2012	12/31/9999	1	0.00
L8682	01	IMPLT NEUROSTIM RADIOFQ REC	N		0	999	09/01/2012	12/31/9999	1	0.00
L8683	06	RADIOFQ TRSMTR FOR IMPLT NEU	E		0	999	09/01/2012	12/31/9999	1	0.00
L8684	06	RADIOF TRSMTR IMPLT SCRL NEU	E		0	999	09/01/2012	12/31/9999	1	0.00
L8685	06	IMPLT NROSTM PLS GEN SNG REC	E		0	999	07/01/2014	12/31/9999	1	0.00
L8686	06	IMPLT NROSTM PLS GEN SNG NON	E		0	999	07/01/2014	12/31/9999	1	0.00
L8687	06	IMPLT NROSTM PLS GEN DUA REC	E		0	999	07/01/2014	12/31/9999	1	0.00
L8688	06	IMPLT NROSTM PLS GEN DUA NON	E		0	999	07/01/2014	12/31/9999	1	0.00
L8689	06	EXTERNAL RECHARG SYS INTERN	E		0	999	09/01/2012	12/31/9999	1	0.00
L8690	01	Aud osseo dev, int/ext comp	N		0	999	09/01/2012	12/31/9999	1	0.00
L8691	06	Aud osseo dev ext snd proces	E		5	999	09/01/2012	12/31/9999	1	0.00
L8692	06	NON-OSSEOINTEGRATED SND PROC	E		0	999	09/01/2012	12/31/9999	1	0.00
L8693	06	AUD OSSEO DEV, ABUTMENT	E		5	999	09/01/2012	12/31/9999	1	0.00
L8694	06	AOI TRANSDUCER/ACTUATOR REPL	E		5	999	01/01/2018	12/31/9999	1	0.00
L8695	06	External recharg sys extern	E		0	999	09/01/2012	12/31/9999	1	0.00
L8696	06	ANTENNA PHRENIC NERV STIM REPLC	E		0	999	01/01/2015	12/31/9999	1	0.00
L8698	06	MISC USED WITH TOT ART HEART	E		0	999	01/01/2019	12/31/9999	1	0.00
L8699	01	PROSTHETIC IMPLANT NOS	N		0	20	09/01/2012	12/31/9999	1	0.00
L8701	06	EWB S/D UPRT MICRO SENSOR	E		0	999	01/01/2019	12/31/9999	1	0.00
L8702	06	EWHF S/D UPRT MICRO SENSOR	E		0	999	01/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
L9900	O6	O&P SUPPLY/ACCESSORY/SERVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
M0075	O6	CELLULAR THERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
M0076	O6	PROLOTHERAPY	E		0	999	09/01/2012	12/31/9999	1	0.00
M0100	O6	INTRAGASTRIC HYPOTHERMIA	E		0	999	09/01/2012	12/31/9999	1	0.00
M0201	O6	COVID-19 VACCINE HOME ADMIN	E		0	999	06/08/2021	12/31/9999	1	0.00
M0220	O1	TIXAGEV AND CILGAV INJ	S		12	999	12/08/2021	12/31/9999	1	115.02
M0221	O1	TIXAGEV AND CILGAV INJ HM	S		12	999	12/08/2021	12/31/9999	1	191.48
M0222	O1	BEBTELOVIMAB INJECTION	S		0	999	02/11/2022	12/31/9999	1	267.88
M0223	O1	BEBTELOVIMAB INJECTION HOME	S		0	999	02/11/2022	12/31/9999	1	420.52
M0239	O6	BAMLANIVIMAB-XXXX INFUSION	E		12	999	04/17/2021	12/31/9999	1	0.00
M0240	O1	CASIRIVI AND IMDEVI REPEAT	S		12	999	07/30/2021	12/31/9999	1	343.60
M0243	O1	CASIRIVI AND IMDEVI INJ	S		12	999	02/01/2021	12/31/9999	1	242.88
M0244	O6	CASIRIVI AND IMDEVI INJ HM	E		0	999	05/06/2021	12/31/9999	1	0.00
M0245	O1	BAMLAN AND ETESEV INFUSION	S		12	999	04/01/2021	12/31/9999	1	242.88
M0246	O6	BAMLAN AND ETESEV INFUS HOME	E		0	999	05/06/2021	12/31/9999	1	0.00
M0247	O1	SOTROVIMAB INFUSION	S		12	999	05/26/2021	12/31/9999	1	343.60
M0248	O6	SOTROVIMAB INF, HOME ADMIN	E		0	999	05/26/2021	12/31/9999	1	0.00
M0249	O1	ADM TOCILIZU COVID-19 1ST	S		2	999	06/24/2021	12/31/9999	1	343.60
M0250	O1	ADM TOCILIZU COVID-19 2ND	S		2	999	06/24/2021	12/31/9999	1	349.00
M0300	O6	IV CHELATION THER (CHEMIC ENDARTERECT)	E		0	999	09/01/2012	12/31/9999	1	0.00
M0301	O6	FABRIC WRAPPING OF ANEURYSM	E		0	999	09/01/2012	12/31/9999	1	0.00
M1003	O6	TB SCR 12 MO PRI FST BIO DZ	E		0	999	01/01/2019	12/31/9999	1	0.00
M1004	O6	DOC MED RSN NO SRN TB	E		0	999	01/01/2019	12/31/9999	1	0.00
M1005	O6	TB SCR NO PERF	E		0	999	01/01/2019	12/31/9999	1	0.00
M1006	O6	DZ NOT ASE5, NO RSN	E		0	999	01/01/2019	12/31/9999	1	0.00
M1007	O6	>=50% TOTAL PT OUTPT RA ENCT	E		0	999	01/01/2019	12/31/9999	1	0.00
M1008	O6	<50% TOTAL PT OUTPT RA ENCTS	E		0	999	01/01/2019	12/31/9999	1	0.00
M1009	O6	DC EOC DOC MED REC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1010	O6	DC EOC DOC MED REC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1011	O6	DC EOC DOC MED REC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1012	O6	DC EOC DOC MED REC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1013	O6	DC EOC DOC MED REC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1014	O6	DC EPI CARE DOC MEDREC	E		0	999	01/01/2019	12/31/9999	1	0.00
M1016	O6	PT DX MEOP OR SUR STERI	E		0	999	01/01/2019	12/31/9999	1	0.00
M1017	O6	PT ADMT TO PALITVE SERV	E		0	999	01/01/2019	12/31/9999	1	0.00
M1018	O6	PT DX HST CR PT SK LG CR SCR	E		0	999	01/01/2019	12/31/9999	1	0.00
M1019	O6	ADL PT MJ DEP DS RS 12 PHQ<5	E		0	999	01/01/2019	12/31/9999	1	0.00
M1020	O6	ADL PT MJ DEP DS NO RS 12 MO	E		0	999	01/01/2019	12/31/9999	1	0.00
M1021	O6	PT UC IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1027	O6	IMG HEAD (CT OR MRI) OBTDND	E		0	999	01/01/2019	12/31/9999	1	0.00
M1028	O6	DOC OF PT PRM HDA DX AND OTR	E		0	999	01/01/2019	12/31/9999	1	0.00
M1029	O6	DOC SY5M RSN IMG HD	E		0	999	01/01/2019	12/31/9999	1	0.00
M1032	O6	ADT TKNG PHARMTHRY FOR OUD	E		0	999	01/01/2019	12/31/9999	1	0.00
M1034	O6	ADT 180 DYS PHARMTHRY OUD	E		0	999	01/01/2019	12/31/9999	1	0.00
M1035	O6	ADT PD OUT MAT PR 180 DYS TYX	E		0	999	01/01/2019	12/31/9999	1	0.00
M1036	O6	ADT NO 180 DYS PHARMTHRY OUD	E		0	999	01/01/2019	12/31/9999	1	0.00
M1037	O6	PT DX LUM SP REG CACR	E		0	999	01/01/2019	12/31/9999	1	0.00
M1038	O6	PT DX LUM SP REG FRACT	E		0	999	01/01/2019	12/31/9999	1	0.00
M1039	O6	PT DX LUM SP REG INF	E		0	999	01/01/2019	12/31/9999	1	0.00
M1040	O6	PT DX LUM IDI OR CONG SCOL	E		0	999	01/01/2019	12/31/9999	1	0.00
M1041	O6	PT CR FT INF LM OR PT ID SL	E		0	999	01/01/2019	12/31/9999	1	0.00
M1043	O6	FS NO ODI 9-15MO	E		0	999	01/01/2019	12/31/9999	1	0.00
M1045	O6	FS OKS 9-15MO >= 37 >= 71	E		0	999	01/01/2019	12/31/9999	1	0.00
M1046	O6	FS OKS 9-15MO < 37 < 71	E		0	999	01/01/2019	12/31/9999	1	0.00
M1049	O6	FS WTH SCR NO ODI PRE AND P	E		0	999	01/01/2019	12/31/9999	1	0.00
M1051	O6	PT W/CANCER SCOLIOSIS	E		0	999	01/01/2019	12/31/9999	1	0.00
M1052	O6	LG PN NOT MEAS W/ VAS 1YR PO	E		0	999	01/01/2019	12/31/9999	1	0.00
M1054	O6	PT UC IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1055	O6	ASPIRIN USED	E		0	999	01/01/2019	12/31/9999	1	0.00
M1056	O6	PRESC ANTICO MED IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1057	O6	ASPIRIN NOT USED, NO RSN	E		0	999	01/01/2019	12/31/9999	1	0.00
M1058	O6	PT PRM NURS HM RES IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1059	O6	PT NO PRM NURS HM RES IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1060	O6	PT DIED IN PP	E		0	999	01/01/2019	12/31/9999	1	0.00
M1067	O6	HSPC PT PRV TIME MEAM PER	E		0	999	01/01/2019	12/31/9999	1	0.00
M1068	O6	PT NOT AMBULATORY	E		0	999	01/01/2019	12/31/9999	1	0.00
M1069	O6	PT SCR FT FALL RSK	E		0	999	01/01/2019	12/31/9999	1	0.00
M1070	O6	PT NOT SCRNM FUT FALL NO RSN	E		0	999	01/01/2019	12/31/9999	1	0.00
M1071	O6	PT HAD ADD'L SP PCR PERF	E		0	999	01/01/2019	12/31/9999	1	0.00
M1072	O6	ROM RAD THERAPY ANAL, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1073	O6	ROM RAD THERAPY ANAL, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1074	O6	ROM RAD THERAPY BLADDER, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1075	O6	ROM RAD THERAPY BLADDER, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1076	O6	ROM RAD THER BONE METS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1077	O6	ROM RAD THER BONE METS, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1078	O6	ROM RAD THER BRAIN METS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1079	O6	ROM RAD THER BRAIN METS, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1080	O6	ROM RAD THERAPY BREAST, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1081	O6	ROM RAD THERAPY BREAST, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1082	O6	ROM RAD THERAPY CERVICAL, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1083	O6	ROM RAD THERAPY CERVICAL, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1084	O6	ROM RAD THERAPY CNS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1085	O6	ROM RAD THERAPY CNS, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1086	O6	ROM RAD THER COLORECTAL, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1087	O6	ROM RAD THER COLORECTAL, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1088	O6	ROM RAD THER HEAD/NECK, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1089	O6	ROM RAD THER HEAD/NECK, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1094	O6	ROM RAD THERAPY LUNG, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1095	O6	ROM RAD THERAPY LUNG, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1096	O6	ROM RAD THERAPY LYMPHOMA, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1097	O6	ROM RAD THERAPY LYMPHOMA, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1098	O6	ROM RAD THERAPY PANCREAS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1099	O6	ROM RAD THERAPY PANCREAS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1100	O6	ROM RAD THERAPY PROSTATE, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1101	O6	ROM RAD THERAPY PROSTATE, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1102	O6	ROM RAD THERAPY GI, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1103	O6	ROM RAD THERAPY GI, TC	E		0	999	01/01/2022	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
M1104	O6	ROM RAD THERAPY UTERUS, PC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1105	O6	ROM RAD THERAPY UTERUS, TC	E		0	999	01/01/2022	12/31/9999	1	0.00
M1106	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1107	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1108	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1109	O6	OC NI PT DC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1110	O6	OC NOT P PT SELFDC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1111	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1112	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1113	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1114	O6	OC NI PT DC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1115	O6	OC NI PT SELFDC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1116	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1117	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1118	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1119	O6	OC NI PT DC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1120	O6	OC NI PT SELFDC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1121	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1122	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1123	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1124	O6	OC NI PT DC 1-2 VIS	E		0	999	01/01/2020	12/31/9999	1	0.00
M1125	O6	OC NI PT SELFDC 1-2 VIS	E		0	999	01/01/2020	12/31/9999	1	0.00
M1126	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1127	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1128	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1129	O6	OC NI PT DC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1130	O6	OC NI PT SELFDC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1131	O6	DOCU DX DEGEN NEURO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1132	O6	OC NI PT HOME PROG	E		0	999	01/01/2020	12/31/9999	1	0.00
M1133	O6	OC NI PT DC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1134	O6	OC NI PT SELFDC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1135	O6	START EOC DOC MED REC	E		0	999	01/01/2020	12/31/9999	1	0.00
M1141	O6	FS NO OKS	E		0	999	01/01/2020	12/31/9999	1	0.00
M1142	O6	EMERGE CASES	E		0	999	01/01/2020	12/31/9999	1	0.00
M1143	O6	NI REHAB MED CHIRO	E		0	999	01/01/2020	12/31/9999	1	0.00
M1145	O7	MFN DRUG ADD-ON, PER DOSE	D		0	999	04/01/2022	12/31/9999	1	0.00
M1146	O6	ONGOING CARE NOT IND	E		0	999	01/01/2021	12/31/9999	1	0.00
M1147	O6	CARE NOT POSS MED RSN	E		0	999	01/01/2021	12/31/9999	1	0.00
M1148	O6	PT SELF DSCHG	E		0	999	01/01/2021	12/31/9999	1	0.00
M1149	O6	NO NECK FS PROM INCAP	E		0	999	01/01/2021	12/31/9999	1	0.00
P2028	O6	CEPHALIN FLOCULATION, BLOOD	E		0	999	09/01/2012	12/31/9999	1	0.00
P2029	O6	CONGO RED, BLOOD	E		0	999	09/01/2012	12/31/9999	1	0.00
P2031	O6	HAIR ANALYSIS (EXCLUDING ARSENIC)	E		0	999	09/01/2012	12/31/9999	1	0.00
P2033	O6	THYMOL TURBIDITY, BLOOD	E		0	999	09/01/2012	12/31/9999	1	0.00
P2038	O6	MUCOPROTEIN, BLOOD (SEROMUCOI	E		0	999	09/01/2012	12/31/9999	1	0.00
P3000	O1	SCREENING PAPANICOLAOU SMEAR,	A		0	999	07/01/2020	12/31/9999	1	13.61
P3001	O1	SCREENING PAPANICOLAOU SMEAR,	B		0	999	07/01/2020	12/31/9999	1	21.22
P7001	O6	CULTURE, BACTERIAL, URINE; QUA	E		0	999	09/01/2012	12/31/9999	1	0.00
P9010	O1	BLOOD (WHOLE),FOR TRANSFUSION,	R		0	999	07/01/2021	12/31/9999	4	117.35
P9011	O1	BLOOD SPLIT UNIT	R		0	999	07/01/2021	12/31/9999	4	115.35
P9012	O1	CRYOPRECTATE,EACH UNIT	R		0	999	07/01/2021	12/31/9999	12	62.41
P9016	O1	LEUKOCYTE POOR BLOOD	R		0	999	07/01/2021	12/31/9999	12	147.34
P9017	O1	PLASMA 1 DONOR FRZ W/IN 8 HR	R		0	999	07/01/2021	12/31/9999	24	64.61
P9019	O1	PLATELETT CONCEBRATE,EACH	R		0	999	07/01/2021	12/31/9999	12	55.72
P9020	O1	PLATELET RICH PLASMA,EACH UNIT	R		0	999	07/01/2021	12/31/9999	5	156.32
P9021	O1	RED BLOOD CELLS UNIT	R		0	999	07/01/2021	12/31/9999	8	107.57
P9022	O1	WASHED RED BLOOD CELLS UNIT	R		0	999	07/01/2021	12/31/9999	12	296.89
P9023	O1	FROZEN PLASMA, POOLED, SD	R		0	999	07/01/2021	12/31/9999	15	69.68
P9025	O6	PLASMA CRYO REDU PATH EACH	E		0	999	10/01/2021	12/31/9999	1	0.00
P9026	O6	CRYO FIB COMP PATH REDU EACH	E		0	999	10/01/2021	12/31/9999	1	0.00
P9031	O1	PLATELETS LEUKOCYTES REDUCED	R		0	999	07/01/2021	12/31/9999	12	117.18
P9032	O1	PLATELETS, IRRADIATED	R		0	999	07/01/2021	12/31/9999	12	110.75
P9033	O1	PLATELETS LEUKOREduced IRRAD	R		0	999	07/01/2021	12/31/9999	12	166.63
P9034	O1	PLATELETS, PHERESIS	R		0	999	07/01/2021	12/31/9999	4	253.23
P9035	O1	PLATELET PHERES LEUKOREduced	R		0	999	07/01/2021	12/31/9999	4	380.48
P9036	O1	PLATELET PHERESIS IRRADIATED	R		0	999	07/01/2021	12/31/9999	4	472.78
P9037	O1	PLATE PHERES LEUKOREDU IRRAD	R		0	999	07/01/2021	12/31/9999	4	482.51
P9038	O1	RBC IRRADIATED	R		0	999	07/01/2021	12/31/9999	4	132.33
P9039	O1	RBC DEGLYCEROLIZED	R		0	999	07/01/2021	12/31/9999	2	341.29
P9040	O1	RBC LEUKOREduced IRRADIATED	R		0	999	07/01/2021	12/31/9999	8	203.64
P9041	O1	ALBUMIN(HUMAN), 5%	K		0	999	10/01/2019	12/31/9999	100	10.49
P9043	O1	PLASMA PROTEIN FRACTION	R		0	999	07/01/2021	12/31/9999	10	6.24
P9044	O1	CRYOPRECIPITATEREDUCEDPLASMA	R		0	999	07/01/2021	12/31/9999	20	51.35
P9045	O1	ALBUMIN (HUMAN), 5%, 250 ML	K		0	999	10/01/2019	12/31/9999	20	52.45
P9046	O1	ALBUMIN (HUMAN), 25%, 20 ML	K		0	999	10/01/2019	12/31/9999	40	20.98
P9047	O1	ALBUMIN (HUMAN), 25%, 50ML	K		0	999	07/01/2019	12/31/9999	20	52.45
P9048	O1	PLASMAPROTEIN FRACT,5%,250ML	R		0	999	07/01/2021	12/31/9999	2	125.33
P9050	O1	GRANULOCYTES, PHERESIS UNIT	R		0	999	07/01/2016	12/31/9999	1	1,313.85
P9051	O1	BLOOD, L/R, CMV-NEG	R		0	999	07/01/2021	12/31/9999	4	165.87
P9052	O1	PLATELETS, HLA-M, L/R, UNIT	R		0	999	07/01/2021	12/31/9999	3	629.33
P9053	O1	PLT, PHER, L/R CMV-NEG, IRR	R		0	999	07/01/2021	12/31/9999	3	349.62
P9054	O1	BLOOD, L/R, FROZ/DEGLY/WASH	R		0	999	07/01/2021	12/31/9999	2	242.84
P9055	O1	PLT, APH/PHER, L/R, CMV-NEG	R		0	999	07/01/2021	12/31/9999	2	375.20
P9056	O1	BLOOD, L/R, IRRADIATED	R		0	999	07/01/2021	12/31/9999	3	120.49
P9057	O1	RBC, FRZ/DEG/WSH, L/R, IRRAD	R		0	999	07/01/2021	12/31/9999	4	203.67
P9058	O1	RBC, L/R, CMV-NEG, IRRAD	R		0	999	07/01/2021	12/31/9999	4	190.61
P9059	O1	PLASMA, FRZ BETWEEN 8-24HOUR	R		0	999	07/01/2021	12/31/9999	15	55.61
P9060	O1	FR FRZ PLASMA DONOR RETESTED	R		0	999	07/01/2021	12/31/9999	4	50.87
P9070	O1	PATHOGEN REDUCED PLASMA POOL	R		0	999	07/01/2021	12/31/9999	15	41.50
P9071	O1	PATHOGEN REDUCED PLASMA SING	R		0	999	07/01/2021	12/31/9999	15	96.00
P9073	O6	PLATELETS PHERESIS PATH REDU	E		0	999	01/01/2018	12/31/9999	1	0.00
P9099	O6	BLOOD COMPONENT/PRODUCT NOC	E		0	999	01/01/2020	12/31/9999	1	0.00
P9100	O6	PATH TST-PLATELETS	E		0	999	01/01/2018	12/31/9999	1	0.00
P9603	O6	TRAVEL ALLOWANCE ONE WAY WITH	E		0	999	09/01/2012	12/31/9999	1	0.00
P9604	O6	TRAVEL ALLOWANCE ONE WAY IN CO	E		0	999	09/01/2012	12/31/9999	1	0.00
P9612	O6	CATHETERIZE FOR URINE SPEC	E		0	999	09/01/2012	12/31/9999	1	0.00
P9615	O6	CATHETERIZATION FOR COLLECTION	E		0	999	02/10/2014	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q0035	O6	CARDIOKYMOGRAPHY	E		0	999	02/10/2014	12/31/9999	1	0.00
Q0081	O6	INFUSION THERAPY, USING OTHER	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0083	O6	CHEMOTHERAPY ADMINISTRATION BY	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0084	O6	CHEMOTHERAPY ADMINISTRATION BY	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0085	O6	CHEMOTHERAPY ADMINISTRATION BY	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0091	O1	OBTAINING SCREEN PAP SMEAR	S		0	999	07/01/2021	12/31/9999	1	19.28
Q0092	O1	SET-UP PORTABLE X-RAY EQUIPMEN	N		0	999	09/01/2012	12/31/9999	1	0.00
Q0111	O6	WET MOUNTS, INCLUDING PREPARAT	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0112	O6	ALL POTASSIUM HYDROXIDE (KOH)	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0113	O6	PINWORM EXAMINATIONS	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0114	O6	FERN TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0115	O6	POST-COITAL DIRECT, QUALITATIV	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0138	O1	FERUMOXYTOL, NON-ESRD 1 MG	K		18	999	07/01/2021	12/31/9999	510	0.93
Q0139	O6	FERUMOXYTOL, ESRD USE 1 MG	E		0	999	09/01/2012	12/31/9999	510	0.00
Q0144	O6	AZITHROMYCIN DIHYDRATE, ORAL	E		0	999	09/01/2012	12/31/9999	2	0.00
Q0161	O1	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL	N		0	999	01/01/2014	12/31/9999	5	0.00
Q0162	O1	ONDANSETRON 1 MG ORAL	N		0	999	01/01/2014	12/31/9999	24	0.00
Q0163	O1	DIPHENHYDRAMINE HCL 50MG	N		0	999	07/01/2020	12/31/9999	6	0.00
Q0164	O6	PROCHLORPERAZINE MALEATE 5MG	E		0	999	02/01/2015	12/31/9999	8	0.00
Q0166	O1	GRANISETRON HCL 1 MG ORAL	N		0	999	01/01/2014	12/31/9999	2	0.00
Q0167	O1	DRONABINOL 2.5MG ORAL	N		0	999	01/01/2014	12/31/9999	17	0.00
Q0169	O1	PROMETHAZINE HCL 12.5MG ORAL	N		0	999	07/01/2020	12/31/9999	12	0.00
Q0173	O1	TRIMETHOENZAMIDE HCL 250MG	N		0	999	01/01/2014	12/31/9999	5	0.00
Q0174	O6	THIETHYLPERAZINE MALEATE10MG	E		0	999	10/01/2016	12/31/9999	1	0.00
Q0175	O1	PERPHENAZINE 4MG ORAL	N		0	999	01/01/2014	12/31/9999	6	0.00
Q0177	O1	HYDROXYZINE PAMOATE 25MG	N		0	999	07/01/2020	12/31/9999	16	0.00
Q0180	O1	DOLASETRON MESYLATE ORAL	N		0	999	09/01/2012	12/31/9999	1	0.00
Q0181	O6	UNSPECIFIED ORAL ANTI-EMETIC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0220	O6	TIXAGEV AND CILGAV, 300MG	E		0	999	12/08/2021	12/31/9999	800	0.00
Q0221	O6	TIXAGEV AND CILGAV, 600MG	E		0	999	02/24/2022	12/31/9999	1	0.00
Q0222	O6	BEBTELOVIMAB 175	E		0	999	02/11/2022	12/31/9999	1	0.00
Q0239	O6	BAMLANIVIMAB-XXXX	E		12	999	11/10/2020	12/31/9999	1	0.00
Q0240	O6	CASIRIVI AND IMDEVI 600 MG	E		12	999	07/30/2021	12/31/9999	800	0.00
Q0243	O6	CASIRIVIMAB AND IMDEVIMAB	E		12	999	11/21/2020	12/31/9999	1	0.00
Q0244	O6	CASIRIVI AND IMDEVI 1200 MG	E		0	999	06/03/2021	12/31/9999	1	0.00
Q0245	O6	BAMLANIVIMAB AND ETESEVIMA	E		12	999	02/09/2021	12/31/9999	1	0.00
Q0247	O1	SOTROVIMAB	M		12	999	05/26/2021	12/31/9999	1	2,394.00
Q0249	O1	TOCILIZUMAB FOR COVID-19	M		2	999	06/24/2021	12/31/9999	800	6.57
Q0477	O6	PWR MODULE PT CABLE LVAD RPL	E		0	999	01/01/2018	12/31/9999	1	0.00
Q0478	O6	POWER ADAPTER, COMBO VAD	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0479	O6	POWER MODULE COMBO VAD, REP	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0480	O6	DRIVER PNEUM VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0481	O6	MICROPROC ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0482	O6	MICROPROC ELE/PNEU COMBO VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0483	O6	MONITOR ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0484	O6	MONITOR ELEC OR ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0485	O6	MONITOR CONTROL ELE VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0486	O6	MONITOR CONTROL ELE/PNEU VAD REPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0487	O6	LEADS ELEC/PRNU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0488	O6	POWERPACK BASE ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0489	O6	POWERPACK BASE ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0490	O6	EMER POWER ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0491	O6	EMER POWER ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0492	O6	EMER POWER CABLE ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0493	O6	EMEER POWER CABLE ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0494	O6	EMER HAND PUMP ELEC VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0495	O6	BATT/POWERPACK CHRGR ELE/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0496	O6	BATTERY ELEC/COMBO VAD, REP	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0497	O6	BATT CLIPS ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0498	O6	HOLSTER ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0499	O6	BELT/VEST ELEC/COMBO VAD REP	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0500	O6	FILTERS ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0501	O6	SHOWER COVER ELEC/PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0502	O6	MOBILITY CART PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0503	O6	BATT PNEU VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0504	O6	POWER ADAPTER PNEU VAD RPLC VEH TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0506	O6	LITH-ION BATT ELEC/PNEUM VAD RPLC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0507	O6	MISC SUP/ACC EXT VAD	E		0	999	04/01/2013	12/31/9999	1	0.00
Q0508	O6	MISC SUP/ACC IMP VAD	E		0	999	04/01/2013	12/31/9999	1	0.00
Q0509	O6	MIS SUP/AC IMP VAD NOPAY MED	E		0	999	04/01/2013	12/31/9999	1	0.00
Q0510	O6	DISPENS FEE IMMUNOSUPPRESSIVE	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0511	O6	SUP FEE ANTIEM,ANTICA,IMMUNO	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0512	O6	PX SUP FEE ANTI-CAN SUB PRES	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0513	O6	DISP FEE INHAL DRUGS/30 DAYS	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0514	O6	DISP FEE INHAL DRUGS/90 DAYS	E		0	999	09/01/2012	12/31/9999	1	0.00
Q0515	O6	SERMORELIN ACETATE INJECTION	E		0	999	02/10/2014	12/31/9999	1	0.00
Q1004	O6	NTIOL CATEGORY 4	E		0	999	09/01/2012	12/31/9999	1	0.00
Q1005	O6	NTIOL CATEGORY 5	E		0	999	09/01/2012	12/31/9999	1	0.00
Q2004	O1	BLADDER CALCULI IRRIG SOL	N		0	999	09/01/2012	12/31/9999	1	0.00
Q2009	O1	FOSPHENYTOIN INJ PE 50 MG	N		0	999	07/01/2021	12/31/9999	100	0.00
Q2017	O1	TENIPOSIDE, 50 MG	K		0	999	07/01/2020	12/31/9999	12	2,645.71
Q2026	O6	RADIESSE INJECTION	E		0	999	09/01/2012	12/31/9999	27	0.00
Q2028	O6	SCULPTRA, 0.5 MG INJECTION,	E		0	999	01/01/2014	12/31/9999	1	0.00
Q2034	O6	FLU VIRUS VACC SPLIT VIRUS IM USE	E		0	999	07/01/2013	12/31/9999	1	0.00
Q2035	O6	AFLURIA VACC, 3 YRS & >, IM	E		3	999	09/01/2012	12/31/9999	1	0.00
Q2036	O6	FLULAVAL VACC, 3 YRS & >, IM	E		3	999	09/01/2012	12/31/9999	1	0.00
Q2037	O6	FLUVIRIN VACC, 3 YRS & >, IM	E		3	999	09/01/2012	12/31/9999	1	0.00
Q2038	O6	FLUZONE VACC, 3 YRS & >, IM	E		3	999	09/01/2012	12/31/9999	1	0.00
Q2039	O6	FLU VACC NOS	E		3	999	09/01/2012	12/31/9999	1	0.00
Q2041	O1	AXICABTAGENE CILOLEUCEL CAR+	G	Y	18	999	04/01/2018	12/31/9999	1	395,380.00
Q2042	O1	TISAGENLEUCEL CAR-POS T	G	Y	0	999	07/01/2021	12/31/9999	1	425,159.01
Q2043	O1	SIPULEUCEL-T AUTO CD54+	K		12	999	07/01/2021	12/31/9999	1	49,649.41
Q2049	O1	LIPOSOMAL IMPORT (LIPODOX) 10 MG	K		19	999	07/01/2021	12/31/9999	10	311.04
Q2050	O1	DOXORUBICIN HYDROCHLORIDE NOS 10MG	K		0	999	07/01/2021	12/31/9999	20	298.80
Q2052	O6	SERVICES SUPPLIES ACCESSORIES IVIG DEMO	E		0	999	04/01/2014	12/31/9999	1	0.00
Q2053	O1	BREXUCABTAGENE CAR POS T	G		0	999	04/01/2021	12/31/9999	1	395,380.00
Q2054	O1	LISOCABTAGENE MARA CAR POS T	G		18	999	10/01/2021	12/31/9999	1	422,609.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q2055	O1	IDECABTAGENE VICLEUCEL CAR	G		18	999	01/01/2022	12/31/9999	1	432,085.00
Q3001	O6	BRACHYTHERAPY RADIOELEMENTS	E		0	999	09/01/2012	12/31/9999	1	0.00
Q3014	O1	TELEHEALTH FACILITY FEE	A		0	999	07/01/2019	12/31/9999	2	31.76
Q3027	O1	INTERFERON BETA-1A, 1 MCG INJECTION, FOR	K		18	999	07/01/2021	12/31/9999	30	54.42
Q3028	O1	INTERFERON BETA-1A, 1 MCG INJECTION FOR	B		18	999	07/01/2020	12/31/9999	44	31.71
Q3031	O1	COLLAGEN SKIN TEST	N		0	999	09/01/2012	12/31/9999	1	0.00
Q4001	O6	CAST SUP BODY CAST PLASTER	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4002	O6	CAST SUP BODY CAST FIBERGLAS	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4003	O6	CAST SUP SHOULDER CAST PLSTR	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4004	O6	CAST SUP SHOULDER CAST FBRGL	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4005	O6	CAST SUP LONG ARM ADULT PLST	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4006	O6	CAST SUP LONG ARM ADULT FBRG	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4007	O6	CAST SUP LONG ARM PED PLSTER	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4008	O6	CAST SUP LONG ARM PED FBRGLS	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4009	O6	CAST SUP SHT ARM ADULT PLSTR	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4010	O6	CAST SUP SHT ARM ADULT FBRGL	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4011	O6	CAST SUP SHT ARM PED PLASTER	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4012	O6	CAST SUP SHT ARM PED FBRGLAS	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4013	O6	CAST SUP GAUNTLET PLASTER	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4014	O6	CAST SUP GAUNTLET FIBERGLASS	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4015	O6	CAST SUP GAUNTLET PED PLSTER	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4016	O6	CAST SUP GAUNTLET PED FBRGLS	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4017	O6	CAST SUP LNG ARM SPLINT PLST	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4018	O6	CAST SUP LNG ARM SPLINT FBRG	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4019	O6	CAST SUP LNG ARM SPLINT PED P	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4020	O6	CAST SUP LNG ARM SPLINT PED F	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4021	O6	CAST SUP SHT ARM SPLINT PLST	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4022	O6	CAST SUP SHT ARM SPLINT FBRG	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4023	O6	CAST SUP SHT ARM SPLINT PED P	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4024	O6	CAST SUP SHT ARM SPLINT PED F	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4025	O6	CAST SUP HIP SPICA PLASTER	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4026	O6	CAST SUP HIP SPICA FIBERGLAS	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4027	O6	CAST SUP HIP SPICA PED PLSTR	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4028	O6	CAST SUP HIP SPICA PED FBRGL	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4029	O6	CAST SUP LONG LEG PLASTER	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4030	O6	CAST SUP LONG LEG FIBERGLASS	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4031	O6	CAST SUP LNG LEG PED PLASTER	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4032	O6	CAST SUP LNG LEG PED FBRGLS	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4033	O6	CAST SUP LNG LEG CYLINDER PL	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4034	O6	CAST SUP LNG LEG CYLINDER FB	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4035	O6	CAST SUP LNGLEG CYLNDR PED P	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4036	O6	CAST SUP LNGLEG CYLNDR PED F	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4037	O6	CAST SUP SHRT LEG PLASTER	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4038	O6	CAST SUP SHRT LEG FIBERGLASS	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4039	O6	CAST SUP SHRT LEG PED PLSTER	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4040	O6	CAST SUP SHRT LEG PED FBRGLS	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4041	O6	CAST SUP LNG LEG SPLNT PLSTR	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4042	O6	CAST SUP LNG LEG SPLNT FBRGL	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4043	O6	CAST SUP LNG LEG SPLNT PED P	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4044	O6	CAST SUP LNG LEG SPLNT PED F	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4045	O6	CAST SUP SHT LEG SPLNT PLSTR	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4046	O6	CAST SUP SHT LEG SPLNT FBRGL	E		11	999	09/01/2012	12/31/9999	1	0.00
Q4047	O6	CAST SUP SHT LEG SPLNT PED P	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4048	O6	CAST SUP SHT LEG SPLNT PED F	E		0	10	09/01/2012	12/31/9999	1	0.00
Q4049	O6	FINGER SPLINT, STATIC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q4050	O6	CAST SUPPLIES UNLISTED	E		0	999	09/01/2012	12/31/9999	1	0.00
Q4051	O6	SPLINT SUPPLIES MISC	E		0	999	09/01/2012	12/31/9999	1	0.00
Q4074	O6	ILOPROST NON-COMP UNIT DOSE	E		0	999	09/01/2012	12/31/9999	9	0.00
Q4081	O6	EPO ALFA 100 UNITS, ESRD	E		0	999	09/01/2012	12/31/9999	477	0.00
Q4082	O6	Drug/bio NOC part B drug CAP	E		0	999	09/01/2012	12/31/9999	1	0.00
Q4100	O1	'SKIN SUBSTITUTE, NOS	N		0	999	09/01/2012	12/31/9999	1	0.00
Q4101	O1	APLIGRAF	N		0	999	07/01/2014	12/31/9999	44	0.00
Q4102	O1	OASIS WOUND MATRIX	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4103	O1	OASIS BURN MATRIX	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4104	O1	INTEGRA BMWD	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4105	O1	DRT PER SQ CM	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4106	O1	DERMAGRAFT	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4107	O1	GRAFTJACKET	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4108	O1	INTEGRA MATRIX	N		0	999	07/01/2014	12/31/9999	36	0.00
Q4110	O1	PRIMATRIX	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4111	O1	GAMMAGRAFT	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4112	O1	CYMETRA INJECTABLE	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4113	O1	GRAFTJACKET XPRESS	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4114	O1	'INTEGRA FLOW WOUND MATR 1CC	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4115	O1	ALLOSKIN	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4116	O1	ALLODERM	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4117	O1	HYALOMATRIX	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4118	O1	MATRISTEM MICROMATRIX	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4121	O1	THERASKIN	N		0	999	07/01/2019	12/31/9999	1	0.00
Q4122	O1	DERMACELL, AWM, POROUS SQ CM	N		0	999	07/01/2019	12/31/9999	1	0.00
Q4123	O1	ALLOSKIN RT, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4124	O1	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER	N		0	999	07/01/2014	12/31/9999	1	0.00
Q4125	O1	ARTHROFLEX, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4126	O1	MEMODERM/DERMA/TRANZ/INTEGUP, PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4127	O1	TALYMED, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4128	O1	FLEXHD/ALLOPATCHHD/MATRIXHD	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4130	O1	STRATTICE TM, PER SQUARE CENTIMETER	N		0	999	09/01/2012	12/31/9999	1	0.00
Q4132	O1	GRAFIX CORE, PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4133	O1	GRAFIX STRAVIX PRIME PL SQCM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4134	O1	HMATRIX, PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4135	O1	MEDISKIN, PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4136	O1	EZDERM, PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4137	O1	AMNIOEXCEL BIODEXCEL 1SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4138	O1	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4139	O1	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4140	O1	BIODFENCE, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4141	O1	ALLOSKIN AC, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q4142	01	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE C	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4143	01	REPRIZA, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4145	01	EPIFIX, INJECTABLE, 1 MG	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4146	01	TENSIX, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4147	01	ARCHITECT ECM PX FX 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4148	01	NEOX 1K, PER SQUARE CENTIMETER	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4149	01	EXCELLAGEN, 0.1 CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4150	01	ALLOWRAP DS OR DRY 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4151	01	AMNIOBAND, GUARDIAN 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4152	01	DERMAPURE 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4153	01	DERMAVEST, PLURIVEST SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4154	01	BIOVANCE 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4155	01	NEOXFLO OR CLARIXFLO 1 MG	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4156	01	NEOX 1K OR 100 PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4157	01	REVITALON 1 SQUARE CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4158	01	MARIGEN 1 SQUARE CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4159	01	AFFINITY1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4160	01	NUSHIELD 1 SQUARE CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4161	01	BIO-CONNKT PER SQUARE CM	N		18	999	01/01/2016	12/31/9999	2	0.00
Q4162	01	AMNIO BIO AND WOUNDEX FLOW	N		18	999	06/01/2019	12/31/9999	1	0.00
Q4163	01	AMNIO BIO AND WOUNDEX SQ CM	N		18	999	06/01/2019	12/31/9999	1	0.00
Q4164	01	HELICOLL, PER SQUARE CM	N		18	999	01/01/2016	12/31/9999	2	0.00
Q4165	01	KERAMATRIX, KERASORB SQ CM	N		18	999	06/01/2019	12/31/9999	1	0.00
Q4166	01	CYTAL PER SQ CM	N		0	999	01/01/2017	12/31/9999	1	0.00
Q4167	01	TRUSKIN PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4168	01	AMNIOBAND PARTICULATE 1MG	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4169	01	ARTACENT WOUND PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4170	01	CYGNUS PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4171	01	INTERFYL 1 MG	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4173	01	PALINGEN/PALINGEN XPLUS PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4174	01	PALINGEN/PROMATRIX 0.36MG PER 0.25CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4175	01	MIRODERM PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4176	01	NEOPATCH OR THERION, 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4177	01	FLOWERAMNIOFLO 0.1 CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4178	01	FLOWERAMNIOPATCH PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4179	01	FLOWERDERM PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4180	01	REVITA PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4181	01	AMNIO WOUND PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4182	01	TRANSCYTE PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4183	01	SURGIGRAFT, 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4184	01	CELLESTA OR DUO PER SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4185	01	CELLESTA FLOWAB AMNION 0.5CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4186	01	EPIFIX 1 SQ CM	N		0	999	01/01/2019	12/31/9999	2	0.00
Q4187	01	EPICORD 1 SQ CM	N		0	999	01/01/2019	12/31/9999	2	0.00
Q4188	01	AMNIOARMOR 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4189	01	ARTACENT AC, 1 MG	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4190	01	ARTACENT AC 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4191	01	RESTORIGIN 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4192	01	RESTORIGIN, 1 CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4193	01	COLL-E-DERM 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4194	01	NOVACHOR 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4195	06	PURAPLY 1 SQ CM	E		0	999	01/01/2019	12/31/9999	1	0.00
Q4196	06	PURAPLY AM 1 SQ CM	E		0	999	01/01/2019	12/31/9999	1	0.00
Q4197	01	PURAPLY XT 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4198	01	GENESIS AMNIO MEMBRANE 1SQCM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4199	06	CYGNUS MATRIX, PER SQ CM	E		0	999	01/01/2022	12/31/9999	1	0.00
Q4200	01	SKIN TE 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4201	01	MATRION 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4202	01	KEROXX (2.5G/CC), 1CC	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4203	01	DERMA-GIDE, 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4204	01	XWRAP 1 SQ CM	N		0	999	06/01/2019	12/31/9999	1	0.00
Q4205	06	MEMBRANE GRAFT OR WRAP SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4206	06	FLUID FLOW OR FLUID GF 1 CC	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4208	06	NOVAFIX PER SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4209	06	SURGRAFT PER SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4210	06	AXOLOTL GRAF DUALGRAF SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4211	06	AMNION BIO OR AXOBIO SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4212	06	ALLOGEN, PER CC	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4213	06	ASCENT, 0.5 MG	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4214	01	CELLESTA CORD PER SQ CM	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4215	06	AXOLOTL AMBIENT, CRYO 0.1 MG	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4216	06	ARTACENT CORD PER SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4217	01	WOUNDFIX BIOWOUND PLUS XPLUS	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4218	01	SURGICORD PER SQ CM	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4219	01	SURGIGRAFT DUAL PER SQ CM	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4220	06	BELLACELL HD, SUREDERM SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4221	01	AMNIOWRAP2 PER SQ CM	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4222	06	PROGENAMATRIX, PER SQ CM	E		0	999	10/01/2019	12/31/9999	1	0.00
Q4224	01	HHF10-P PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
Q4225	01	AMNIOBIND, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
Q4226	01	MYOWN HARV PREP PROC SQ CM	N		0	999	10/01/2019	12/31/9999	1	0.00
Q4227	06	AMNIOCORE PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4229	06	COGENEX AMNIO MEMB PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4230	06	COGENEX FLOW AMNION 0.5 CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4231	06	CORPLEX P, PER CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4232	06	CORPLEX, PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4233	06	SURFACTOR /NUDYN PER 0.5 CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4234	06	XCELLERATE, PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4235	06	AMNIOREPAIR OR ALTIPLY SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4237	06	CRYO-CORD, PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4238	06	DERM-MAXX, PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4239	06	AMNIO-MAXX OR LITE PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4240	06	CORECYTE TOPICAL ONLY 0.5 CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4241	06	POLYCYTE, TOPICAL ONLY 0.5CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4242	06	AMNIOCYTE PLUS, PER 0.5 CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4244	06	PROCENTA, PER 200 MG	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4245	06	AMNIOTEXT, PER CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4246	06	CORETEXT OR PROTEXT, PER CC	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4247	06	AMNIOTEXT PATCH, PER SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q4248	O6	DERMACYTE AMN MEM ALLO SQ CM	E		0	999	07/01/2020	12/31/9999	1	0.00
Q4249	O6	AMNIPLY, PER SQ CM	E		0	999	10/01/2020	12/31/9999	1	0.00
Q4250	O6	AMNIOAMP-MP PER SQ CM	E		0	999	10/01/2020	12/31/9999	1	0.00
Q4251	O6	VIM, PER SQUARE CENTIMETER	E		0	999	10/01/2021	12/31/9999	1	0.00
Q4252	O6	VENDAJE, PER SQUARE CENTIMET	E		0	999	10/01/2021	12/31/9999	1	0.00
Q4253	O6	ZENITH AMNIOTIC MEMBRANE PSC	E		0	999	10/01/2021	12/31/9999	1	0.00
Q4254	O6	NOVAFIX DL PER SQ CM	E		0	999	10/01/2020	12/31/9999	1	0.00
Q4255	O6	REGUARD, TOPICAL USE PER SQ	E		0	999	10/01/2020	12/31/9999	1	0.00
Q4256	O1	MLG COMPLET, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
Q4257	O1	RELESE, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
Q4258	O1	ENVERSE, PER SQ CM	N		0	999	04/01/2022	12/31/9999	1	0.00
Q5001	O6	HOSPICE OR HOME HLTH IN HOME	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5002	O6	HOSPICE/HOME HLTH IN ASST LVG	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5003	O6	HOSPICE IN LT/NON-SKILLED NF	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5004	O6	HOSPICE IN SNF	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5005	O6	HOSPICE, INPATIENT HOSPITAL	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5006	O6	HOSPICE IN HOSPICE FACILITY	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5007	O6	HOSPICE IN LTCH	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5008	O6	HOSPICE IN INPATIENT PSYCH	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5009	O6	HOSPICE/HOME HLTH, PLACE NOS	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5010	O6	HOSPICE HOME CARE IN HOSPICE	E		0	999	09/01/2012	12/31/9999	1	0.00
Q5101	O1	ZARXIO 1 MICROGRAM	K		0	999	07/01/2021	12/31/9999	1500	0.41
Q5103	O1	INFLECTRA INJ 10 MG	K		6	999	07/01/2021	12/31/9999	150	43.06
Q5104	O1	RENFLEXIS INJ 10 MG	G		6	999	07/01/2021	12/31/9999	150	42.09
Q5105	O1	INJ RETACRIT ESRD ON DIALYSI	G		0	999	07/01/2021	12/31/9999	400	0.86
Q5106	O1	INJ RETACRIT NON-ESRD USE	G		0	999	07/01/2021	12/31/9999	60	8.55
Q5107	O1	INJ MVASI 10 MG	G	Y	18	999	07/01/2021	12/31/9999	170	56.73
Q5108	O1	INJECTION, FULPHILA, 0.5 MG	G		0	999	07/01/2021	12/31/9999	12	248.16
Q5109	O5	INJECTION, IXIFI, 10 MG	M		6	999	07/01/2020	12/31/9999	150	0.00
Q5110	O1	NIVESTYM, 1 MCG	G		0	999	07/01/2021	12/31/9999	1500	0.52
Q5111	O1	INJECTION, UDENYCA 0.5 MG	G		0	999	07/01/2021	12/31/9999	12	267.79
Q5112	O6	INJ ONTRUZANT 10 MG	E		18	999	07/01/2019	12/31/9999	128	0.00
Q5113	O6	INJ HERZUMA 10 MG	E		18	999	07/01/2019	12/31/9999	128	0.00
Q5114	O1	INJ OGIVRI 10 MG	G		18	999	07/01/2021	12/31/9999	128	73.06
Q5115	O1	INJ TRUXIMA 10 MG	G		18	999	11/01/2019	12/31/9999	101	87.09
Q5116	O1	INJ., TRAZIMERA, 10 MG	G		18	999	10/01/2019	12/31/9999	127	59.47
Q5117	O1	INJ., KANJINTI, 10 MG	G	Y	18	999	07/01/2021	12/31/9999	120	72.50
Q5118	O1	INJ., ZIRABEV, 10 MG	G		18	999	10/01/2019	12/31/9999	239	59.47
Q5119	O1	INJ RUXIENCE, 10 MG	G		18	70	07/01/2021	12/31/9999	101	67.32
Q5120	O1	INJ PEGFILGRASTIM-BMEZ 0.5MG	G		0	999	07/01/2021	12/31/9999	12	297.96
Q5121	O1	INJ. AVSOLA, 10 MG	G		6	999	07/01/2020	12/31/9999	397	51.50
Q5122	O1	INJ, NYVEPRIA	M1		0	999	01/01/2021	12/31/9999	12	327.08
Q5123	O1	INJ. RIABNI, 10 MG	G		2	999	07/01/2021	12/31/9999	102	73.83
Q5124	O6	INJ. BYOOVIZ, 0.1 MG	E		18	999	04/01/2022	12/31/9999	20	0.00
Q9001	O6	VA CHAPLAIN ASSESSMENT	E		0	999	10/01/2020	12/31/9999	1	0.00
Q9002	O6	VA CHAPLAIN COUNSEL INDIVIDU	E		0	999	10/01/2020	12/31/9999	1	0.00
Q9003	O6	VA CHAPLAIN COUNSEL GROUP	E		0	999	10/01/2020	12/31/9999	1	0.00
Q9004	O6	VA WHOLE HEALTH PARTNER SERV	E		0	999	10/01/2021	12/31/9999	1	0.00
Q9950	O1	INJ SULF HEXA LIPID MICROSPH	N		0	999	07/01/2021	12/31/9999	5	0.00
Q9951	O1	LOCM >= 400 mg/ml Iodine,1ml	N		0	999	09/01/2012	12/31/9999	999	0.00
Q9953	O1	INJ FE-BASED MR CONTRAST, 1ML	N		0	999	09/01/2012	12/31/9999	1	0.00
Q9954	O1	ORAL MR CONTRAST, 100 ML	N		0	999	07/01/2020	12/31/9999	18	0.00
Q9955	O1	INJ PERFLEXANE LIP MICROS, ML	N		0	999	09/01/2012	12/31/9999	999	0.00
Q9956	O1	INJ OCTAFLUOROPRO PANE MIC, ML	N		0	999	09/01/2012	12/31/9999	1	0.00
Q9957	O1	INJ PERFLUTREN LIP MICROS, ML	N		0	999	09/01/2012	12/31/9999	2	0.00
Q9958	O1	BEFORE	N		0	999	07/01/2014	12/31/9999	300	0.00
Q9959	O1	HOCM 150-199MG/ML IODINE 1 ML	N		0	999	01/01/2014	12/31/9999	199	0.00
Q9960	O1	HOCM 250-299MG/ML IODINE ML	N		0	999	09/01/2012	12/31/9999	249	0.00
Q9961	O1	HOCM 250-299MG/ML IODINE 1 ML	N		0	999	07/01/2020	12/31/9999	200	0.00
Q9962	O1	HOCM 300-349MG/ML IODINE 1 ML	N		0	999	07/01/2020	12/31/9999	200	0.00
Q9963	O1	HOCM 350-399MG/ML IODINE 1 ML	N		0	999	07/01/2020	12/31/9999	240	0.00
Q9964	O1	HOCM>=400MG/ML IODINE 1 ML	N		0	999	09/01/2012	12/31/9999	500	0.00
Q9965	O1	LOCM 100-199MG/ML IODINE, 1ML	N		0	999	09/01/2012	12/31/9999	199	0.00
Q9966	O1	LOCM 200-299MG/ML IODINE, 1ML	N		0	999	07/01/2020	12/31/9999	250	0.00
Q9967	O1	LOCM 300-399MG/ML IODINE, 1ML	N		0	999	07/01/2020	12/31/9999	300	0.00
Q9968	O1	VISUALIZATION ADJUNCT	K		0	999	07/01/2021	12/31/9999	10	6.20
Q9969	O1	NON-HEU TC-99M ADD-ON/DOSE	K		0	999	07/01/2020	12/31/9999	3	10.00
Q9982	O6	FLUTEMETAMOL F18 DIAGNOSTIC	E		0	999	07/01/2016	12/31/9999	1	0.00
Q9983	O1	FLORBETABEN F18 DIAGNOSTIC	G		18	999	07/01/2020	12/31/9999	1	2,968.00
Q9991	O1	BUPRENORPH XR 100 MG OR LESS	G		18	999	07/01/2021	12/31/9999	1	1,737.26
Q9992	O1	BUPRENORPHINR XR OVER 100 MG	G		18	999	07/01/2021	12/31/9999	1	1,737.26
R0070	O6	TRANSPORTATION OF PORTABLE X-	E		0	999	09/01/2012	12/31/9999	1	0.00
R0075	O6	TRANSPORTATION OF PORTABLE X-	E		0	999	09/01/2012	12/31/9999	1	0.00
R0076	O6	TRANSPORT PORTABLE EKG	E		0	999	09/01/2012	12/31/9999	1	0.00
S0013	O1	ESKETAMINE, NASAL SPRAY	M1		18	999	01/01/2021	12/31/9999	84	11.05
S0028	O1	INJECTION, FAMOTIDINE, 20 MG	M1		0	999	07/01/2020	12/31/9999	1	0.89
S0183	O1	PROCHLORPERAZINE 5 MG	N		0	999	02/01/2015	12/31/9999	1	0.00
S0285	O6	CNSLT BEFORE SCREEN COLONOSCO	E		0	999	07/01/2016	12/31/9999	1	0.00
S0311	O6	COMP MGMT CARE COORD ADV ILL	E		0	999	07/01/2016	12/31/9999	1	0.00
S1002	O6	CUSTOM ITEM	E		0	999	09/01/2012	12/31/9999	1	0.00
S1034	O6	ART PANCREAS SYSTEM	E		0	999	07/01/2014	12/31/9999	1	0.00
S1035	O6	ART PANCREAS INV DISP SENSOR	E		0	999	07/01/2014	12/31/9999	1	0.00
S1036	O6	ART PANCREAS EXT TRANSMITTER	E		0	999	07/01/2014	12/31/9999	1	0.00
S1037	O6	ART PANCREAS EXT RECVR	E		0	999	07/01/2014	12/31/9999	1	0.00
S1091	O6	STENT NON-CORONARY PROPEL	E		0	999	04/01/2021	12/31/9999	1	0.00
S3854	O6	GENE PROFILE PANEL BREAST	E		0	999	07/01/2016	12/31/9999	1	0.00
S9432	O6	MED FOOD NON INBORN ERR META	E		0	999	10/01/2021	12/31/9999	1	0.00
S9480	O1	INTENSIVE OUTPATIENT PSYCHIA	M1		0	999	05/01/2021	12/31/9999	1	122.54
S9901	O6	CHRISTIAN SCI NURSE VISIT	E		0	999	01/01/2015	12/31/9999	1	0.00
S9960	O6	AIR AMBULANC NONEMERG FIXED	E		0	999	01/01/2014	12/31/9999	1	0.00
S9961	O6	AIR AMBULAN NONEMERG ROTARY	E		0	999	01/01/2014	12/31/9999	1	0.00
T1040	O6	MEDICAID CCBHC SERV PER DIEM	E		0	999	01/01/2017	12/31/9999	1	0.00
T1041	O6	MEDICAID CCBHC SERV PER MONTH	E		0	999	01/01/2017	12/31/9999	1	0.00
T2034	O6	CRISIS INTER WAIVER PER DIEM	E		0	999	09/01/2012	12/31/9999	1	0.00
T2047	O6	HAB PREVO WAIVER PER 15	E		0	999	10/01/2020	12/31/9999	1	0.00
T2050	O6	FINANCIAL MGT WAIVER/DIEM	E		0	999	04/01/2022	12/31/9999	1	0.00
T2051	O6	SUPPORT BROKER WAIVER/DIEM	E		0	999	04/01/2022	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
T4544	O6	ADLT DISP UND/PULL ON ABV XL	E		3	999	01/01/2014	12/31/9999	1	0.00
T4545	O6	INCON DISPOSABLE PENILE WRAP	E		0	999	01/01/2019	12/31/9999	1	0.00
U0001	O1	2019-NCOV DIAGNOSTIC P	A		0	999	02/04/2020	12/31/9999	1	32.33
U0002	O1	COVID-19 LAB TEST NON-CDC	A		0	999	02/04/2020	12/31/9999	1	46.20
U0003	O1	INF AGNT DETECT BY NUCLEIC ACID, SARS-CO	A		0	999	01/01/2021	12/31/9999	1	67.50
U0004	O1	2019-NCOV SARS-COV-2/2019, ANY TECH, MUL	A		0	999	01/01/2021	12/31/9999	1	67.50
U0005	O1	INFEC AGEN DETEC AMPLI PROBE	A		0	999	01/01/2021	12/31/9999	1	22.50
V2020	O6	FRAMES, PURCHASE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2025	O6	DELUXE FRAMES	E		0	999	09/01/2012	12/31/9999	1	0.00
V2100	O6	LENS SPHER SINGLE PLANO 4.00	E		0	999	09/01/2012	12/31/9999	1	0.00
V2101	O6	SINGLE VISN SPHERE 4.12-7.00	E		0	999	09/01/2012	12/31/9999	1	0.00
V2102	O6	SINGL VISN SPHERE 7.12-20.00	E		0	999	09/01/2012	12/31/9999	1	0.00
V2103	O6	SPHEROCYLINDR 4.00D/12-2.00D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2104	O6	SPHEROCYLINDR 4.00D/2.12-4D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2105	O6	SPHEROCYLINDER 4.00D/4.25-6D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2106	O6	SPHEROCYLINDER 4.00D/>6.00D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2107	O6	SPHEROCYLINDER 4.25D/12-2D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2108	O6	SPHEROCYLINDER 4.25D/2.12-4D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2109	O6	SPHEROCYLINDER 4.25D/4.25-6D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2110	O6	SPHEROCYLINDER 4.25D/OVER 6D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2111	O6	SPHEROCYLINDR 7.25D/2.25-2.25	E		0	999	09/01/2012	12/31/9999	1	0.00
V2112	O6	SPHEROCYLINDR 7.25D/2.25-4D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2113	O6	SPHEROCYLINDR 7.25D/4.25-6D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2114	O6	SPHEROCYLINDER OVER 12.00D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2115	O6	LENTICULAR (MYODISC) SNGL PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2118	O6	ANISEKONIC LENS, SINGLE VISION	E		0	999	09/01/2012	12/31/9999	1	0.00
V2121	O6	LENTICULAR LENS, SINGLE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2199	O6	NOS, SINGLE VISION LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2200	O6	LENS SPHER BIFOC PLANO 4.00D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2201	O6	LENS SPHERE BIFOCAL 4.12-7.0	E		0	999	09/01/2012	12/31/9999	1	0.00
V2202	O6	LENS SPHERE BIFOCAL 7.12-20.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2203	O6	LENS SPHCYL BIFOCAL 4.00D/.1	E		0	999	09/01/2012	12/31/9999	1	0.00
V2204	O6	LENS SPHCY BIFOCAL 4.00D/2.1	E		0	999	09/01/2012	12/31/9999	1	0.00
V2205	O6	LENS SPHCY BIFOCAL 4.00D/4.2	E		0	999	09/01/2012	12/31/9999	1	0.00
V2206	O6	LENS SPHCY BIFOCAL 4.00D/OVE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2207	O6	LENS SPHCY BIFOCAL 4.25-7D/.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2208	O6	LENS SPHCY BIFOCAL 4.25-7/2.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2209	O6	LENS SPHCY BIFOCAL 4.25-7/4.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2210	O6	LENS SPHCY BIFOCAL 4.25-7/OV	E		0	999	09/01/2012	12/31/9999	1	0.00
V2211	O6	LENS SPHCY BIFO 7.25-12/.25-	E		0	999	09/01/2012	12/31/9999	1	0.00
V2212	O6	LENS SPHCYL BIFO 7.25-12/2.2	E		0	999	09/01/2012	12/31/9999	1	0.00
V2213	O6	LENS SPHCYL BIFO 7.25-12/4.2	E		0	999	09/01/2012	12/31/9999	1	0.00
V2214	O6	LENS SPHCYL BIFOCAL OVER 12.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2215	O6	LENTICULAR (MYODISC) BI PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2218	O6	ANISEKONIC, PER LENS, BIFOCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
V2219	O6	BIFOCAL SEG WIDTH OVER 28MM	E		0	999	09/01/2012	12/31/9999	1	0.00
V2220	O6	BIFOCAL ADD OVER 3.25D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2221	O6	LENTICULAR LENS, BIFOCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
V2299	O6	SPECIALTY BIFOCAL (BY REPORT)	E		0	999	09/01/2012	12/31/9999	1	0.00
V2300	O6	LENS SPHERE TRIFOCAL 4.00D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2301	O6	LENS SPHERE TRIFOCAL 4.12-7.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2302	O6	LENS SPHERE TRIFOCAL 7.12-20	E		0	999	09/01/2012	12/31/9999	1	0.00
V2303	O6	LENS SPHCY TRIFOCAL 4.0/.12-	E		0	999	09/01/2012	12/31/9999	1	0.00
V2304	O6	LENS SPHCY TRIFOCAL 4.0/2.25	E		0	999	09/01/2012	12/31/9999	1	0.00
V2305	O6	LENS SPHCY TRIFOCAL 4.0/4.25	E		0	999	09/01/2012	12/31/9999	1	0.00
V2306	O6	LENS SPHCYL TRIFOCAL 4.00/>6	E		0	999	09/01/2012	12/31/9999	1	0.00
V2307	O6	LENS SPCHY TRIFOCAL 4.25-7/.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2308	O6	LENS SPHC TRIFOCAL 4.25-7/2.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2309	O6	LENS SPHC TRIFOCAL 4.25-7/4.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2310	O6	LENS SPHC TRIFOCAL 4.25-7/>6	E		0	999	09/01/2012	12/31/9999	1	0.00
V2311	O6	LENS SPHC TRIFO 7.25-12/.25-	E		0	999	09/01/2012	12/31/9999	1	0.00
V2312	O6	LENS SPHC TRIFO 7.25-12/2.25	E		0	999	09/01/2012	12/31/9999	1	0.00
V2313	O6	LENS SPHC TRIFO 7.25-12/4.25	E		0	999	09/01/2012	12/31/9999	1	0.00
V2314	O6	LENS SPHCYL TRIFOCAL OVER 12	E		0	999	09/01/2012	12/31/9999	1	0.00
V2315	O6	LENTICULAR, (MYODISC), PER LEN	E		0	999	09/01/2012	12/31/9999	1	0.00
V2318	O6	ANISEKONIC LENS, TRIFOCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
V2319	O6	TRIFOCAL SEG WIDTH OVER 28MM	E		0	999	09/01/2012	12/31/9999	1	0.00
V2320	O6	TRIFOCAL ADD OVER 3.25D	E		0	999	09/01/2012	12/31/9999	1	0.00
V2321	O6	LENTICULAR LENS, TRIFOCAL	E		0	999	09/01/2012	12/31/9999	1	0.00
V2399	O6	SPECIALTY TRIFOCAL (BY REPORT)	E		0	999	09/01/2012	12/31/9999	1	0.00
V2410	O6	VARIABLE ASPHERICITY LENS, SIN	E		0	999	09/01/2012	12/31/9999	1	0.00
V2430	O6	VARIABLE ASPHERICITY LENS, BIF	E		0	999	09/01/2012	12/31/9999	1	0.00
V2499	O6	VARIABLE SPHERICITY LENS, OTHE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2500	O6	CONTACT LENSES	E		0	999	09/01/2012	12/31/9999	1	0.00
V2501	O6	CONACT LENS, PMMA, TORIC OR PR	E		0	999	09/01/2012	12/31/9999	1	0.00
V2502	O6	CONTACT LENS PMMA, BIFOCAL, PE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2503	O6	CONTACT LENS PMMA, COLOR VISIO	E		0	999	09/01/2012	12/31/9999	1	0.00
V2510	O6	CONTACT LENS, GAS PERMEABLE, S	E		0	999	09/01/2012	12/31/9999	1	0.00
V2511	O6	CONTACT LENS, GAS PERMEABLE, T	E		0	999	09/01/2012	12/31/9999	1	0.00
V2512	O6	CONTACT LENS, GAS PERMEABLE, B	E		0	999	09/01/2012	12/31/9999	1	0.00
V2513	O6	CONTACT LENS, GAS PERMEABLE, E	E		0	999	09/01/2012	12/31/9999	1	0.00
V2520	O6	CONTACT LENS HYDROPHILIC, SPER	E		0	999	09/01/2012	12/31/9999	1	0.00
V2521	O6	CONTACT LENS HYDROPHILIC, TROIC	E		0	999	09/01/2012	12/31/9999	1	0.00
V2522	O6	CONTACT LENS HYDROPHILIC, BIFO	E		0	999	09/01/2012	12/31/9999	1	0.00
V2523	O6	CONTACT LENS HYDROPHILIC, EXTEN	E		0	999	09/01/2012	12/31/9999	1	0.00
V2524	O6	CNTCT LENS HYDROPHIL PHOTOCH	E		0	999	10/01/2020	12/31/9999	1	0.00
V2525	O6	CL, HYDROPHILIC, DUAL FOCUS	E		0	999	04/01/2022	12/31/9999	1	0.00
V2530	O6	CONTACT LENS GAS IMPERMEABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2531	O6	CONTACT LENS GAS PERMEABLE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2599	O6	CONTACT LENS, OTHER TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2600	O6	NOT OTHERWISE LOW VISION AIDS	E		0	20	09/01/2012	12/31/9999	1	0.00
V2610	O6	SNGLE LNS SPCTCLE MOUNTD LOW VISION AID	E		0	20	09/01/2012	12/31/9999	1	0.00
V2615	O6	TELESCOPIC AND OTHER COMPOUND	E		0	999	09/01/2012	12/31/9999	1	0.00
V2623	O6	PROSTHETIC EYE, PLASTIC, CUSTO	E		0	20	09/01/2012	12/31/9999	1	0.00
V2624	O6	POLISHING/RESURFACING OF OCULA	E		0	20	09/01/2012	12/31/9999	1	0.00
V2625	O6	ENLARGEMENT OF OCULAR PROSTHES	E		0	20	09/01/2012	12/31/9999	1	0.00
V2626	O6	REDUCTION OF OCULAR PROSTHESIS	E		0	20	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule

Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
V2627	06	SCLERAL COVER SHELL	E		0	999	09/01/2012	12/31/9999	1	0.00
V2628	06	FABRICATION AND FITTING OF OCU	E		0	999	09/01/2012	12/31/9999	1	0.00
V2629	06	PROSTHETIC EYE, OTHER TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2630	01	ANTER CHAMBER INTRAOCL LENS	N		0	999	09/01/2012	12/31/9999	1	0.00
V2631	01	IRIS SUPPORT INTRAOCLR LENS	N		0	999	09/01/2012	12/31/9999	1	0.00
V2632	01	POST CHMBR INTRAOCLULAR LENS	N		0	999	09/01/2012	12/31/9999	1	0.00
V2700	06	BALANCE LENS, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2702	06	DELUXE LENS FEATURE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2710	06	SLAB OFF PRISM, GLASS OR PLAST	E		0	999	09/01/2012	12/31/9999	1	0.00
V2715	06	PRISM, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2718	06	PRESS-ON LENS, FRESNELL PRISM.	E		0	999	09/01/2012	12/31/9999	1	0.00
V2730	06	SPECIAL BASE CURVE, GLASS OR P	E		0	999	09/01/2012	12/31/9999	1	0.00
V2744	06	TINT, PHOTOCHROMATIC, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2745	06	TINT, ANY COLOR/SOLID/GRAD	E		0	999	09/01/2012	12/31/9999	1	0.00
V2750	06	ANTI-REFLECTIVE COATING, PER L	E		0	999	09/01/2012	12/31/9999	1	0.00
V2755	06	U-V LENS, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2756	06	EYE GLASS CASE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2760	06	SCRATCH RESISTANT COATING, PER	E		0	999	09/01/2012	12/31/9999	1	0.00
V2761	06	MIRROR COATING	E		0	999	09/01/2012	12/31/9999	1	0.00
V2762	06	POLARIZATION, ANY LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2770	06	OCCLUDE R LENS, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2780	06	OVERSIZE LENS, PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2781	06	PROGRESSIVE LENS PER LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2782	06	LENS, 1.54-1.65 P/1.60-1.79G	E		0	20	09/01/2012	12/31/9999	1	0.00
V2783	06	LENS, >= 1.66 P/>=1.80 G	E		0	20	09/01/2012	12/31/9999	1	0.00
V2784	06	LENS POLYCARB OR EQUAL	E		0	20	09/01/2012	12/31/9999	1	0.00
V2785	06	PROCESSING, PRESERVING AND TRA	E		0	999	09/01/2012	12/31/9999	1	0.00
V2786	06	OCCUPATIONAL MULTIFOCAL LENS	E		0	999	09/01/2012	12/31/9999	1	0.00
V2787	06	ASTIGMATISM-CORRECT FUNCTION	E		0	999	09/01/2012	12/31/9999	1	0.00
V2788	06	PRESBYOPIA-CORRECT FUNCTION	E		0	999	09/01/2012	12/31/9999	1	0.00
V2790	01	AMNIOTIC MEMBRANE	N		0	999	09/01/2012	12/31/9999	1	0.00
V2797	06	VIS ITEM/SVC IN OTHER CODE	E		0	999	09/01/2012	12/31/9999	1	0.00
V2799	06	MISC VISION ITEM OR SERVICE	E		0	999	09/01/2012	12/31/9999	2	0.00
V5008	06	HEARING SCREENING	E		0	1	09/01/2012	12/31/9999	1	0.00
V5010	06	HEARING AID EVALUATION TEST	E		0	999	09/01/2012	12/31/9999	1	0.00
V5011	06	FITTING/ORIENTATION/CHECKING O	E		0	999	09/01/2012	12/31/9999	2	0.00
V5014	06	HEARING AID REPAIR/MODIFYING	E		0	20	09/01/2012	12/31/9999	2	0.00
V5020	06	CONFORMITY EVALUATION	E		0	20	09/01/2012	12/31/9999	1	0.00
V5030	06	HEARING AID, MONAURAL, BODY N	E		0	20	09/01/2012	12/31/9999	1	0.00
V5040	06	HEARING AID, MONAURAL, BODY W	E		0	20	09/01/2012	12/31/9999	1	0.00
V5050	06	HEARING AID, MONAURAL, IN THE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5060	06	HEARING AID, MONAURAL, BEHIND	E		0	20	09/01/2012	12/31/9999	1	0.00
V5070	06	GLASSES, AIR CONDUCTION	E		0	999	09/01/2012	12/31/9999	1	0.00
V5080	06	GLASSES, BONE CONDUCTION	E		0	20	09/01/2012	12/31/9999	1	0.00
V5090	06	DISPENSING FEE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5095	06	IMPLANT MID EAR HEARING PROS	E		0	999	09/01/2012	12/31/9999	2	0.00
V5100	06	HEARING AID, BILATERAL, BODY	E		0	20	09/01/2012	12/31/9999	1	0.00
V5110	06	DISPENSING FEE, BILATERAL	E		0	20	09/01/2012	12/31/9999	1	0.00
V5120	06	BINAURAL, BODY	E		0	20	09/01/2012	12/31/9999	1	0.00
V5130	06	BINAURAL, IN THE EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
V5140	06	BINAURAL, BEHIND THE EAR	E		0	20	09/01/2012	12/31/9999	1	0.00
V5150	06	BINAURAL, GLASSES	E		0	999	09/01/2012	12/31/9999	1	0.00
V5160	06	DISPENSING FEE, BINAURAL	E		0	20	09/01/2012	12/31/9999	1	0.00
V5171	06	HEARING AID MONAURAL ITE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5172	06	HEARING AID MONAURAL ITC	E		0	999	01/01/2019	12/31/9999	1	0.00
V5181	06	HEARING AID MONAURAL BTE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5190	06	HEARING AID, CROS, GLASSES	E		0	999	09/01/2012	12/31/9999	1	0.00
V5200	06	DISPENSING FEE, CROS	E		0	999	09/01/2012	12/31/9999	1	0.00
V5211	06	HEARING AID BINAURAL ITE/ITE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5212	06	HEARING AID BINAURAL ITE/ITC	E		0	999	01/01/2019	12/31/9999	1	0.00
V5213	06	HEARING AID BINAURAL ITE/BTE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5214	06	HEARING AID BINAURAL ITC/ITC	E		0	999	01/01/2019	12/31/9999	1	0.00
V5215	06	HEARING AID BINAURAL ITC/BTE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5221	06	HEARING AID BINAURAL BTE/BTE	E		0	999	01/01/2019	12/31/9999	1	0.00
V5230	06	HEARING AID, BICROS, GLASSES	E		0	999	09/01/2012	12/31/9999	1	0.00
V5240	06	DISPENSING FEE, BICROS	E		0	999	07/01/2013	12/31/9999	1	0.00
V5241	06	DISPENSING FEE, MONAURAL	E		0	20	09/01/2012	12/31/9999	2	0.00
V5242	06	HEARING AID, MONAURAL, CIC	E		0	999	09/01/2012	12/31/9999	2	0.00
V5243	06	HEARING AID, MONAURAL, ITC	E		0	999	09/01/2012	12/31/9999	2	0.00
V5244	06	HEARING AID, PROG, MON, CIC	E		0	999	09/01/2012	12/31/9999	2	0.00
V5245	06	HEARING AID, PROG, MON, ITC	E		0	999	09/01/2012	12/31/9999	2	0.00
V5246	06	HEARING AID, PROG, MON, ITE	E		0	999	09/01/2012	12/31/9999	2	0.00
V5247	06	HEARING AID, PROG, MON, BTE	E		0	999	09/01/2012	12/31/9999	2	0.00
V5248	06	HEARING AID, BINAURAL, CIC	E		0	999	09/01/2012	12/31/9999	1	0.00
V5249	06	HEARING AID, BINAURAL, ITC	E		0	999	09/01/2012	12/31/9999	1	0.00
V5250	06	HEARING AID, PROG, BIN, CIC	E		0	999	09/01/2012	12/31/9999	1	0.00
V5251	06	HEARING AID, PROG, BIN, ITC	E		0	999	09/01/2012	12/31/9999	1	0.00
V5252	06	HEARING AID, PROG, BIN, ITE	E		0	999	09/01/2012	12/31/9999	1	0.00
V5253	06	HEARING AID, PROG, BIN, BTE	E		0	999	09/01/2012	12/31/9999	1	0.00
V5254	06	HEARING ID, DIGIT, MON, CIC	E		0	20	09/01/2012	12/31/9999	1	0.00
V5255	06	HEARING AID, DIGIT, MON, ITC	E		0	20	09/01/2012	12/31/9999	1	0.00
V5256	06	HEARING AID, DIGIT, MON, ITE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5257	06	HEARING AID, DIGIT, MON, BTE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5258	06	HEARING AID, DIGIT, BIN, CIC	E		0	20	09/01/2012	12/31/9999	1	0.00
V5259	06	HEARING AID, DIGIT, BIN, ITC	E		0	20	09/01/2012	12/31/9999	1	0.00
V5260	06	HEARING AID, DIGIT, BIN, ITE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5261	06	HEARING AID, DIGIT, BIN, BTE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5262	06	HEARING AID, DISP, MONAURAL	E		0	999	09/01/2012	12/31/9999	2	0.00
V5263	06	HEARING AID, DISP, BINAURAL	E		0	999	09/01/2012	12/31/9999	1	0.00
V5264	06	EAR MOLD/INSERT	E		0	20	09/01/2012	12/31/9999	1	0.00
V5265	06	EAR MOLD/INSERT, DISP	E		0	999	09/01/2012	12/31/9999	2	0.00
V5266	06	BATTERY FOR HEARING DEVICE	E		0	999	09/01/2012	12/31/9999	1	0.00
V5267	06	HEARING AID SUP/ACCESS/DEV	E		0	999	09/01/2012	12/31/9999	1	0.00
V5268	06	ALD TELEPHONE AMPLIFIER	E		0	999	09/01/2012	12/31/9999	1	0.00
V5269	06	ALERTING DEVICE, ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
V5270	06	ALD, TV AMPLIFIER, ANY TYPE	E		0	999	09/01/2012	12/31/9999	1	0.00
V5271	06	ALD, TV CAPTION DECODER	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: April 14, 2022



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

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

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

Code	Status	Description	Status Indicator	PA Required	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
V5272	O6	TDD	E		0	999	09/01/2012	12/31/9999	1	0.00
V5273	O6	ALD FOR COCHLEAR IMPLANT	E		0	999	09/01/2012	12/31/9999	1	0.00
V5274	O6	ALD UNSPECIFIED	E		0	999	09/01/2012	12/31/9999	1	0.00
V5275	O6	EAR IMPRESSION	E		0	999	09/01/2012	12/31/9999	1	0.00
V5281	O6	ALD FM/DM SYSTEM, MONAURAL	E		0	999	07/01/2013	12/31/9999	1	0.00
V5282	O6	ALD FM/DM SYSTEM BINAURAL	E		0	999	07/01/2013	12/31/9999	1	0.00
V5283	O6	ALD NECK, LOOP IND RECEIVER	E		0	999	07/01/2013	12/31/9999	1	0.00
V5284	O6	ALD FM/DM EAR LEVEL RECEIVER	E		0	999	07/01/2013	12/31/9999	1	0.00
V5285	O6	ALD FM/DM AUD INPUT RECEIVER	E		0	999	07/01/2013	12/31/9999	1	0.00
V5286	O6	ALD BLU TOOTH FM/DM RECEIVER	E		0	999	07/01/2013	12/31/9999	1	0.00
V5287	O6	ALD FM/DM RECEIVER, NOS	E		0	999	07/01/2013	12/31/9999	1	0.00
V5288	O6	ALD FM/DM TRANSMITTER AD	E		0	999	07/01/2013	12/31/9999	1	0.00
V5289	O6	ALD FM/DM ADAPT/BOOT COUPLIN	E		0	999	07/01/2013	12/31/9999	1	0.00
V5290	O6	ALD TRANSMITTER MICROPHONE	E		0	999	07/01/2013	12/31/9999	1	0.00
V5298	O6	HEARING AID NOC	E		0	999	09/01/2012	12/31/9999	1	0.00
V5299	O6	HEARING AID, NOT OTHERWISE CL	E		0	20	09/01/2012	12/31/9999	1	0.00
V5336	O6	REPAIR COMMUNICATION DEVICE	E		0	20	09/01/2012	12/31/9999	1	0.00
V5362	O6	SPEECH SCREENING	E		0	999	09/01/2012	12/31/9999	1	0.00
V5363	O6	LANGUAGE SCREENING	E		0	999	09/01/2012	12/31/9999	1	0.00
V5364	O6	DYSPHAGIA SCREENING	E		0	999	09/01/2012	12/31/9999	1	0.00

Mississippi Division of Medicaid Chemotherapy and Associated Drugs Fee Schedule

Print Date: April 20, 2022



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.

Facor Code Key: L1-Outpatient Hospital Chemotherapy Fee

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0461	L1	ATROPINE SULFATE INJ .01 MG	0	999	07/01/2020	12/31/9999	800	0.08
J1071	L1	INJ TESTOSTERONE CYPIONATE	12	999	01/01/2015	12/31/9999	400	0.03
J2250	L1	INJ, MIDAM HYDCHLE, PER 1 MG	0	999	07/01/2020	12/31/9999	30	0.12
J2405	L1	INJ, ONDAN HYDRE, PER 1 MG	0	999	07/01/2020	12/31/9999	64	0.09
J3475	L1	INJ, MAGNE SULF, PER 500 MG	0	999	07/01/2020	12/31/9999	80	0.63
P9047	L1	ALBUMIN (HUMAN), 25%, 50ML	0	999	07/01/2020	12/31/9999	1	52.45
Q0162	L1	ONDANSETRON 1 MG ORAL	0	999	07/01/2020	12/31/9999	24	0.02
Q0163	L1	DIPHENHYDRAMINE HCL 50MG	0	999	10/01/2019	12/31/9999	6	0.26
Q2049	L1	LIPOSOMAL IMPORT (LIPODOX) 10 MG	19	999	10/01/2019	12/31/9999	20	508.43
S0183	L1	PROCHLORPERAZINE 5 MG	0	999	02/01/2015	12/31/9999	8	1.05
J0171	L1	ADRENALIN EPINEPHRINE INJECT	0	999	07/01/2021	12/31/9999	120	0.85
J0180	L1	INJ, AGALSE BETA, 1 MG	0	999	07/01/2021	12/31/9999	140	189.29
J0456	L1	AZITHROMYCIN	0	999	07/01/2021	12/31/9999	4	3.30
J0480	L1	INJ, BASILB, 20 MG	0	999	07/01/2021	12/31/9999	1	4019.07
J0610	L1	INJ, CAL GLUCTE, PER 10 ML	0	999	07/01/2021	12/31/9999	15	3.85
J0640	L1	LEUCOVORIN CALCIUM INJECTION	0	999	07/01/2021	12/31/9999	24	2.73
J0641	L1	INJ LEVOLEUCOVORIN NOS 0.5MG	6	999	07/01/2021	12/31/9999	1200	0.12
J0692	L1	CEFEPIME HCL FOR INJECTION	0	999	07/01/2021	12/31/9999	12	1.81
J0696	L1	CEFTRIAZONE SODIUM INJECTION	0	999	07/01/2021	12/31/9999	16	0.56
J0740	L1	INJ, CIDOR, 375 MG	0	999	07/01/2021	12/31/9999	2	590.29
J0881	L1	INJ,DARBEPNALFA,1 MCG(NON-ESRD USE)	0	999	07/01/2021	12/31/9999	500	3.56
J0885	L1	INJ, EPOETINALFA(NONESRD)1000 UNITS	0	999	07/01/2021	12/31/9999	60	8.82
J0895	L1	INJ, DEFERE MESYLE, 500 MG	0	999	07/01/2021	12/31/9999	12	7.90
J0897	L1	DENOSUMAB INJ, 1 MG	18	999	07/01/2021	12/31/9999	120	20.11
J1100	L1	INJ, DEXAMETNE SODM PHOSTE, 1MG	0	999	07/01/2021	12/31/9999	120	0.14
J1170	L1	INJ, HYDPHNE, UP TO 4 MG	0	999	07/01/2021	12/31/9999	50	2.74
J1200	L1	INJ, DIPHYNE HCL, UP TO 50 MG	0	999	07/01/2021	12/31/9999	8	0.62
J1300	L1	ECULIZUMAB INJECTION 10 MG	0	999	07/01/2021	12/31/9999	120	230.32
J1453	L1	*FOSAPREPITANT INJ 1 MG	0	999	07/01/2021	12/31/9999	150	0.42
J1459	L1	*INJ IVIG PRIVIGEN 500 MG	0	999	07/01/2021	12/31/9999	300	42.43
J1561	L1	GAMUNEX-C/GAMMAKED, 500 MG	0	999	07/01/2021	12/31/9999	300	43.67
J1569	L1	GAMMAGARD LIQUID INJECTION, 500 MG	0	999	07/01/2021	12/31/9999	300	43.63
J1580	L1	INJ, GARN, GENTN, UP TO 80 MG	0	999	07/01/2021	12/31/9999	9	1.78
J1626	L1	GRANISETRON HCL INJECTION	0	999	07/01/2021	12/31/9999	30	0.22
J1642	L1	INJ HEPARIN SODIUM PER 10 U	0	999	07/01/2021	12/31/9999	150	0.01
J1644	L1	INJ HEPARIN SODIUM PER 1000U	0	999	07/01/2021	12/31/9999	50	0.32
J1650	L1	INJ ENOXAPARIN SODIUM	0	999	07/01/2021	12/31/9999	30	0.80
J1720	L1	INJ, HYDCORE SODM SUCTE, <= 100 MG	0	999	07/01/2021	12/31/9999	10	14.15
J1745	L1	INFIXIMAB EXCL BIOSIMILAR 10MG	0	999	07/01/2021	12/31/9999	150	44.90
J1750	L1	INJ IRON DEXTRAN	0	999	07/01/2021	12/31/9999	45	15.05
J1756	L1	IRON SUCROSE INJECTION	0	999	07/01/2021	12/31/9999	500	0.22
J1885	L1	INJ, KETC TROME, PER 15 MG	0	999	07/01/2021	12/31/9999	8	0.39
J1931	L1	LARONIDASE INJECTION	0	999	07/01/2021	12/31/9999	609	33.12
J1940	L1	INJ, FURDE, UP TO 20 MG	0	999	07/01/2021	12/31/9999	10	0.65
J1956	L1	LEVOFLOXACIN INJECTION	0	999	07/01/2021	12/31/9999	4	0.39
J2060	L1	LORAZEPAM INJECTION	18	999	07/01/2021	12/31/9999	10	0.72
J2150	L1	INJ, MANL, 25% IN 50 ML	0	999	07/01/2021	12/31/9999	8	2.38
J2175	L1	MEPERIDINE HYDROCHL /100 MG	0	999	07/01/2021	12/31/9999	6	5.34
J2185	L1	MEROPENEM	0	999	07/01/2021	12/31/9999	60	0.76
J2270	L1	INJ, MORPE SULTE, UP TO 10 MG	0	999	07/01/2021	12/31/9999	15	3.15
J2274	L1	IN MORPHINE PRESERVATIV FREE	0	999	07/01/2021	12/31/9999	100	11.51
J2353	L1	OCTREOTIDE INJECTION, DEPOT	0	999	07/01/2021	12/31/9999	60	205.66
J2357	L1	OMALIZUMAB INJECTION	6	75	07/01/2021	12/31/9999	90	37.42
J2430	L1	PAMIDRONATE DISODIUM /30 MG	0	999	07/01/2021	12/31/9999	3	10.70
J2469	L1	PALONOSETRON HCL	0	999	07/01/2021	12/31/9999	10	3.19
J2505	L1	INJECTION, PEGFILGRASTIM 6MG	0	999	07/01/2021	12/31/9999	1	3079.49
J2550	L1	INJ, PROME HCL, UP TO 50 MG	0	999	07/01/2021	12/31/9999	3	2.32

Chemotherapy and Associated Drugs Fee Schedule

Print Date: April 20, 2022



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.

Facor Code Key: L1-Outpatient Hospital Chemotherapy Fee

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2796	L1	ROMIPLOSTIM INJ 10 MCRGMS	0	999	07/01/2021	12/31/9999	150	79.11
J2916	L1	NA FERRIC GLUCONATE COMPLEX	0	999	07/01/2021	12/31/9999	20	2.01
J2920	L1	INJ, METPRE SODM SUTE, <=40 MG	0	999	07/01/2021	12/31/9999	25	4.38
J2930	L1	INJ, METHPRE SODM SUTE, <=125 MG	0	999	07/01/2021	12/31/9999	25	5.49
J2997	L1	ALTEPLASE RECOMBINANT	0	999	07/01/2021	12/31/9999	100	87.43
J3010	L1	INJ, FENYL CIT, 0.1 MG	0	999	07/01/2021	12/31/9999	100	0.72
J3370	L1	INJ VANCOMYCIN HCL 500 MG	0	999	07/01/2021	12/31/9999	12	2.61
J3385	L1	VELAGLUCERASE ALFA	0	999	07/01/2021	12/31/9999	80	346.63
J3410	L1	INJ, HYDROX HCL, UP TO 25 MG	0	999	07/01/2021	12/31/9999	16	8.30
J3420	L1	INJ, VIT B-12 CYANO, <= 1000 MCG	0	999	07/01/2021	12/31/9999	1	1.84
J3480	L1	INJ, POTASS CHL, PER 2 MEQ	0	999	07/01/2021	12/31/9999	200	0.16
J7030	L1	INFUS, NORL SALI SOL , 1000 CC	0	999	07/01/2021	12/31/9999	20	2.73
J7040	L1	INFUS NRML SAL STER 500 ML=1 UNIT	0	999	07/01/2021	12/31/9999	12	1.37
J7050	L1	INFUS, NORL SAL SOLU , 250 CC	0	999	07/01/2021	12/31/9999	20	0.68
J7060	L1	5% DEX/WAT(500 ML = 1 UNIT)	0	999	07/01/2021	12/31/9999	10	1.98
J7070	L1	INFUS, D5W, 1000 CC	0	999	07/01/2021	12/31/9999	7	3.93
J7187	L1	HUMATE-P, INJ	0	999	07/01/2021	12/31/9999	9600	1.22
J7527	L1	ORAL EVEROLIMUS, 0.25 MG	0	999	07/01/2021	12/31/9999	20	7.00
J8501	L1	ORAL APREPITANT	0	999	07/01/2021	12/31/9999	25	4.30
J8530	L1	CYCLOPHOSPHAMIDE ORAL 25 MG	0	999	07/01/2021	12/31/9999	60	1.62
J8540	L1	ORAL DEXAMETHASONE	0	999	07/01/2021	12/31/9999	48	0.11
J8655	L1	ORAL NETUPITANT, PALONOSETRO	0	999	07/01/2021	12/31/9999	1	270.65
J8670	L1	ROLAPITANT ORAL 1MG	18	999	07/01/2021	12/31/9999	180	2.34
J8700	L1	TEMOZOLMIDE	0	999	07/01/2021	12/31/9999	120	0.53
J9000	L1	DOXORUBICIN HCL INJ 10 MG	0	999	07/01/2021	12/31/9999	20	2.50
J9017	L1	ARSENIC TRIOXIDE INJ 1 MG	0	999	07/01/2021	12/31/9999	30	17.82
J9019	L1	ERWINAZE INJECTION, 1000 IU	0	999	07/01/2021	12/31/9999	60	427.27
J9025	L1	INJ, AZACI, 1 MG	0	999	07/01/2021	12/31/9999	300	0.91
J9033	L1	BENDAMUSTINE HCL TRENADA 1MG	0	999	07/01/2021	12/31/9999	300	24.58
J9034	L1	BENDAMUSTINE HCL 1 MG	18	999	07/01/2021	12/31/9999	360	20.17
J9035	L1	BEVACIZUMAB INJECTION	0	999	07/01/2021	12/31/9999	170	75.16
J9039	L1	BLINATUMOMAB INJ 1 MCG	0	999	07/01/2021	12/31/9999	210	118.12
J9040	L1	BLEOMYCIN SULFATE INJ 15 UNITS	0	999	07/01/2021	12/31/9999	4	27.01
J9041	L1	INJ., VELCADE 0.1 MG	0	999	07/01/2021	12/31/9999	35	44.67
J9042	L1	BRENTUXIMAB VEDOTIN INJ, 1 MG	18	999	07/01/2021	12/31/9999	200	182.08
J9043	L1	CABAZITAXEL INJ, 1 MG	0	999	07/01/2021	12/31/9999	60	184.85
J9045	L1	CARBOPLATIN INJECTION	0	999	07/01/2021	12/31/9999	22	2.68
J9047	L1	CARFILZOMIB, 1 MG INJECTION,	18	999	07/01/2021	12/31/9999	160	39.35
J9050	L1	CARMUSTINE INJ 100 MG	0	999	07/01/2021	12/31/9999	6	1743.25
J9055	L1	CETUXIMAB INJECTION	0	999	07/01/2021	12/31/9999	120	65.48
J9060	L1	CISPLATIN 10 MG INJECTION	0	999	07/01/2021	12/31/9999	24	1.68
J9065	L1	INJ CLADRIBINE PER 1 MG	0	999	07/01/2021	12/31/9999	100	21.02
J9070	L1	CYCLOPHOSPHAMIDE 100 MG INJ	0	999	07/01/2021	12/31/9999	55	31.16
J9100	L1	CYTARABINE HCL 100 MG INJ	0	999	07/01/2021	12/31/9999	120	0.69
J9120	L1	DACTINOMYCIN INJ 0.5 MG	0	999	07/01/2021	12/31/9999	5	934.16
J9130	L1	DACARBAZINE 100 MG INJ	0	999	07/01/2021	12/31/9999	24	4.85
J9150	L1	DAUNORUBICIN INJ 10 MG	0	999	07/01/2021	12/31/9999	12	42.52
J9171	L1	DOCETAXEL INJ 1 MG	0	999	07/01/2021	12/31/9999	240	0.72
J9179	L1	ERIBULIN MESYLATE INJ, 0.1 MG	28	85	07/01/2021	12/31/9999	50	117.76
J9181	L1	ETOPOSIDE INJ 10 MG	0	999	07/01/2021	12/31/9999	100	0.74
J9185	L1	FLUDARABINE PHOSPHATE INJ 50 MG	0	999	07/01/2021	12/31/9999	2	47.53
J9190	L1	FLUOROURACIL INJ 500 MG	0	999	07/01/2021	12/31/9999	20	1.68
J9201	L1	IN GEMCITABINE HCL NOS 200MG	0	999	07/01/2021	12/31/9999	20	3.97
J9202	L1	GOSERN ACET IMPLT, PER 3.6 MG	0	999	07/01/2021	12/31/9999	3	501.27
J9205	L1	IRINOTECAN LIPOSOME 1 MG	0	999	07/01/2021	12/31/9999	215	54.31
J9206	L1	IRINOTECAN INJ 20 MG	0	999	07/01/2021	12/31/9999	42	2.45
J9207	L1	'IXABEPILONE INJ 1 MG	0	999	07/01/2021	12/31/9999	90	102.12
J9208	L1	IFOSFOMIDE INJ 1 GRAM	0	999	07/01/2021	12/31/9999	15	26.17

Chemotherapy and Associated Drugs Fee Schedule

Print Date: April 20, 2022



MISSISSIPPI DIVISION OF
MEDICAID

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.

Facor Code Key: L1-Outpatient Hospital Chemotherapy Fee

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9209	L1	MESNA INJ 200 MG	0	999	07/01/2021	12/31/9999	55	2.19
J9214	L1	INTERFERON ALFA-2B INJ 1 ML UNITS	0	999	07/01/2021	12/31/9999	100	33.99
J9217	L1	LEUPRO ACET (DEPOT SUSPEN), 7.5 MG	0	999	07/01/2021	12/31/9999	6	228.93
J9250	L1	METHOTRE SODM, 5 MG	0	999	07/01/2021	12/31/9999	50	0.21
J9260	L1	METHOTRE SODM, 50 MG	0	999	07/01/2021	12/31/9999	20	2.10
J9262	L1	OMACETAXINE MEPEUSUCCINATE, 0.01 MG INJE	18	999	07/01/2021	12/31/9999	700	3.31
J9263	L1	OXALIPLATIN	0	999	07/01/2021	12/31/9999	700	0.12
J9264	L1	INJ, PACLITL PRTN-BND PARTI, 1 MG	0	999	07/01/2021	12/31/9999	600	13.43
J9266	L1	PEGASPARGASE INJ SNGL DOSE VIAL	0	999	07/01/2021	12/31/9999	2	19717.46
J9267	L1	PACLITAXEL INJECTION	18	999	07/01/2021	12/31/9999	750	0.15
J9271	L1	INJ PEMBROLIZUMAB 1 MG	18	999	07/01/2021	12/31/9999	300	50.65
J9280	L1	MITOMYCIN INJECTION, 5 MG	0	999	07/01/2021	12/31/9999	12	54.24
J9285	L1	OLARATUMAB 10 MG	18	999	07/01/2021	12/31/9999	250	52.07
J9299	L1	INJECTION, NIVOLUMAB	0	999	07/01/2021	12/31/9999	480	28.54
J9301	L1	OBINUTUZUMAB INJ	18	999	07/01/2021	12/31/9999	100	63.54
J9303	L1	PANITUMUMAB INJECTION 10 MG	0	999	07/01/2021	12/31/9999	90	124.17
J9305	L1	INJ. PEMETREXED NOS 10MG	0	999	07/01/2021	12/31/9999	150	73.19
J9306	L1	PERTUZUMAB, 1 MG INJECTION,	18	999	07/01/2021	12/31/9999	840	12.99
J9307	L1	PRALATREXATE INJECTION	0	999	07/01/2021	12/31/9999	80	310.93
J9308	L1	INJ RAMUCIRUMAB 5 MG	18	999	07/01/2021	12/31/9999	280	61.66
J9311	L1	INJ RITUXIMAB, HYALURONIDASE	18	999	07/01/2021	12/31/9999	160	40.23
J9312	L1	INJ., RITUXIMAB, 10 MG	18	999	07/01/2021	12/31/9999	150	91.26
J9315	L1	ROMIDEPSIN INJECTION	0	999	07/01/2021	12/31/9999	40	336.66
J9351	L1	TOPOTECAN INJECTION	0	999	07/01/2021	12/31/9999	120	1.12
J9354	L1	ADO-TRASTUZUMAB EMTANSINE, 1 MG INJECTI	18	999	07/01/2021	12/31/9999	600	32.85
J9355	L1	INJ TRASTUZUMAB EXCL BIOSIMI	18	999	07/01/2021	12/31/9999	100	97.92
J9360	L1	VINBLASTINE SULFATE INJ 1 MG	0	999	07/01/2021	12/31/9999	45	3.68
J9370	L1	VINCISTINE SULFATE 1 MG INJ	0	999	07/01/2021	12/31/9999	4	5.04
J9371	L1	VINCISTINE SULFATE LIPOSOME, 1 MG INJE	18	999	07/01/2021	12/31/9999	5	3320.40
J9390	L1	VINORELBINE TARTRATE INJ 10 MG	0	999	07/01/2021	12/31/9999	36	9.54
J9395	L1	INJECTION, FULVESTRANT	18	999	07/01/2021	12/31/9999	20	54.77
J9400	L1	, ZIV-AFLIBERCEPT, 1 MG INJECTION	18	999	07/01/2021	12/31/9999	500	8.50
Q2050	L1	DOXORUBICIN HYDROCHLORIDE NOS 10MG	0	999	07/01/2021	12/31/9999	20	298.80
Q5101	L1	ZARXIO 1 MICROGRAM	0	999	07/01/2021	12/31/9999	1590	0.41