MISSISSIPPI DIVISION OF MEDICAID
OUTPATIENT HOSPITAL FEE SCHEDULES
PRINT DATE: OCTOBER 28, 2022

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 coverd 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

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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

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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

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Revenue Code CODE	Description	Revenue Code Allowed for Outpatient	CPT- HCPCS Code Required for Outpatient Claim	MMIS Action
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

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	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
	4	Supplies/Drugs for DME Effectiveness (Home Health 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	Angiocardiography	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

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	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

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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

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	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
	4	Visit by RHC/FQHC Practitioner to a member in a Cov Part A Stay at SNF	N	NA	Deny line
	5	Visit by RHC/FQHC Practitioner to a member in a SNF or NF or ICFor other residential facility	N	NA	Deny line
	6	Urgent Care Clinic	N	NA	Deny line
	7	Visiting Nurse Service(s) to a members home when in a home health shortage	N	NA	Deny line
	8	Visit By RHC/FQHC Practitioner to Other non-RHC/FQHC 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

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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			

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Revenue Code CODE		Description	Revenue Code Allowed for Outpatient	CPT- HCPCS Code Required for Outpatient Claim	MMIS Action
	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

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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/Pallative 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	Conultation 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

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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
	3	Inpatient Continuous Ambulatory Peritoneal Dialysis (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

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	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	N	NA	Deny line
	3	Storage and Processing After Receipt of Cells from the 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

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	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

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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

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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: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
00100	ANESTH, SALIVARY GLAND		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00102	ANES-PROC PLASTIC REPAIR CLEFT LIP ANES-		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00103	ANESTH, BLEPHAROPLASTY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00104	ANESTH FOR ELECTROSHOCK		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00120	ANESTHESIA FOR EAR SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00124	ANESTHESIA FOR EAR EXAM		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00126	ANESTH, TYMPANOTOMY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00140	ANESTH, PROCEDURES ON EYE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00142	ANESTHESIA FOR LENS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00144	ANESTH, CORNEAL TRANSPLANT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00145	ANESTH, VITREORETINAL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00147	ANESTHESIA FOR PROCEDURES ON E		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00148	ANESTHESIA FOR EYE EXAM		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00160	ANESTH, NOSE, SINUS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00162	ANESTH, NOSE, SINUS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00164	ANESTH, BIOPSY OF NOSE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00170	ANESTH, PROCEDURE ON MOUTH		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00172	ANESTH, CLEFT PALATE REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00174	ANESTH, PHARYNGEAL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00176	ANESTH, PHARYNGEAL SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00190	ANESTH, FACE/SKULL BONE SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00192	ANESTH, FACIAL BONE SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00210	ANESTH, OPEN HEAD SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00211	ANES INTRACRAN PROC-CRANIOT/ECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00212	ANESTH, SKULL DRAINAGE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00214	ANESTH, SKULL DRAINAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00215	ANESTH, SKULL REPAIR/FRACT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00216	ANESTH, HEAD VESSEL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00218	ANESTH, SPECIAL HEAD SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00220	ANESTH, INTRCRN NERVE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00222	ANESTH, HEAD NERVE SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00300	ANESTH, HEAD/NECK/PTRUNK		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00320	ANESTH, NECK ORGAN, 1 & OVER		1	999	09/01/2012	12/31/9999	999	O1	0.00	N
00322	ANESTH, BIOPSY OF THYROID		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00326	ANESTH, LARYNX/TRACH, < 1 YR		0	1	09/01/2012	12/31/9999	999	O1	0.00	N
00350	ANESTH, NECK VESSEL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00352	ANESTH, NECK VESSEL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00400	ANESTH, SKIN, EXT/PER/ATRUNK		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00402	ANESTH, SURGERY OF BREAST		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00404	ANESTH, SURGERY OF BREAST		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00406	ANESTH, SURGERY OF BREAST		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00410	ANESTH, CORRECT HEART RHYTHM		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00450	ANESTH, SURGERY OF SHOULDER		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00454	ANESTH, COLLAR BONE BIOPSY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00470	ANESTH, REMOVAL OF RIB		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00472	ANESTH, CHEST WALL REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00474	ANESTH, SURGERY OF RIB(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00500	ANESTH, ESOPHAGEAL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00520	ANESTH, CHEST PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00522	ANESTH, CHEST LINING BIOPSY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00524	ANESTH, CHEST DRAINAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00528	ANES-CLO CHST;MEDIASTNSCP NO 1 LUNGANES-		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00529	ANES-CLOS CHST; MEDIASTNSCPY 1 LUNGANES-		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00530	ANESTH, PACEMAKER INSERTION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00532	ANESTHESIA FOR ACCESS TO CENTR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00534	ANESTH, CARDIOVERTER/DEFIB		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00537	ANESTH, CARDIAC ELECTROPHYS		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00539	ANESTH, TRACH-BRONCH RECONST		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00540	ANESTH, CHEST SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00541	ANESTH, ONE LUNG VENTILATION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00542	ANESTH, RELEASE OF LUNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00546	ANESTH, LUNG,CHEST WALL SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00548	ANESTH, TRACHEA,BRONCHI SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00550	ANESTH, STERNAL DEBRIDEMENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00560	ANESTH, OPEN HEART SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00561	ANESTH, HEART SURG < AGE 1		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
00562	ANESTH, OPEN HEART SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00563	ANESTH, HEART PROC W/PUMP		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00566	ANESTH, CABG W/O PUMP		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00567	ANES DIR COR ART BYPAS W/PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00580	ANESTH,HEART/LUNG TRANSPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00600	ANESTH, SPINE, CORD SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00604	ANESTH, SITTING PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00620	ANESTH, SPINE, CORD SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00625	ANES FOR PROC /THORACIC SPINE & CORD; NO		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00626	ANES FOR PROC /THORACIC SPINE & CORD; UT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00630	ANESTH, SPINE, CORD SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00632	ANESTH, REMOVAL OF NERVES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00635	ANESTH, LUMBAR PUNCTURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00640	ANESTH, SPINE MANIPULATION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00670	ANESTH, SPINE, CORD SURGERY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
00700	ANESTH, ABDOMINAL WALL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00702	ANESTH, FOR LIVER BIOPSY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
00730	ANESTH, ABDOMINAL WALL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00731	ANESTH, UPPER GI ENDOSOPIC		0	999	01/01/2018	12/31/9999	720	O6	0.00	E
00732	ANESTH, UPPER GI ENDOSCOPIC		0	999	01/01/2018	12/31/9999	720	O6	0.00	E
00750	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00752	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00754	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00756	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00770	ANESTH, BLOOD VESSEL REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00790	ANESTHESIA FOR INTRAPERITONEAL		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00792	ANESTH, HEMORR/EXCISE LIVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00794	ANESTH, PANCREAS REMOVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00796	ANESTH, FOR LIVER TRANSPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00797	ANESTH, SURGERY FOR OBESITY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00800	ANESTH, ABDOMINAL WALL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00802	ANESTH, FAT LAYER REMOVAL		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
00811	ANESTH, LOW INTESTINE SCOPE		0	999	01/01/2018	12/31/9999	720	O6	0.00	E
00812	ANESTH, LOW INTESTINE SCOPE		0	999	01/01/2018	12/31/9999	720	O6	0.00	E
00813	ANESTH, COMBINED UP AND LOW GI SCOPE		0	999	01/01/2018	12/31/9999	720	O6	0.00	E
00820	ANESTH, ABDOMINAL WALL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00830	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00832	ANESTH, REPAIR OF HERNIA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00834	ANESTH, HERNIA REPAIR< 1 YR		0	1	09/01/2012	12/31/9999	999	O1	0.00	N
00836	ANESTH HERNIA REPAIR PREEMIE		0	1	09/01/2012	12/31/9999	999	O1	0.00	N
00840	ANESTHESIA FOR INTRAPERITONEAL		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00842	ANESTH, AMNIOCENTESIS		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
00844	ANESTH, PELVIS SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00846	ANES INTRA PROC LOWR ABD LAP; RAD HYSTER		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
00848	ANES INTRA PROC LOWR ABD LAP; PELV EXTEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00851	ANES INTRA PROC LOWR ABD LAP; TUBL LIG/T		21	999	09/01/2012	12/31/9999	999	O1	0.00	N
00860	ANESTH, SURGERY OF ABDOMEN		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00862	ANESTH, KIDNEY, URETER SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00864	ANESTH, REMOVAL OF BLADDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00865	ANESTH, REMOVAL OF PROSTATE		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
00866	ANESTH, REMOVAL OF ADRENAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00868	ANESTH, KIDNEY TRANSPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00870	ANESTH, BLADDER STONE SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00872	ANESTH,KIDNEY STONE DESTRUCT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00873	ANESTHESIA FOR LITHOTRIPSY, EX		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00880	ANESTH, ABDOMEN VESSEL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00882	ANESTH, MAJOR VEIN LIGATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00902	ANESTH, ANORECTAL SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00904	ANESTH, PERINEAL SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00906	ANESTH, REMOVAL OF VULVA		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00908	ANESTH, REMOVAL OF PROSTATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00910	ANESTH, BLADDER SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00912	ANESTH, BLADDER TUMOR SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00914	ANESTH, REMOVAL OF PROSTATE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00916	ANESTH, BLEEDING CONTROL		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00918	ANESTH, STONE REMOVAL		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00920	ANESTH, GENITALIA SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00921	ANES PROC MALE GENIT; VAS, UNILA/BILAT		21	999	09/01/2012	12/31/9999	999	O1	0.00	N
00922	ANESTH, SPERM DUCT SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00924	ANESTH, TESTIS EXPLORATION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00926	ANESTH, REMOVAL OF TESTIS		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00928	ANESTH, REMOVAL OF TESTIS		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00930	ANESTH, TESTIS SUSPENSION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00932	ANESTH, AMPUTATION OF PENIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00934	ANESTH, PENIS, NODES REMOVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00936	ANESTH, PENIS, NODES REMOVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
00938	ANESTH, INSERT PENIS DEVICE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00940	ANESTH, VAGINAL PROCEDURES		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00942	ANESTH, SURG ON VAG/URETHAL		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00944	ANESTH VAG PROC; VAG HYSTERY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
00948	ANESTH, REPAIR OF CERVIX		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00950	ANESTH, VAGINAL ENDOSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
00952	ANESTH, HYSTEROSCOPE/GRAPH		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01112	ANESTH, BONE ASPIRATE/BX		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01120	ANESTH, PELVIS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01130	ANESTH, BODY CAST PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01140	ANESTH, AMPUTATION AT PELVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01150	ANESTH, PELVIC TUMOR SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01160	ANESTH, PELVIS PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01170	ANESTH, PELVIS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01173	ANES-OPN REP FX PELV/COLUMN ACETAB ANES-		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01200	ANESTH, HIP JOINT PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01202	ANESTH, ARTHROSCOPY OF HIP		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01210	ANESTH, HIP JOINT SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01212	ANESTH, HIP DISARTICULATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01214	ANESTH, HIP ARTHROPLASTY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
01215	ANESTH, REVISE HIP REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01220	ANESTH, PROCEDURE ON FEMUR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01230	ANESTH, SURGERY OF FEMUR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01232	ANESTH, AMPUTATION OF FEMUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01234	ANESTH, RADICAL FEMUR SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01250	ANESTH UPPER LEG SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N

Mississippi Division of Medicaid
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01260	ANESTH, UPPER LEG VEINS SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01270	ANESTH, THIGH ARTERIES SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01272	ANESTH, FEMORAL ARTERY SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01274	ANESTH, FEMORAL EMBOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01320	ANESTH, KNEE AREA SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01340	ANESTH, KNEE AREA PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01360	ANESTH, KNEE AREA SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01380	ANESTH, KNEE JOINT PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01382	ANESTH, DX KNEE ARTHROSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01390	ANESTH, KNEE AREA PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01392	ANESTH, KNEE AREA SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01400	ANESTH, KNEE JOINT SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01402	ANESTH, KNEE ARTHROPLASTY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
01404	ANESTH, AMPUTATION AT KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01420	ANESTH, KNEE JOINT CASTING		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01430	ANESTH, KNEE VEINS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01432	ANESTH, KNEE VESSEL SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01440	ANESTH, KNEE ARTERIES SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01442	ANESTH, KNEE ARTERY SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01444	ANESTH, KNEE ARTERY REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01462	ANESTH, LOWER LEG PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01464	ANESTH, ANKLE/FT ARTHROSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01470	ANESTH, LOWER LEG SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01472	ANESTH, ACHILLES TENDON SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01474	ANESTH, LOWER LEG SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01480	ANESTH, LOWER LEG BONE SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01482	ANESTH, RADICAL LEG SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01484	ANESTH, LOWER LEG REVISION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01486	ANESTH, ANKLE REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
01490	ANESTH, LOWER LEG CASTING		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01500	ANESTH, LEG ARTERIES SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01502	ANESTH, LOWERLEG EMBOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01520	ANESTH, LOWER LEG VEIN SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01522	ANESTH, LOWER LEG VEIN SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01610	ANESTH, SURGERY OF SHOULDER		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01620	ANESTH, SHOULDER PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01622	ANES DX SHOULDER ARTHROSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01630	ANESTH, SURGERY OF SHOULDER		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01634	ANESTH, SHOULDER JOINT AMPUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01636	ANESTH, FOREQUARTER AMPUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01638	ANESTH, SHOULDER REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
01650	ANESTH, SHOULDER ARTERY SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01652	ANESTH, SHOULDER VESSEL SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01654	ANESTH, SHOULDER VESSEL SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01656	ANESTH, ARM-LEG VESSEL SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01670	ANESTH, SHOULDER VEIN SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01680	ANESTH, SHOULDER CASTING		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01710	ANESTH, ELBOW AREA SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01712	ANESTH, UPPERARM TENDON SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01714	ANESTH, UPPERARM TENDON SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01716	ANESTH, BICEPS TENDON REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01730	ANESTH, UPPERARM PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01732	ANESTH, DX ELBOW ARTHROSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01740	ANESTH, UPPER ARM SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01742	ANESTH, HUMERUS SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01744	ANESTH, HUMERUS REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01756	ANESTH, RADICAL HUMERUS SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01758	ANESTH, HUMERAL LESION SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01760	ANESTH, ELBOW REPLACEMENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01770	ANESTH, UPPERARM ARTERY SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01772	ANESTH, UPPERARM EMBOLECTOMY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01780	ANESTH, UPPER ARM VEIN SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01782	ANESTH, UPPERARM VEIN REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01810	ANESTH, LOWER ARM SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01820	ANESTH, LOWER ARM PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01829	ANESTH, DX WRIST ARTHROSCOPY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01830	ANESTH, LOWER ARM SURGERY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01832	ANESTH, WRIST REPLACEMENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01840	ANESTH, LOWERARM ARTERY SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01842	ANESTH, LOWERARM EMBOLECTOMY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01844	ANESTH, VASCULAR SHUNT SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01850	ANESTH, LOWER ARM VEIN SURG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01852	ANESTH, LOWERARM VEIN REPAIR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01860	ANESTH, LOWER ARM CASTING		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01916	ANESTH, DX ARTERIOGRAPHY		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01920	ANESTH, CATHETERIZE HEART		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01922	ANESTHESIA FOR NON-INVASIVE IM		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01924	ANES, THER INTERVEN RAD, ART		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01925	ANES, THER INTERVEN RAD, CAR		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01926	ANES, TX INTERV RAD HRT/CRAN		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01930	ANES, THER INTERVEN RAD, VEI		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01931	ANES THERP PROC/VENOUS/LYMP SYS		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01932	ANES, TX INTERV RAD, TH VEIN		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01933	ANES, TX INTERV RAD, CRAN V		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01937	ANES DRG/ASPIR CRV/THRC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
01938	ANES DRG/ASPIR LMBR/SAC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N
01939	ANES NULYT AGT CRV/THRC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N
01940	ANES NULYT AGT LMBR/SAC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N
01941	ANES NEUROMD/NTRVRT CRV/THRC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N
01942	ANES NEUROMD/NTRVRT LMBR/SAC		0	999	01/01/2022	12/31/9999	999	O1	0.00	N
01951	ANESTH, BURN, LESS 4 PERCENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01952	ANESTH, BURN, 4-9 PERCENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01953	ANESTH, BURN, EACH 9 PERCENT		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01958	ANES-EXTERNAL CEPHALIC VERSION PROCANEST		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01960	ANESTH VAG DELIV ONLY		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01961	ANESTH, CS DELIVERY		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01962	ANETH URGNT HYSTERY FOLL DELIV		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01963	ANESTH CESAR HYST W/O LABR ANA/ANEST CR		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01965	ANESTH INCO/MSSD ABORT PROC		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01966	ANESTH INDU ABORT PRCO		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01967	NEURA LBR ANA/ANESTH PLN VAG DELV		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01968	ANESTH CESAR DELV NEUR LABR ANA/ANEST		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01969	ANESTH CESAR HYST NEUR LBR ANA/ANESTH		9	60	09/01/2012	12/31/9999	999	O1	0.00	N
01990	SUPPORT FOR ORGAN DONOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
01991	ANESTH, NERVE BLOCK/INJ		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01992	ANESTH, N BLOCK/INJ, PRONE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
01996	HOSP MANAGE CONT DRUG ADMIN		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
01999	UNLISTED ANESTH PROCEDURE		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
10004	FNA BX W/O IMG GDN EA ADDL		0	999	01/01/2019	12/31/9999	3	O1	0.00	N
10005	FNA BX W/US GDN 1ST LES		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10006	FNA BX W/US GDN EA ADDL		0	999	01/01/2019	12/31/9999	3	O1	0.00	N
10007	FNA BX W/FLUOR GDN 1ST LES		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10008	FNA BX W/FLUOR GDN EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
10009	FNA BX W/CT GDN 1ST LES		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10010	FNA BX W/CT GDN EA ADDL		0	999	01/01/2019	12/31/9999	3	O1	0.00	N
10011	FNA BX W/MR GDN 1ST LES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
10012	FNA BX W/MR GDN EA ADDL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
10021	FNA W/O IMAGE		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
10030	IMAGE FLUID COLL/CATHETER		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
10035	PERQ DEV SOFT TISS 1ST IMAG		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10036	PERQ DEV SOFT TISS ADD IMAG		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
10040	ACNE SURGERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
10060	INCISION/ DRAINAGE SIMPLE OR SINGLE		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
10061	INCISN/ DRAIN COMPLICTD OR MULT		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
10080	*INCISION AND DRAINAGE OF PIL		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10081	INCISION AND DRAINAGE OF PIL		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
10120	INCISION AND REMOVAL OF FORE		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
10121	INCIS/ REMO FOR, SUBCUT TISS; COMPLICTD		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
10140	INCISION AND DRAINAGE OF HEMAT		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
10160	*PUNCTURE ASPIRATION OF ABSCE		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
10180	INC/DRAGE, COPLX, POSTOP WOUND INFEC		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11000	DEBRI OF ECZE; UP 10% OF BODY SUR		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
11001	DEBRIDE INFECT SKIN ADD-ON		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
11004	DEBRI FOR TISS; EXT GENIT & PERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
11005	DEBRI FOR TISS;ABD W/WO FAC CLOSURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
11006	DEBRIDE GENIT/PER/ABDOM WALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
11008	RMV PROST MAT/MESH ADB WALL/INFECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
11010	DEBRIDE SKIN AT FX SITE		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11011	DEBRIDE SKIN MUSC AT FX SITE		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11012	DEB SKIN BONE AT FX SITE		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11042	DEB SUBQ TISSUE 20 SQ CM/<		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
11043	DEB MUSC/FASCIA 20 SQ CM/<		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
11044	DEB BONE 20 SQ CM/<		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
11045	DBRDMT SUBQ TISSUE EA ADDL 20 SQ CM		0	999	07/01/2020	12/31/9999	12	O1	0.00	N
11046	DBRDMT M&/F EA ADDL 20 SQ CM		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
11047	DEBRIDEMENT BONE EA ADDL 20 SQ CM/<		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
11055	PAR BEN HYPKE; SING LESION		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11056	PAR BEN HYPKE; 2 TO 4 LESION		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11057	PAR BEN HYPKE; MOR THAN 4 LESIONS		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11102	TANGNTL BX SKIN SINGLE LES		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11103	TANGNTL BX SKIN EA SEP/ADDL		0	999	01/01/2019	12/31/9999	6	O1	0.00	N
11104	PUNCH BX SKIN SINGLE LESION		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
11105	PUNCH BX SKIN EA SEP/ADDL		0	999	01/01/2019	12/31/9999	3	O1	0.00	N
11106	INCAL BX SKN SINGLE LES		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
11107	INCAL BX SKN EA SEP/ADDL		0	999	01/01/2019	12/31/9999	2	O1	0.00	N
11200	REMO OF TAGS; UP TO INCLD 15 LESIONS		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11201	REMOVE SKIN TAGS ADD-ON		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
11300	SHAV DRM TRK, AR, LEG; LES DIA 0.5CM /LE		0	999	07/01/2021	12/31/9999	5	O1	270.31	T
11301	SHAV DRM TRK, AR, LEG; LES DIA 0.6/1.0CM		0	999	07/01/2021	12/31/9999	6	O1	140.33	T
11302	SHAV DRM TRK, AR, LEG; LES DIA 1.1/2.0CM		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
11303	SHAV DRM TRK, AR, LEG; LES DIA OVR 2.0CM		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
11305	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.5/LESS		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
11306	SHAV DRM SCA,NK,HD,FE, GEN;LES 0.6/1.0CM		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
11307	SHAV DRM SCA,NK,HD,FE, GEN;LES 1.1/2.0CM		0	999	07/01/2021	12/31/9999	3	O1	140.33	T
11308	SHAV DRM SCA,NK,HD,FE, GEN;LES OVR 2.0 C		0	999	07/01/2021	12/31/9999	2	O1	270.31	T
11310	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.5CM/LES		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
11311	SHAV DRM FA, EA,EYL,NO,LI, MU; 0.6/1.0CM		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
11312	SHAV DRM FA, EA,EYL,NO,LI, MU; 1.1/2.0CM		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
11313	SHAV DRM FA, EA,EYL,NO,LI, MU; OVR 2.0CM		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
11400	EXC, LES, TRK,AR,LE; EXC 0.5CM OR LESS		0	999	07/01/2021	12/31/9999	3	O1	486.13	T

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
11401	EXC, LES, TRK,AR,LE; EXC 0.6 TO 1.0 CM		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
11402	EXC, LES, TRK,AR,LE; EXC 1.1 TO 2.0 CM		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
11403	EXC, LES ,TRK,AR,LE; EXC 2.1 TO 3.0 CM		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11404	EXC, LES, TRK,AR,LE; EXC 3.1 TO 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11406	EXC, LES, TRK,AR,LE; EXC OVER 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11420	EXC, LES, SCA,NE,HD,FE, GEN; 0.5 CM/LESS		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
11421	EXC, LES, SCA,NE,HD,FE, GEN; 0.6 TO 1.0		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
11422	EXC, LES, SCA,NE,HD,FE, GEN; 1.1 TO 2.0		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
11423	EXC, LES, SCA,NE,HD,FE, GEN; 2.1 TO 3.0		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11424	EXC, LES, SCA,NE,HD,FE, GEN; 3.1 TO 4.0		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11426	EXC, LES, SCA,NE,HD,FE, GEN; OVER 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11440	EXC, OTH LES, FA,ER,NO,LI,MU; 0.5 CM /LE		0	999	07/01/2021	12/31/9999	4	O1	486.13	T
11441	EXC, OTH LES, FA,ER,NO,LI,MU; 0.6 TO 1.0		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
11442	EXC, OTH LES, FA,ER,NO,LI,MU; 1.1 TO 2.0		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
11443	EXC, OTH LES, FA,ER,NO,LI,MU; 2.1 TO 3.0		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11444	EXC, OTH LES, FA,ER,NO,LI,MU; 3.1 TO 4.0		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11446	EXC, OTH LES, FA,ER,NO,LI,MU; OVER 4.0 C		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11450	EXC SKN/TISS HID, AXI;W SIM INTERM REPA		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11451	EXCISION OF SKIN AND SUBCUTANE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11462	EXCISION OF SKIN AND SUBCUTANE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11463	EXCISION OF SKIN AND SUBCUTANE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11470	EXCISION OF SKIN AND SUBCUTANE		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
11471	EXCISION OF SKIN AND SUBCUTANE		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11600	EXC TR-EXT MLG+MARG 0.5 < CM		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11601	EXC TR-EXT MLG+MARG 0.6-1 CM		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11602	EXC TR-EXT MLG+MARG 1.1-2 CM		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
11603	EXC TR-EXT MLG+MARG 2.1-3 CM		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11604	EXC TR-EXT MLG+MARG 3.1-4 CM		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11606	EXC TR-EXT MLG+MARG > 4 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11620	EXC H-F-NK-SP MLG+MARG 0.5 <		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11621	EXC H-F-NK-SP MLG+MARG 0.6-1		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11622	EXC H-F-NK-SP MLG+MARG 1.1-2		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11623	EXC H-F-NK-SP MLG+MARG 2.1-3		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11624	EXC H-F-NK-SP MLG+MARG 3.1-4		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11626	EXC H-F-NK-SP MLG+MAR > 4 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11640	EXC FACE-MM MALIG+MARG 0.5 <		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11641	EXC FACE-MM MALIG+MARG 0.6-1		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11642	EXC FACE-MM MALIG+MARG 1.1-2		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
11643	EXC FACE-MM MALIG+MARG 2.1-3		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11644	EXC FACE-MM MALIG+MARG 3.1-4		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
11646	EXC FACE-MM MLG+MARG > 4 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11719	TRIM NAIL(S)		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
11720	DEBRIDE NAIL, 1-5		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
11721	DEBRIDE NAIL, 6 OR MORE		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
11730	*AVULSION OF NAIL PLATE, PART		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11732	REMOVE ADDITIONAL NAIL PLATE		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
11740	EVACUATION OF SUBUNGUAL HEMA		0	999	07/01/2021	12/31/9999	2	O1	87.50	T
11750	EXCISION OF NAIL AND NAIL MA		0	999	07/01/2021	12/31/9999	6	O1	270.31	T
11755	BIOPSY, NAIL UNIT		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
11760	REPAIR OF NAIL BED		0	999	07/01/2021	12/31/9999	4	O1	409.69	T
11762	RECONSTRUCTION OF NAIL BED WIT		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
11765	WEDGE EXCISION OF SKIN OF NAIL		0	999	07/01/2021	12/31/9999	4	O1	270.31	T
11770	EXCISION OF PILONIDAL CYST O		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11771	EXCISION OF PILONIDAL CYST O		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11772	EXCISION OF PILONIDAL CYST O		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
11900	*INJECTION, INTRALESIONAL;		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11901	*INJECTION, INTRALESIONAL;		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
11920	TATTOOING, INTRADERMAL INTRODU		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
11921	TATTOOING, INTRADERMAL INTRO		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
11922	CORRECT SKIN COLOR DEFECTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
11950	SUBCUTANEOUS INJECTION OF "FI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
11951	SUBCUTANEOUS INJECTION OF "		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
11952	SUBCUTANEOUS INJECTION OF "		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
11954	SUBCUTANEOUS INJECTION OF "		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
11960	INSERTION OF TISSUE EXPANDER(S		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
11970	REPLACEMENT OF TISSUE EXPANDER		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
11971	REMOVAL OF TISSUE EXPANDER(S)		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
11976	REMOVAL, IMPLANTABLE CONTRACEP		9	60	07/01/2021	12/31/9999	1	O1	486.13	T
11980	IMPLANT HORMONE PELLET(S)		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
11981	INSERT DRUG IMPLANT DEVICE		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
11982	REMOVE DRUG IMPLANT DEVICE		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
11983	REMOVE/INSERT DRUG IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
12001	*SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12002	*SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12004	*SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12005	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12006	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12007	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12011	*SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12013	*SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12014	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12015	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
12016	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12017	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12018	SIMPLE REPAIR OF SUPERFICIAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
12020	TREATMENT OF SUPERFICIAL WOUND		0	999	07/01/2021	12/31/9999	2	O1	409.69	T
12021	TREATMENT OF SUPERFICIAL WOUND		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
12031	*LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12032	*LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12034	LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12035	LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12036	LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
12037	LAYER CLOSURE OF WOUNDS OF S		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
12041	*LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12042	LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12044	LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
12045	LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
12046	LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
12047	LAYER CLOSURE OF WOUNDS OF N		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
12051	*LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12052	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12053	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12054	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12055	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12056	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
12057	LAYER CLOSURE OF WOUNDS OF F		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
13100	REPAIR, COMPLEX, TRUNK;		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13101	REPAIR, COMPLEX, TRUNK;		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13102	REPAIR WOUND/LESION ADD-ON		0	999	07/01/2014	12/31/9999	3	O1	0.00	N
13120	REPAIR, COMPLEX, SCALP, ARMS		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13121	REPAIR, COMPLEX, SCALP, ARMS		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13122	REPAIR WOUND/LESION ADD-ON		0	999	07/01/2014	12/31/9999	4	O1	0.00	N
13131	REPAIR, COMPLEX, FOREHEAD, C		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
13132	REPAIR, COMPLEX, FOREHEAD, C		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F		0	999	07/01/2014	12/31/9999	4	O1	0.00	N
13151	REPAIR, COMPLEX, EYELIDS, NO		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13152	REPAIR, COMPLEX, EYELIDS, NO		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
13153	REPAIR WOUND/LESION ADD-ON		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
13160	SECONDARY CLOSURE OF SURGICAL		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14000	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14001	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14020	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14021	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14040	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14041	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	3	O1	1,340.73	T
14060	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14061	ADJACENT TISSUE TRANSFER OR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
14301	SKIN TISSUE REARRANGEMENT		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
14302	SKIN TISSUE REARRANGE ADD-ON		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
14350	FILLETED FINGER OR TOE FLAP,		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15002	SURG PREP REC SITE TRUNK,ARMS,LEGS 1ST 1		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15003	SURG PREP REC SITE TRUNK,ARMS,LEGS EA AD		0	999	07/01/2020	12/31/9999	9	O1	0.00	N
15004	SURG PREP REC SITE FACE, HANDS, FEET 1ST		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
15005	SURG PREP REC SITE FACE, HANDS, FEET EA		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
15040	HARVEST CULTURED SKIN GRAFT		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15050	*PINCH GRAFT, SINGLE OR MULTI		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
15100	SKIN SPLT GRFT, TRNK/ARM/LEG		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15101	SKIN SPLIT GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	9	O1	0.00	N
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15111	EPIDRM AUTOGRFT T/A/L ADD-ON		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
15115	EPIDRM A-GRFT FACE/NCK/HF/G		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15116	EPIDRM A-GRFT F/N/HF/G ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
15120	SKN SPLT A-GRFT FAC/NCK/HF/G		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15121	SKIN SPLIT GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
15130	DERM AUTOGRAFT, TRNK/ARM/LEG		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15131	DERM AUTOGRAFT T/A/L ADD-ON		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
15135	DERM AUTOGRAFT FACE/NCK/HF/G		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15136	DERM AUTOGRAFT, F/N/HF/G ADD		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
15150	CULT EPIDERM GRFT T/ARM/LEG		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15151	CULT EPIDERM GRFT T/A/L ADDL		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
15152	CULT EPIDERM GRAFT T/A/L +%		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
15155	CULT EPIDERM GRAFT, F/N/HF/G		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15156	CULT EPIDRM GRFT F/N/HFG ADD		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
15157	CULT EPIDERM GRFT F/N/HFG +%		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
15200	FULL THICKNESS GRAFT, FREE,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15201	SKIN FULL GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	7	O1	0.00	N
15220	FULL THICKNESS GRAFT, FREE,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15221	SKIN FULL GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	9	O1	0.00	N
15240	FULL THICKNESS GRAFT, FREE,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15241	SKIN FULL GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	9	O1	0.00	N
15260	FULL THICKNESS GRAFT, FREE,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15261	SKIN FULL GRAFT ADD-ON		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
15271	SKIN SUB <=100 SQ CM 1ST 25		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15272	SKIN SUB <=100 SQ CM EA ADD 25		0	999	07/01/2014	12/31/9999	3	O1	0.00	N
15273	SKIN SUB >100 SQ CM 1ST 100		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15274	SKIN SUB >100 SQ CM EA ADD 100		0	999	01/01/2017	12/31/9999	6	O1	0.00	N
15275	SKIN SUB <=100 SQ CM 1ST 25		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15276	SKIN SUB <=100 SQ CM EA ADD 25		0	999	07/01/2014	12/31/9999	3	O1	0.00	N
15277	SKIN SUB >100 SQ CM 1ST 100		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15278	SKIN SUB >100 SQ CM EA ADD 100		0	999	07/01/2020	12/31/9999	3	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
15570	FORMATION OF DIRECT; TRUNK		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15572	SCALP, ARMS, OR LEGS		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15574	FOREHEAD, CHEEKS, CHIN, MOUTH		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15576	EYELIDS, NOSE,EARS, LIPS,INTRA		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15600	DELAY OF FLAP OR SECTIONING OF		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15610	INTERMEDIATE "DELAY" OF AN		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15620	INTERMEDIATE "DELAY" OF AN		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15630	INTERMEDIATE "DELAY" OF AN		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15650	TRANSFER, INTERMEDIATE, OF A		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15730	MIDFACE FLAP W/PRESERV VAS PED		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15731	FOREHEAD FLAP W/PRESERVATION OF VACULAR		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15734	MUSCLE MYOCUTANEOUS OR FACIOCU		0	999	07/01/2021	12/31/9999	4	O1	2,752.91	T
15736	MUSCLE MYOCUTANEOUS OR FACIOCU		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15738	MUSCLE MYOCUTANEOUS OR FACIOCU		0	999	07/01/2021	12/31/9999	3	O1	2,752.91	T
15740	FLAP; ISLAND PEDICLE		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15750	FLAP; NEUROVASCULAR PEDICLE		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15756	FREE MYO/SKIN FLAP MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
15757	FREE SKIN FLAP, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
15758	FREE FASCIAL FLAP, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
15760	GRAFT; COMPOSITE (FULL THICKNE		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15769	GRAFT AUTO SOFT TIS BY DIR EXCISION		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15770	GRAFT;		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15771	GRAFT AUTO FAT LIPO, 50 CC OR LESS		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15772	GRAFT AUTO FAT LIPO, EACH ADDTL 50 CC		0	999	01/01/2020	12/31/9999	1	O1	0.00	N
15773	GRAFT AUTO FAT LIPO, 25 CC		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15774	GRAFT AUTO FAT LIPO, EACH ADDTL 25 CC		0	999	01/01/2020	12/31/9999	1	O1	0.00	N
15775	PUNCH GRAFT FOR HAIR TRANSPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15776	PUNCH GRAFT FOR HAIR TRANSPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15777	BIOLOGIC IMPLANT		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
15780	DERMABRASION; TOTAL FACE (EG,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15781	DERMABRASION; SEGMENTAL, FACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15782	DERMABRASION; REGIONAL, OTHER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15783	DERMABRASION; SUPERFICIAL, ANY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15786	ABRASION; SINGLE LESION (EG, K		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15787	ABRASION, LESIONS, ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15788	CHEMICAL PEEL, FACIAL; EPIDERM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15789	CHEMICAL PEEL, FACIAL; DERMAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15792	CHEMICAL PEEL, NONFACIAL; EPID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15793	CHEMICAL PEEL, NONFACIAL; DERM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15819	CERVICOPLASTY		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15820	BLEPHAROPLASTY, LOWER EYELID;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15821	BLEPHAROPLASTY, LOWER EYELID;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15822	BLEPHAROPLASTY, UPPER EYELID;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15823	BLEPHAROPLASTY, UPPER EYELID;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15824	RHYTIDECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15825	RHYTIDECTOMY; NECK WITH PLATYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15826	RHYTIDECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15828	RHYTIDECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15829	RHYTIDECTOMY; SUPERFICIAL MUSC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15830	EXC EXCESS SKIN/SUBCUT TISSUE; AB, INFRA		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
15832	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15833	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15834	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15835	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15836	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15837	EXCISION, EXCESSIVE SKIN AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15838	EXCISION, EXCESSIVE SKIN AND S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15839	EXCISION, EXCESSIVE SKIN AND S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15840	GRAFT FOR FACIAL NERVE PARAL		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15841	GRAFT FOR FACIAL NERVE PARAL		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15842	FLAP FOR FACE NERVE PALSY		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15845	GRAFT FOR FACIAL NERVE PARAL		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15847	EXC EXCESS SKIN/SUBCUT TISSUE; AB, UMBIL		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
15850	REMOVAL OF SUTURES UNDER ANEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15851	REMOVAL OF SUTURES IN HOSPIT		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15852	DRESSING CHANGE (FOR OTHER THA		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
15860	TEST FOR BLOOD FLOW IN GRAFT		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
15876	SUCTION ASSISTED LIPECTOMY HEA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15877	SUCTION ASSISTED LIPECTOMY TRU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15878	SUCTION ASSISTED LIPECTOMY UPP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15879	SUCTION ASSISTED LIPECTOMY LOW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
15920	EXCISION, COCCYGEAL PRESSURE U		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
15922	EXCISION, COCCYGEAL PRESSURE U		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15931	EXCISION, SACRAL PRESSURE ULCE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
15933	EXCISION, SACRAL PRESSURE ULCE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
15934	EXCISION, SACRAL PRESSURE ULCE		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15935	EXCISION, SACRAL PRESSURE ULCE		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
15936	REMOVE SACRUM PRESSURE SORE		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15937	EXCISION, SACRAL PRESSURE ULCE		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
15940	EXCISION, ISCHIAL PRESSURE ULC		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
15941	EXCISION, ISCHIAL PRESSURE ULC		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
15944	EXCISION, ISCHIAL PRESSURE ULC		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15945	EXCISION, ISCHIAL PRESSURE ULC		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15946	REMOVAL OF PRESSURE SORE		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
15950	EXCISION, TROCHANTERIC PRESSUR		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
15951	EXCISION, TROCHANTERIC PRESSUR		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
15952	EXCISION, TROCHANTERIC PRESSUR		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15953	EXCISION, TROCHANTERIC PRESSUR		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15956	REMOVE THIGH PRESSURE SORE		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
15958	EXCISION, TROCHANTERIC PRESSUR		0	999	07/01/2021	12/31/9999	2	O1	2,752.91	T
15999	UNLISTED PROCEDURE, EXCISION P		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
16000	INITIAL TREATMENT, FIRST DEG		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
16020	DRESS/DEBRID P-THICK BURN, S		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
16025	DRESS/DEBRID P-THICK BURN, M		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
16030	DRESS/DEBRID P-THICK BURN, L		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
16035	INCISION OF BURN SCAB, INITI		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
16036	INCISE BURN SCAB, ADDL INCIS		0	999	09/01/2012	12/31/9999	20	O6	0.00	C
17000	DESTRUCT PREMAL LESIONS; 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
17003	DESTROY 2-14 LESIONS		0	999	07/01/2014	12/31/9999	13	O1	0.00	N
17004	DESTRUCT PREMAL LESIONS; 15 OR MORE LESI		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
17106	DESTRUCTION OF CUTANEOUS VASCU		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
17107	DESTRUCTION OF CUTANEOUS PROLI		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
17108	DESTRUCTION OF CUTANEOUS VASCU		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
17110	DESTRUCT BENIGN LESIONS OTH THAN SKIN TA		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
17111	DESTRUCT LESION, 15 OR MORE		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
17250	CHEMICAL CAUTERIZATION OF GRAN		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
17260	DESTRUCTION OF SKIN LESIONS		0	999	07/01/2021	12/31/9999	7	O1	140.33	T
17261	LESION DIAMETER 0.6 TO 1.0 CM		0	999	07/01/2021	12/31/9999	7	O1	140.33	T
17262	LESION DIAMETER 1.1 TO 2.0 CM		0	999	07/01/2021	12/31/9999	6	O1	140.33	T
17263	LESION DIAMETER 2.1 TO 3.0 CM		0	999	07/01/2021	12/31/9999	3	O1	140.33	T
17264	LESION DIAMETER 3.1 TO 4.0		0	999	07/01/2021	12/31/9999	3	O1	270.31	T
17266	LESION DIAMETER OVER 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	270.31	T
17270	DESTRUCTION OF SKIN LESIONS		0	999	07/01/2021	12/31/9999	6	O1	140.33	T
17271	LESION DIAMETER 0.6 TO 1.0 CM		0	999	07/01/2021	12/31/9999	4	O1	140.33	T
17272	LESION DIAMETER 1.1 TO 2.0 CM		0	999	07/01/2021	12/31/9999	5	O1	140.33	T
17273	LESION DIAMETER 2.1CTO 3.0		0	999	07/01/2021	12/31/9999	4	O1	270.31	T
17274	LESION DIAMETER 3.1 TO 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	270.31	T
17276	LESION DIAMETER OVER 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	270.31	T
17280	DESTRUCTION OF SKIN LESIONS		0	999	07/01/2021	12/31/9999	6	O1	140.33	T
17281	LESION DIAMTER 0.60 TO 1.0 CM		0	999	07/01/2021	12/31/9999	5	O1	270.31	T
17282	LESION DIAMETER 1.1 TO 2.0 CM		0	999	07/01/2021	12/31/9999	4	O1	270.31	T
17283	LESION DIAMETER 2.1 TO 3.0 CM		0	999	07/01/2021	12/31/9999	4	O1	270.31	T
17284	LESION DIAMETER 3.1 TO 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	409.69	T
17286	LESION DIAMETER OVER 4.0 CM		0	999	07/01/2021	12/31/9999	2	O1	409.69	T
17311	MOHS, HEAD NECK HANDS FEET, ETC; FIRST S		0	999	07/01/2021	12/31/9999	4	O1	409.69	T
17312	MOHS, HEAD NECK HANDS FEET, ETC; EA ADDL		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
17313	MOHS, TRUNK, ARMS, LEGS; FIRST STAGE UP		0	999	07/01/2021	12/31/9999	3	O1	409.69	T
17314	MOHS, TRUNK, ARMS, LEGS; EA ADDL STAGE A		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
17315	MOHS, EA ADDL BLOCK AFT FIRST 5 TISSUE B		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
17360	*CHEMICAL EXFOLIATION FOR ACN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
17380	*ELECTROLYSIS EPILATION, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
17999	UNLISTED PROCEDURE, SKIN, MU		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
19000	*PUNCTURE ASPIRATION OF CYST;		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
19001	DRAIN BREAST LESION ADD-ON		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
19020	MASTOTOMY WITH EXPLORATION O		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
19030	INJECTION PROCEDURE ONLY FOR		14	999	09/01/2012	12/31/9999	1	O1	0.00	N
19081	BIOPSY BREAST STEREOTATIC 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
19082	BIOPSY BREAST STEREOTATIC EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19083	BIOPSY BREAST ULTRASND 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
19084	BIOPSY BREAST ULTRASND EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19085	BIOPSY BREAST MAG RES 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
19086	BIOPSY BREAST MAG RES EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19100	BX BREAST PERCUT W/O IMAGE		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
19101	BIOPSY OF BREAST, OPEN		0	999	07/01/2021	12/31/9999	3	O1	2,468.08	T
19105	ABL CRYO FIBRO INCL ULTRASOUND GUID EA		0	999	07/01/2021	12/31/9999	2	O1	2,468.08	T
19110	NIPPLE EXPLORATION, WITH OR WI		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19112	EXCISION OF LACTIFEROUS DUCT F		0	999	07/01/2021	12/31/9999	2	O1	2,468.08	T
19120	EXC CYST FIBROADENOMA BENIGN/MALIGNANT T		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19125	EXCISION, BREAST LESION		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19126	EXCISION, ADDL BREAST LESION		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
19281	PLACE LOC DEV MAMM GUID 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
19282	PLACE LOC DEV MAMM GUID EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19283	PLACE LOC DEV STEREOTATIC 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
19284	PLACE LOC DEV STEREOTATIC EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19285	PLACE LOC DEV ULTRASND 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
19286	PLACE LOC DEV ULTRASND EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19287	PLACE LOC DEV MAG RES 1ST LESION		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
19288	PLACE LOC DEV MAG RES EA ADDL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
19294	PREP OF TUMOR CAVITY, W/PLACMENT OF IORT		0	999	01/01/2018	12/31/9999	2	O1	0.00	N
19296	PLACE PO BREAST CATH FOR RAD		0	999	07/01/2021	12/31/9999	1	O1	6,971.89	T
19297	PLACE BREAST CATH FOR RAD		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
19298	PLACE BREAST RAD TUBE/CATHS		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19300	MASTECTOMY FOR GYNECOMASTIA		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19301	MASTECTOMY, PARTIAL		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHA		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19303	MASTECTOMY, SIMPLE, COMPLETE		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19305	MASTECTOMY, RADICAL, INCL POS MUSCLES AX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19306	MASTECTOMY, RADICAL, INCL POS MUSCLES AX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
19307	MASTECTOMY, MODIFIED RADICAL, INCL AXIL		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19316	MASTOPEXY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
19318	REDUCTION MAMMAPLASTY		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19325	MAMMAPLASTY, AUGMENTATION; WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
19328	REMOVAL OF INTACT MAMMARY IMPL		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19330	REMOVAL OF MAMMARY IMPLANT MAT		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19340	IMMEDIATE INSERTION OF BREAST		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19342	DELAYED INSERTION OF BREAST PR		0	999	07/01/2021	12/31/9999	1	O1	6,971.89	T
19350	RECONSTRUCTION OF NIPPLE AND		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19355	CORRECTION OF INVERTED NIPPLES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19357	BREAST RECONSTRUCTION, IMMEDIA		0	999	07/01/2021	12/31/9999	1	O1	11,668.25	T
19361	BREAST RECONST W/LATISSIMUS DORSI FLAP W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19364	BREAST RECONSTRUCTION WITH FRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19367	BREAST RECONSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19368	BREAST RECONSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19369	BREAST RECONSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
19370	OPEN PERIPROSTHETIC CAPSULOTOM		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19371	PERIPROSTHETIC CAPSULECTOMY, B		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
19380	REVISION OF RECONSTRUCTED BREA		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
19396	PREPARATION OF MOULAGE FOR CUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
19499	UNLISTED PROCEDURE, BREAST		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
20100	EXPLORE WOUND, NECK		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
20101	EXPLORE WOUND, CHEST		0	999	07/01/2021	12/31/9999	2	O1	1,340.73	T
20102	EXPLORE WOUND, ABDOMEN		0	999	07/01/2021	12/31/9999	3	O1	1,340.73	T
20103	EXPLORE WOUND, EXTREMITY		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
20150	EXCISE EPIPHYSEAL BAR		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
20200	BIOPSY, MUSCLE;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
20205	BIOPSY, MUSCLE;		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
20206	*BIOPSY, MUSCLE, PERCUTANEOUS		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
20220	BIOPSY, BONE, TROCAR OR NEEDLE		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
20225	BONE BIOPSY, TROCAR/NEEDLE		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
20240	BIOPSY BONE OPEN SUPERFICIAL		0	999	07/01/2021	12/31/9999	4	O1	1,852.39	T
20245	BIOPSY BONE OPEN DEEP		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
20250	BIOPSY, VERTEBRAL BODY, OPEN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
20251	BIOPSY, VERTEBRAL BODY, OPEN		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20500	*INJECTION OF SINUS TRACT;		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
20501	INJECTION OF SINUS TRACT; DIAG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
20520	*REMOVAL OF FOREIGN BODY IN M		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
20525	REMOVAL OF FOREIGN BODY IN M		0	999	07/01/2021	12/31/9999	4	O1	1,852.39	T
20526	THER INJECTION CARPAL TUNNEL		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
20527	INJECTION, ENZYME		0	999	07/01/2021	12/31/9999	2	O1	204.13	T
20550	INJECTION; 1 TENDON SHEATH/LIGAMENTINJEC		0	999	07/01/2021	12/31/9999	5	O1	204.13	T
20551	INJECTION; 1 TENDON ORIGIN/INSERTIOINJEC		0	999	07/01/2021	12/31/9999	5	O1	204.13	T
20552	INJ; SINGLE/MX TRIG POINT 1/2 MUSCLINJ;		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
20553	INJECT TRIGGER POINTS, =/> 3		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
20555	PLACE NDL MUSC/TIS FOR RT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
20560	NEEDLE INSERT W/O INJECT; 1 OR 2		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20561	NEEDLE INSERT W/O INJECT: 3 OR MORE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20600	ARTHROCENTESIS SMALL JOINT NO GUIDANCE		0	999	07/01/2021	12/31/9999	6	O1	204.13	T
20604	ARTHROCENTESIS SMALL JOINT WITH GUIDANCE		0	999	07/01/2021	12/31/9999	4	O1	204.13	T
20605	ARTHROCENTESIS INTERMED JOINT NO GUIDANC		0	999	07/01/2021	12/31/9999	2	O1	204.13	T
20606	ARTHROCENTESIS INTERMED JOINT WITH GUIDA		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
20610	ARTHROCENTESIS MAJOR JOINT WITHOUT GUIDA		0	999	07/01/2021	12/31/9999	2	O1	204.13	T
20611	ARTHROCENTESIS MAJOR JOINT WITH GUIDANCE		0	999	07/01/2021	12/31/9999	2	O1	204.13	T
20612	ASPIRATE/INJ GANGLION CYST		0	999	07/01/2021	12/31/9999	2	O1	204.13	T
20615	ASPIRATION AND INJECTION FOR		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
20650	*INSERTION OF WIRE OR PIN FOR		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
20660	APPLICATION OF TONGS OR CALI		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
20661	APPLICATION OF HALO;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20662	APPLICATION OF HALO;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
20663	APPLICATION OF HALO;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
20664	APPLICATION OF HALO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20665	*REMOVAL OF TONGS OR HALO APP		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
20670	*REMOVAL OF IMPLANT;		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
20680	REMOVAL OF IMPLANT;		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
20690	APPLICATION OF A UNIPLANE (PIN		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20692	APPLICATION OF A MULTIPLANE (P		0	999	07/01/2021	12/31/9999	2	O1	9,625.20	T
20693	ADJUSTMENT OR REVISION OF EXTE		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20694	REMOVAL UNDER ANESTHESIA, OF E		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
20696	APPL MULTIPLN EXT FIX COMPASSIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
20697	STRUT REPL MULTIPLN EXT FIX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
20700	MAN PREP/INSERT DRUG DEV, DEEP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20701	REM DRUG DEV, DEEP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20702	MAN PREP/INSERT DRUG DEV, INTRA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20703	REM DRUG DEV, INTRA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20704	MAN PREP/INSERT DRUG DEV, INTRA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20705	REM OF DRUG DEV, INTRA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
20802	REIMPLANTATION, ARM;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20805	REPLANTATION, FOREARM (INCLUDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20808	REIMPLANTATION, HAND;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20816	REIMPLANTATION, DIGIT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20822	REPLANTATION, DIGIT, EXCLUDING		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
20824	REPLANTATION, THUMB (INCLUDES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20827	REPLANTATION, THUMB (INCLUDES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20838	REPLANTATION, FOOT; COMPLETE A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
20900	BONE GRAFT, ANY DONOR AREA;		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20902	BONE GRAFT, ANY DONOR AREA;		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20910	CARTILAGE GRAFT, COSTOCHONDR		0	999	07/01/2021	12/31/9999	1	O1	409.69	T
20912	CARTILAGE GRAFT; NASAL SEPTUM		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
20920	FASCIA LATA GRAFT;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
20922	FASCIA LATA GRAFT;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
20924	TENDON GRAFT, FROM A DISTANC		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20930	SP BONE ALGRFT MORSEL ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
20931	SP BONE ALGRFT STRUCT ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
20932	OSTEOART ALGRFT W/SURF & B1		0	999	01/01/2019	12/31/9999	1	O1	0.00	N
20933	HEMICRT INTRCLRY ALGRFT PRTL		0	999	01/01/2019	12/31/9999	1	O1	0.00	N
20934	INTERCALARY ALGRFT COMPL		0	999	01/01/2019	12/31/9999	1	O1	0.00	N
20936	SPINAL BONE AUTOGRAFT		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
20937	SPINAL BONE AUTOGRAFT		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
20938	SPINAL BONE AUTOGRAFT		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING		0	999	01/01/2018	12/31/9999	1	O1	0.00	N
20950	MONITORING OF INTERSTITIAL FLU		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
20955	FIBULA BONE GRAFT, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20956	ILIAC BONE GRAFT, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20957	MT BONE GRAFT, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20962	OTHER BONE GRAFT, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20969	BONE/SKIN GRAFT, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20970	BONE/SKIN GRAFT, ILIAC CREST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
20972	FREE OSTEOCUTANEOUS FLAP WITH		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
20973	FREE OSTEOCUTANEOUS FLAP WITH		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
20974	ELECTRICAL STIMULATION TO AID		0	999	07/01/2020	12/31/9999	1	O1	41.14	A
20975	ELECTRICAL STIMULATION TO AID		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
20979	US BONE STIMULATION		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
20982	ABLATION THERAPY BY RADIOFREQUENCY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
20983	ALBATION THERAPY BY CRYOABLATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
20985	CPTR-ASST DIR MS PX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
20999	UNLISTED PROCEDURE, MUSCULOS		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
21010	ARTHROTOMY, TEMPOROMANDIBULAR		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21011	EXC FACE LES SC < 2 CM		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
21012	EXC FACE LES SC = 2 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
21013	EXC FACE TUM DEEP < 2 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
21014	EXC FACE TUM DEEP = 2 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21015	RESECT FACE TUM < 2 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
21016	RESECT FACE TUM = 2 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21025	EXCISION OF BONE (FOR OSTEOMYE		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21026	EXCISION OF BONE (FOR OSTEOMYE		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21029	REMOVAL BY CONTOURING OF BENIG		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21030	EXCISE MAX/ZYGOMA B9 TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21031	EXCISION OF TORUS MANDIBULARIS		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
21032	EXCISION OF MAXILLARY PALATIUS		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21034	EXCISE MAX/ZYGOMA MLG TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21040	EXCISE MANDIBLE LESION		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
21044	EXCISION OF MALIGNANT TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21045	EXCISION OF MALIGNANT TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21046	REMOVE MANDIBLE CYST COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21047	EXCISE LWR JAW CYST W/REPAIR		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21048	REMOVE MAXILLA CYST COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21049	EXCIS UPPR JAW CYST W/REPAIR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21050	ARTHRECTOMY, TEMPOROMANDIBUL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21060	MENISCECTOMY, TEMPOROMANDIBU		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21070	CORONOIDECTOMY (SEPARATE PROCE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21073	MNPJ OF TMJ W/ANESTH		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21076	PREPARE FACE/ORAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21077	PREPARE FACE/ORAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21079	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21080	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21081	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21082	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21083	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21084	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21085	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21086	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21087	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21088	IMPRESSION AND CUSTOM PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21089	UNLISTED MAXILLOFACIAL PROSTHE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
21100	*APPLICATION OF HALO TYPE APP		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21110	APPLICATION OF INTERDENTAL F		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
21116	INJECTION PROCEDURE FOR TEMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
21120	GENIOPLASTY; AUGMENTATION (AUT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21121	GENIOPLASTY; AUGMENTATION (AUT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21122	GENIOPLASTY; AUGMENTATION (AUT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21123	GENIOPLASTY; AUGMENTATION (AUT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21125	AUGMENTATION, MANDIBULAR BODY		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21127	AUGMENTATION, MANDIBULAR BODY		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21137	REDUCTION FOREHEAD; CONTOURING		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21138	REDUCTION FOREHEAD; CONTOURING		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21139	REDUCTION FOREHEAD; CONTOURING		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21141	RECONSTRUCT MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21142	RECONSTRUCT MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21143	RECONSTRUCT MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
21145	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21146	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21147	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21150	RECONTRUCTION MIDFACE, LEFORT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21151	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21154	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21155	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21159	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21160	RECONSTRUCTION MIDFACE, LEFORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21172	RECONSTRUCTION SUPERIOR-LATERA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21175	RECONSTRUCTION, BIFRONTAL, SUP		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21179	RECONSTRUCTION,LENTIRE OR MAJO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21180	RECONSTRUCTION, ENTIRE OR MAJO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21181	REMOVAL BY CONTOURING OF BENIG		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21182	RECONSTRUCT CRANIAL BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21183	RECONSTRUCT CRANIAL BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21184	RECONSTRUCT CRANIAL BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21188	RECONSTRUCTION MIDFACE, OSTEOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21193	RECONSTRUCTION OF MANDIBULAR R		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21194	RECONSTRUCTION OF MANDIBULAR R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21195	RECONSTRUCTION OF MANDIBULAR R		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21196	RECONSTRUCTION OF MANDIBULAR R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21198	OSTEOTOMY MANDIBLE, SEGMENTAL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21199	RECONSTR LWR JAW W/ADVANCE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21206	OSTEOTOMY, MAXILLA, SEGMENTAL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21208	OSTEOPLASTY, FACIAL BONES; AUG		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21209	OSTEOPLASTY, FACIAL BONES; RED		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21210	GRAFT, BONE;		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21215	GRAFT, BONE;		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21230	GRAFT;		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21235	GRAFT; EAR CARTILAGE, AUTOGENO		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21240	ARTHROPLASTY, TEMPOROMANDIBULA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21242	ARTHROPLASTY, TEMPOROMANDIBULA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21243	ARTHROPLASTY, TEMPOROMANDIBULA		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
21244	RECONSTRUCTION OF MANDIBLE, EX		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21245	RECONSTRUCTION OF MANDIBLE OR		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21246	RECONSTRUCTION OF MANDIBLE OR		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21247	RECONSTRUCTION OF MANDIBLE OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21248	RECONSTRUCTION OF MANDIBLE OR		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21249	RECONSTRUCTION OF MANDIBLE OR		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21255	RECONSTRUCTION OF ZYGOMATIC AR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21256	RECONSTRUCTION OF ORBIT WITH O		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21260	ORBITAL HYPERTELORISM CORREC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21261	ORBITAL HYPERTELORISM CORREC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21263	ORBITAL HYPERTELORISM CORREC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21267	ORBITAL REPOSITIONING, PERIO		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21268	ORBITAL REPOSITIONING, PERIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21270	MALAR AUGMENTATION, PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21275	SECONDARY REVISION FOR ORBIT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21280	MEDIAL CANTHOPEXY (SEPARATE PR		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21282	LATERAL CANTHOPEXY		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21295	REDUCTION OF MASSETER MUSCLE A		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21296	REDUCTION OF MASSETER MUSCLE (		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21299	UNLISTED CRANIOFACIAL AND MAXI		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
21315	CLOSED TREATMENT, NASAL BONE F		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21320	MANIPULATIVE TREATMENT, NASA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21325	OPEN TREATMENT OF NASAL FRAC		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21330	OPEN TREATMENT OF NASAL FRAC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21335	OPEN TREATMENT OF NASAL FRAC		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21336	OPEN TREATMENT OF NASAL SEPTAL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21337	CLOSED TREATMENT OF NASAL SEPT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21338	OPEN TREATMENT OF NASOETHMOI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21339	OPEN TREATMENT OF NASOETHMOI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21340	PERCUTANEOUS TREATMENT OF NASO		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21343	OPEN TREATMENT OF DEPRESSED FR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21344	OPEN TREATMENT OF COMPLICATED		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21345	CLOSED TREATMENT OF NASOMAXILL		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21346	OPEN TREATMENT OF NASOMAXILL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21347	OPEN TREATMENT OF NASOMAXILLAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21348	OPEN TREATMENT OF NASOMAXILLAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21355	PERCUTANEOUS TREATMENT OF FRAC		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21356	OPEN TREATMENT OF DEPRESSED ZY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21360	OPEN TREATMENT OF DEPRESSED MA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21365	OPEN TREATMENT OF COMPLICATED		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21366	OPEN TREATMENT OF COMPLICATED		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21385	OPEN TREATMENT OF ORBITAL FL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21386	OPEN TREATMENT OF ORBITAL FL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21387	OPEN TREATMENT OF ORBITAL FL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21390	OPEN TREATMENT OF ORBITAL FL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21395	OPEN TREATMENT OF ORBITAL FL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21400	CLOSED TREATMENT OF FRACTURE O		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
21401	TREATMENT OF FRACTURE OF ORB		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21406	OPEN TREATMENT OF FRACTURE O		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21407	OPEN TREATMENT OF FRACTURE O		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21408	OPEN TREATMENT OF FRACTURE OF		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
21421	CLOSED TREATMENT OF PALATAL OR		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21422	OPEN TREATMENT OF PALATAL OR M		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21423	OPEN TREATMENT OF PALATAL OR M		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21431	CLOSED TREATMENT OF CRANIOFACI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21432	OPEN TREATMENT OF CRANIOFACIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21433	OPEN TREATMENT OF CRANIOFACIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21435	OPEN TREATMENT OF CRANIOFACIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21436	OPEN TREATMENT OF CRANIOFACIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21440	CLOSED TREATMENT OF MANDIBULAR		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
21445	OPEN TREATMENT OF MANDIBULAR O		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
21450	CLOSED TREATMENT OF MANDIBULAR		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
21451	CLOSED TREATMENT OF MANDIBULAR		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21452	PERCUTANEOUS TREATMENT OF MAND		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21453	CLOSED TREATMENT OF MANDIBULAR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21454	OPEN TREATMENT OF MANDIBULAR F		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21461	OPEN TREATMENT OF MANDIBULAR F		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21462	OPEN TREATMENT OF CLOSED OR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21465	OPEN TREATMENT OF MANDIBULAR C		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21470	OPEN TREATMENT OF COMPLICATED		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21480	CLOSED TREATMENT OF TEMPOROMAN		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
21485	CLOSED TREATMENT OF TEMPOROMAN		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21490	OPEN TREATMENT OF TEMPOROMAN		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
21497	INTERDENTAL WIRING, FOR COND		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
21499	UNLISTED PROCEDURE, HEAD		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
21501	INCISION AND DRAINAGE, DEEP		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
21502	INCISION AND DRAINAGE, DEEP		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21510	INCISION, DEEP, WITH OPENING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21550	EXCISIONAL BIOPSY, SOFT TISS		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
21552	EXC NECK LES SC = 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21554	EXC NECK TUM DEEP = 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21555	EXC NECK LES SC < 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
21556	EXC NECK TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21557	RESECT NECK TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
21558	RESECT NECK TUM = 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
21600	EXCISION OF RIB, PARTIAL		0	999	07/01/2021	12/31/9999	5	O1	4,896.68	T
21601	EXC CHEST WALL TUMOR W/RIBS		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
21602	EXC CH WAL TUM W/O LYMPHADEC		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
21603	EXC CH WAL TUM W/LYMPHADEC		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
21610	COSTOTRANSVERSECTOMY (SEPARA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21615	EXCISION FIRST AND/OR CERVIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21616	EXCISION FIRST AND/OR CERVIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21620	OSTECTOMY OF STERNUM, PARTIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21627	STERNAL DEBRIDEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21630	RADICAL RESECTION OF STERNUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21632	RADICAL RESECTION OF STERNUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21685	HYOID MYOTOMY AND SUSPENSION HYOID		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
21700	DIVISION OF SCALENUS ANTICUS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
21705	DIVISION OF SCALENUS ANTICUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21720	DIVISION OF STERNOCLEIDOMAST		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21725	DIVISION OF STERNOCLEIDOMAST		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
21740	RECONSTRUCTION OF STERNUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21742	REPAIR STERN/NUSS W/O SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21743	REPAIR STERNUM/NUSS W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
21750	REPAIR OF STERNUM SEPARATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21811	OPEN TRMT 1-3 RIBS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
21812	OPEN TRMT 4-6 RIBS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
21813	OPEN TRMT 7+ RIBS		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
21820	CLOSED TREATMENT OF STERNUM FR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
21825	OPEN TREATMENT OF STERNUM FRAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
21899	UNLISTED PROCEDURE, NECK OR		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
21920	BIOPSY, SOFT TISSUE OF BACK OR		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
21925	BIOPSY, SOFT TISSUE OF BACK OR		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
21930	EXC BACK LES SC < 3 CM		0	999	07/01/2021	12/31/9999	5	O1	1,099.71	T
21931	EXC BACK LES SC = 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
21932	EXC BACK TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21933	EXC BACK TUM DEEP = 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
21935	RESECT BACK TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
21936	RESECT BACK TUM = 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
22010	I&D, P-SPINE, C/T/CERV-THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22015	I&D, P-SPINE, L/S/LS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22100	PARTIAL RESECTION OF VERTEBR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
22101	PARTIAL RESECTION OF VERTEBR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
22102	PARTIAL RESECTION OF VERTEBR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
22103	REMOVE EXTRA SPINE SEGMENT		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
22110	PARTIAL EXCISION OF VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22112	PARTIAL EXCISION OF VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22114	PARTIAL EXCISION OF VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22116	REMOVE EXTRA SPINE SEGMENT		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
22206	CUT SPINE 3 COL, THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22207	CUT SPINE 3 COL, LUMB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22208	CUT SPINE 3 COL, ADDL SEG		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
22210	OSTEOTOMY OF SPINE, POSTERIOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22212	OSTEOTOMY OF SPINE, POSTERIOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22214	OSTEOTOMY OF SPINE, POSTERIOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22216	REVISE, EXTRA SPINE SEGMENT		0	999	09/01/2012	12/31/9999	11	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
22220	OSTEOTOMY OF SPINE, ANTERIOR A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22222	OSTEOTOMY OF SPINE, ANTERIOR A		0	999	07/01/2015	12/31/9999	1	O6	0.00	C
22224	OSTEOTOMY OF SPINE, ANTERIOR A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22226	REVISE, EXTRA SPINE SEGMENT		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
22310	TREATMENT OF VERTEBRAL BODY		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
22315	ALLOGRAFT, STRUCTURAL, FOR SPINE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
22318	TREAT ODONTOID FX W/O GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22319	TREAT ODONTOID FX W/GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22325	OPEN TREATMENT OF VERTEBRAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22326	OPEN TREATMENT OF VERTEBRAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22327	OPEN TREATMENT OF VERTEBRAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22328	REPAIR EACH ADD SPINE FX		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
22505	*MANIPULATION OF SPINE, ANY R		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
22510	PERQ CERVICOTHORACIC INJECTION		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
22511	PERQ LUMBOSACRAL INJECTION		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
22512	ADDL PERQ CERVICO/LUMBOSACRAL INJ		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
22513	PERQ AUGMENTATION THORACIC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
22514	PERQ AUGMENTATION LUMBAR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
22515	ADDL PERQ THORACIC/LUMBAR INJ		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
22526	PERCUT INTRADISC ELEC ANNULOPLASTY, UNIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
22527	ANNULOPLASTY, UNILAT/BILAT, ONE+ ADDL LE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
22532	ARTHRDSIS LAT MINI DISKECT; THOR ARTHR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22533	ARTHRDSIS LAT MINI DISKECT; LUMB ARTHR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22534	LAT THOR/LUMB ADDL SEG		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
22548	ARTHRODESIS, ANTERIOR TRANSORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22551	ARTHRD ANT INTR DECOM CERV BELW C2		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
22552	ARTHRD ANT INTR CERV BELW C2 EA ADD NTRS		0	999	07/01/2016	12/31/9999	4	O1	0.00	N
22554	ARTHRODESIS, ANTERIOR INTERBOD		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
22556	ARTHRODESIS, ANTERIOR INTERBOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22558	ARTHRODESIS, ANTERIOR INTERBOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22585	ARTHRODESIS, ANTERIOR OR ANTER		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
22586	ARTHODESIS PRESACRAL L5-S1		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
22590	ARTHRODESIS, POSTERIOR TECHNIQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22595	ARTHRODESIS, POSTERIOR TECHNIQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22600	CERVICAL FUSION, POSTERIOR A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22610	ARTHRODESIS, POSTERIOR OR POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22612	ARTHRODESIS, POSTERIOR OR POST		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
22614	SPINE FUSION, EXTRA SEGMENT		0	999	07/01/2014	12/31/9999	11	O1	0.00	N
22630	LUMBAR SPINE FUSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
22632	SPINE FUSION, EXTRA SEGMENT		0	999	09/01/2012	12/31/9999	10	O6	0.00	C
22633	ARTHRO SNGL INTRSPC/SEG LUMBAR		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
22634	ARTHRO EA ADD INTRSPC/SEG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
22800	ARTHRODESIS, PRIMARY FOR SCO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22802	ARTHRODESIS, PRIMARY FOR SCO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22804	FUSION OF SPINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22808	FUSION OF SPINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22810	ARTHRODESIS, ANTERIOR, FOR SPI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22812	ARTHRODESIS, ANTERIOR, FOR SPI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22818	KYPHECTOMY, 1-2 SEGMENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22819	KYPHECTOMY, 3 & MORE SEGMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22830	EXPLORATION OF SPINAL FUSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22840	INSERT SPINE FIXATION DEVICE		0	999	07/01/2017	12/31/9999	1	O1	0.00	N
22841	INSERT SPINE FIXATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22842	POSTERIOR INSTRUMENTATION;		0	999	07/01/2017	12/31/9999	1	O1	0.00	N
22843	INSERT SPINE FIXATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22844	INSERT SPINE FIXATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22845	INSERT SPINE FIXATION DEVICE		0	999	07/01/2017	12/31/9999	1	O1	0.00	N
22846	INSERT SPINE FIXATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22847	INSERT SPINE FIXATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22848	INSERT PELVIC FIXATIONDEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22849	REINSERTION OF SPINAL FIXATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22850	REMOVAL OF POSTERIOR INSTRUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22852	REMOVAL OF POSTERIOR SEGMENTAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22853	INS INTERBODY DEV/INTERSP		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
22854	INS INTERBODY DEV/DEFECT		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
22855	REMOVAL OF ANTERIOR INSTRUME		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22856	TOT DISC ARTHROPLASTY SINGLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
22857	TOT DISC ARTHROPLASTY, LUMBAR SINGLE INT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22858	TOT DISC ARTHROPLASTY 2ND LEVEL		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
22859	INSERT IN-VET DEV CONJ W/INTRBDY		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
22861	REV REPL TOT DISC ARTHRO SNGL CERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22862	REV INVL TOT DISC ARTHROPLASTY, LUMBAR S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22864	REM TOT DOSC ARTHRO SNGL CERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22865	REM TOT DISC ARTHROPLASTY, LUMBAR, SINGL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
22867	INSERT INTERLAM-INTERSP PROCESS STABIL S		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
22868	INSERT INTERLAM-INTERSP PROCESS STABIL S		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
22869	INSERT INTERLAM-INTERSPIN PROCESS STAB;		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
22870	INSERT INTERLAM-INTERSPIN PROCESS STAB;		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
22899	UNLISTED PROCEDURE, SPINE		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
22900	EXC BACK TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
22901	EXC BACK TUM DEEP = 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
22902	EXC ABD LES SC < 3 CM		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
22903	EXC ABD LES SC > 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
22904	RESECT ABD TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
22905	RESECT ABD TUM > 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
22999	UNLISTED PROCEDURE, ABDOMEN,		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23000	REMOVAL OF CALCIUM DEPOSITS		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23020	RELEASE SHOULDER JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23030	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
23031	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23035	DRAIN SHOULDER BONE LESION		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23040	EXPLORATORY SHOULDER SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23044	EXPLORATORY SHOULDER SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23065	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
23066	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
23071	EXC SHOULDER LES SC > 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
23073	EXC SHOULDER TUM DEEP > 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
23075	EXC SHOULDER LES SC < 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
23076	EXC SHOULDER TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
23077	RESECT SHOULDER TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23078	RESECT SHOULDER TUM > 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23100	BIOPSY OF SHOULDER JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23101	SHOULDER JOINT SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23105	REMOVE SHOULDER JOINT LINING		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23106	INCISION OF COLLARBONE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23107	ARTHROTOMY GLENOHUMERAL JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23120	CLAVICULECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23125	CLAVICULECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23130	PARTIAL REMOVAL,SHOULDERBONE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23140	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23145	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23146	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23150	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23155	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23156	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23170	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23172	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23174	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23180	REMOVE COLLAR BONE LESION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23182	REMOVE SHOULDER BLADE LESION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23184	REMOVE HUMERUS LESION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23190	OSTECTOMY OF SCAPULA, PARTIA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
23195	RESECTION HUMERAL HEAD		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23200	RESECT CLAVICLE TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
23210	RESECT SCAPULA TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
23220	RESECT PROX HUMERUS TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
23330	REMOVAL OF FOREIGN BODY;		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
23333	RMV FOREIGN BODY SHOULDER DEEP		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23334	RMV PROSTHESIS HUMERAL/GLENOID		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
23335	RMV PROSTHESIS TOT SHOULDER		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
23350	INJECTION FOR SHOULDER X-RAY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
23395	MUSCLE TRANSFER, ANY TYPE FO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23397	MUSCLE TRANSFER, ANY TYPE FO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23400	SCAPULOPEXY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23405	INCISION OF TENDON & MUSCLE		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
23406	INCISE TENDON(S) & MUSCLE(S)		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23410	REPAIR ROTATOR CUFF, ACUTE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23412	REPAIR OF RUPTURED SUPRASPIN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23415	CORACOACROMIAL LIGAMENT RELEAS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23420	REPAIR OF SHOULDER		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23430	TENODESIS FOR RUPTURE OF LON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23440	RESECTION OR TRANSPLANTATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23450	CAPSULORRHAPHY FOR RECURRENT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23455	REPAIR SHOULDER CAPSULE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23460	CAPSULORRHAPHY FOR RECURRENT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23462	CAPSULORRHAPHY FOR RECURRENT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23465	REPAIR SHOULDER CAPSULE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23466	REPAIR SHOULDER CAPSULE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23470	RECONSTRUCT SHOULDER JOINT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23472	RECONSTRUCT SHOULDER JOINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
23473	REV TOT SHLDR HUMERAL OR GLENOID		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23474	REV TOT SHLDR HUMERAL AND GLENOID		0	999	01/01/2013	12/31/9999	1	O6	0.00	C
23480	OSTEOTOMY, CLAVICLE, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23485	OSTEOTOMY, CLAVICLE, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23490	PROPHYLACTIC TREATMENT (NAILIN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23491	REINFORCE SHOULDER BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23500	CLOSED TREATMENT OF CLAVICULAR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23505	TREATMENT OF CLOSED CLAVICUL		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23515	OPEN TRMNT CLAVIC FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23520	CLOSED TREATMENT OF STERNOCLAV		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23525	TREATMENT OF CLOSED STERNOCL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23530	OPEN TREATMENT OF STERNOCLAVIC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23532	OPEN TREATMENT OF CLOSED OR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23540	CLOSED TREATMENT OF ACROMIOCLA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23545	TREATMENT OF CLOSED ACROMIOC		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23550	OPEN TREATMENT OF ACROMIOCLAVI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23552	OPEN TREATMENT OF CLOSED OR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23570	CLOSED TREATMENT OF SCAPULAR F		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23575	CLOSED TREATMENT OF SCAPULAR F		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23585	OPEN TREATMENT OF SCAPULAR FRA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
23600	CLOSED TREATMENT OF PROXIMAL H		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23605	CLOSED TREATMENT OF PROXIMAL H		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23615	OPEN TRMNT PROX HUM FRAC		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23616	OPEN TRMNT PROX HUM FRAC W/PROSTH RPL		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
23620	TREAT HUMERUS FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23625	TREATMENT OF CLOSED GREATER		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23630	OPEN TRMNT GR HUM TUB FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23650	CLOSED TREATMENT OF SHOULDER D		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23655	TREATMENT OF CLOSED SHOULDER		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23660	OPEN TREATMENT OF ACUTE SHOULD		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23665	TREAT DISLOCATION/FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23670	OPEN TRMT SHLDR DISLOC W/FRAC GR HUM TUB		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23675	CLOSED TREATMENT OF SHOULDER D		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23680	OPEN TRMNT SLDR DISL W/SURG OR ANAT NECK		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23700	*MANIPULATION UNDER ANESTHESI		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
23800	FUSION OF SHOULDER JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
23802	FUSION OF SHOULDER JOINT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
23900	INTERTHORACOSCAPULAR AMPUTAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
23920	DISARTICULATION OF SHOULDER;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
23921	DISARTICULATION OF SHOULDER;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
23929	UNLISTED PROCEDURE, SHOULDER		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
23930	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
23931	DRAINAGE OF ARM BURSA		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
23935	INCISION, DEEP, WITH OPENING		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
24000	EXPLORATORY ELBOW SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24006	ARTHROTOMY OF THE ELBOW, WITH		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24065	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
24066	BIOPSY ARM/ELBOW SOFT TISSUE		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
24071	EXC ARM/ELBOW LES SC = 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
24073	EX ARM/ELBOW TUM DEEP > 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
24075	EXC ARM/ELBOW LES SC < 3 CM		0	999	07/01/2021	12/31/9999	5	O1	1,099.71	T
24076	EX ARM/ELBOW TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	4	O1	1,852.39	T
24077	RESECT ARM/ELBOW TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
24079	RESECT ARM/ELBOW TUM > 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
24100	ARTHROTOMY, ELBOW;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24101	ARTHROTOMY, ELBOW;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24102	ARTHROTOMY, ELBOW;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24105	EXCISION, OLECRANON BURSA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24110	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24115	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24116	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24120	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24125	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24126	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24130	EXCISION, RADIAL HEAD		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24134	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24136	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24138	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24140	PARTIAL REMOVAL OF ARM BONE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24145	PARTIAL REMOVAL OF RADIUS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24147	PARTIAL REMOVAL OF ELBOW		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24149	RADICAL RESECTION OF ELBOW		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24150	RESECT DISTAL HUMERUS TUMOR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24152	RESECT RADIUS TUMOR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24155	RESECTION OF ELBOW JOINT (AR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24160	IMPLANT REMOVAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24164	IMPLANT REMOVAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24200	REMOVAL OF FOREIGN BODY;		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
24201	REMOVAL OF ARM FOREIGN BODY		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
24220	INJECTION PROCEDURE FOR ELBO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
24300	MANIPULATE ELBOW W/ANESTH		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24301	MUSCLE OR TENDON TRANSFER, A		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
24305	ARM TENDON LENGTHENING		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
24310	REVISION OF ARM TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
24320	TENOPLASTY, WITH MUSCLE TRAN		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
24330	FLEXOR-PLASTY, ELBOW, (EG, S		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24331	FLEXOR-PLASTY, ELBOW, (EG, S		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24332	TENOLYSIS, TRICEPS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24340	TENODESIS FOR RUPTURE OF BIC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24341	REPAIR TENDON/MUSCLE ARM		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
24342	REPAIR OF RUPTURED TENDON		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
24343	REPR ELBOW LAT LIGMNT W/TISS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24344	RECONSTRUCT ELBOW LAT LIGMNT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24345	REPR ELBW MED LIGMNT W/TISS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24346	RECONSTRUCT ELBOW MED LIGMNT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24357	REPAIR ELBOW, PERC		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24358	REPAIR ELBOW W/DEB, OPEN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24359	REPAIR ELBOW DEB/ATTCH OPEN		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
24360	RECONSTRUCT ELBOW JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24361	ARTHROPLASTY, ELBOW;		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
24362	ARTHROPLASTY, ELBOW;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24363	REPLACE ELBOW JOINT		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
24365	ARTHROPLASTY, RADIAL HEAD;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24366	ARTHROPLASTY, RADIAL HEAD;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24370	REV TOT ELBOW HUMERAL OR ULNAR		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
24371	REV TOT ELBOW HUMERAL AND ULNAR		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
24400	OSTEOTOMY, HUMERUS, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24410	MULTIPLE OSTEOTOMIES WITH RE		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24420	OSTEOPLASTY, HUMERUS (EG, SH		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24430	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24435	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24470	REVISION OF ELBOW JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24495	DECOMPRESSION FASCIOTOMY, FO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24498	REINFORCE HUMERUS		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24500	CLOSED TREATMENT OF HUMERAL SH		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24505	CLOSED TREATMENT OF HUMERAL SH		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24515	OPEN TREATMENT OF HUMERAL SHAF		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24516	TREAT HUMERUS FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24530	CLOSED TREATMENT OF SUPRACONDY		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24535	CLOSED TREATMENT OF SUPRACONDY		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24538	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24545	OPEN TRTMNT HUM SUPRA FRAC W/O INTERCOND		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24546	OPEN TRTMNT HUM SUPRA FRAC W/INTERCOND E		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
24560	CLOSED TREATMENT OF HUMERAL EP		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24565	TREATMENT OF CLOSED EPICONDY		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24566	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24575	OPEN TRTMNT HUM EPICOND FRAC MED/LAT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24576	CLOSED TREATMENT OF HUMERAL CO		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24577	TREATMENT OF CLOSED CONDYLAR		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24579	OPEN TRTMNT HUM COND FRAC MED/LAT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24582	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24586	OPEN TREATMENT OF PERIARTICULA		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24587	OPEN TREATMENT OF PERIARTICULA		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24600	TREATMENT OF CLOSED ELBOW DI		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24605	TREATMENT OF CLOSED ELBOW DI		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24615	OPEN TREATMENT OF ACUTE OR CHR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24620	CLOSED TREATMENT OF MONTEGGIA		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24635	OPEN TRTMNT MONTEGGIA TYPE FRAC/ELBOW		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24640	CLOSED TREATMENT OF RADIAL HEA		0	20	07/01/2021	12/31/9999	1	O1	161.16	T
24650	CLOSED TREATMENT OF RADIAL HEA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24655	TREATMENT OF CLOSED RADIAL H		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24665	OPEN TRTMNT RAD HEAD/NECK FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24666	OPEN TRTMNT RAD HEAD/NECK FRAC W/RADIAL		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24670	CLOSED TRTMNT ULNAR FRAC W/O MAN		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
24675	CLOSED TRTMNT ULNAR FRAC W/MAN		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
24685	OPEN TRTMNT ULNAR FRAC PROX END		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24800	FUSION OF ELBOW JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24802	FUSION/GRAFT OF ELBOW JOINT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
24900	AMPUTATION, ARM THROUGH HUME		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
24920	AMPUTATION, ARM THROUGH HUME		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
24925	AMPUTATION, ARM THROUGH HUME		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
24930	AMPUTATION, ARM THROUGH HUME		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
24931	AMPUTATION, ARM THROUGH HUME		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
24935	STUMP ELONGATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
24940	CINEPLASTY, UPPER EXTREMITY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
24999	UNLISTED PROCEDURE, HUMERUS		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25000	INCISION OF TENDON SHEATH		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
25001	INCISE FLEXOR CARPI RADIALIS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25020	DECOMPRESS FOREARM 1 SPACE		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25023	DECOMPRESSION FASCIOTOMY, FL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25024	DECOMPRESS FOREARM 2 SPACES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25025	DECOMPRESS FORARM 2 SPACES		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25028	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25031	DRAINAGE OF FOREARM BURSA		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
25035	TREAT FOREARM BONE LESION		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
25040	ARTHROTOMY WITH EXPLORATION,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25065	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
25066	BIOPSY FOREARM SOFT TISSUES		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
25071	EXC FOREARM LES SC > 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
25073	EXC FOREARM TUM DEEP = 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
25075	EXC FOREARM LES SC < 3 CM		0	999	07/01/2021	12/31/9999	6	O1	1,099.71	T
25076	EXC FOREARM TUM DEEP < 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
25077	RESECT FOREARM/WRIST TUM<3CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
25078	RESECT FOREARM/WRIST TUM=3CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
25085	INCISION OF WRIST CAPSULE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25100	ARTHROTOMY, WRIST JOINT;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25101	ARTHROTOMY, WRIST JOINT;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25105	ARTHROTOMY, WRIST JOINT;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25107	REMOVE WRIST JOINT CARTILAGE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25109	EXC TENDON FOREARM WRIST FLEXOR EXTENSOR		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25110	EXCISION, LESION OF TENDON S		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
25111	EXCISION OF GANGLION, WRIST		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25112	EXCISION OF GANGLION, WRIST		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25115	RADICAL EXCISION OF BURSA, S		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25116	RADICAL EXCISION OF BURSA, S		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25118	SYNOVECTOMY, EXTENSOR TENDON		0	999	07/01/2021	12/31/9999	5	O1	1,088.26	T
25119	SYNOVECTOMY, EXTENSOR TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25120	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25125	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25126	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
25130	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25135	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25136	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25145	SEQUESTRECTOMY FOR OSTEOMYEL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25150	PARTIAL EXCISION OF BONE (CR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25151	PARTIAL EXCISION OF BONE (CR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25170	RESECT RADIUS/ULNAR TUMOR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25210	CARPECTOMY;		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
25215	CARPECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25230	RADIAL STYLOIDECTOMY (SEPARA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25240	EXCISION DISTAL ULNA (DARRAC		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25246	INJECTION PROCEDURE FOR WRIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
25248	EXPLORATION FOR REMOVAL OF D		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
25250	REMOVAL OF WRIST PROSTHESIS;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25251	REMOVAL OF WRIST PROSTHESIS;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25259	MANIPULATE WRIST W/ANESTHES		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25260	REPAIR, TENDON OR MUSCLE, FL		0	999	07/01/2021	12/31/9999	7	O1	2,212.24	T
25263	REPAIR, TENDON OR MUSCLE, FL		0	999	07/01/2021	12/31/9999	4	O1	4,896.68	T
25265	REPAIR, TENDON OR MUSCLE, FL		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25270	REPAIR, TENDON OR MUSCLE, EX		0	999	07/01/2021	12/31/9999	8	O1	2,212.24	T
25272	REPAIR, TENDON OR MUSCLE, EX		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25274	REPAIR FOREARM TENDON/MUSCLE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25275	REPAIR FOREARM TENDON SHEATH		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
25280	LENGTHENING OR SHORTENING OF		0	999	07/01/2021	12/31/9999	9	O1	2,212.24	T
25290	TENOTOMY, OPEN, SINGLE, FLEX		0	999	07/01/2021	12/31/9999	10	O1	2,212.24	T
25295	TENOLYSIS, SINGLE FLEXOR OR		0	999	07/01/2021	12/31/9999	9	O1	2,212.24	T
25300	TENODESIS AT WRIST;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25301	TENODESIS AT WRIST;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25310	TENDON TRANSPLANTATION OR TR		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
25312	TENDON TRANSPLANTATION OR TR		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25315	FLEXOR ORIGIN SLIDE FOR CERE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25316	FLEXOR ORIGIN SLIDE FOR CERE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25320	REPAIR/REVISE WRIST JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25332	REVISE WRIST JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25335	TRANSPOSITION AND REALIGNMEN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25337	RECONSTRUCT ULNA/RADIOULNAR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25350	OSTEOTOMY, RADIUS;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25355	OSTEOTOMY, RADIUS;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25360	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25365	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25370	MULTIPLE OSTEOTOMIES, WITH R		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25375	MULTIPLE OSTEOTOMIES, WITH R		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25390	OSTEOPLASTY, RADIUS OR ULNA;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25391	OSTEOPLASTY, RADIUS OR ULNA;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25392	OSTEOPLASTY, RADIUS AND ULNA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25393	OSTEOPLASTY, RADIUS AND ULNA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25394	REPAIR CARPAL BONE, SHORTEN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25400	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25405	REPAIR/GRAFT RADIUS OR ULNA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25415	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25420	REPAIR/GRAFT RADIUS & ULNA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25425	REPAIR OF DEFECT WITH AUTOGE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25426	REPAIR OF DEFECT WITH AUTOGE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25430	VASC GRAFT INTO CARPAL BONE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25431	REPAIR NONUNION CARPAL BONE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25440	REPAIR/GRAFT WRIST BONE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25441	ARTHROPLASTY WITH PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25442	ARTHROPLASTY WITH PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
25443	RECONSTRUCT WRIST JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25444	ARTHROPLASTY WITH PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25445	ARTHROPLASTY WITH PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25446	ARTHROPLASTY WITH PROSTHETIC		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
25447	REPAIR WRIST JOINT(S)		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
25449	ARTHROPLASTY WITH REMOVAL OF		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25450	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25455	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25490	PROPHYLACTIC TREATMENT (NAILIN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25491	PROPHYLACTIC TREATMENT (NAILIN		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25492	PROPHYLACTIC TREATMENT (NAILIN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25500	CLOSED TREATMENT OF RADIAL SHA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25505	TREATMENT OF CLOSED RADIAL S		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25515	OPEN TRTMNT RAD SHAFT FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25520	TREAT FRACTURE OF RADIUS		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25525	OPEN TRTMNT RAD SHAFT FRAC & CLOSED TRTM		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25526	OPEN TRTMNT RAD SHAFT FRAC & DIST RADIOU		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25530	CLOSED TREATMENT OF ULNAR SHAF		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25535	TREATMENT OF CLOSED ULNAR SH		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25545	OPEN TRTMNT ULNAR SHAFT FRAC INCL INT FI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25560	CLOSED TREATMENT OF RADIAL AND		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25565	TREATMENT OF CLOSED RADIAL A		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25574	OPEN TRTMNT RAD & ULNAR SHAFT; OF RADIUS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25575	OPEN TRTMENT DOD & ULAR SHAFT; OF RAD AN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25600	CLOSED TREAT DISTAL RADIAL FRAC W/O MANI		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25605	TREATMENT OF CLOSED DISTAL R		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25606	PERCUT SKEL FIX DISTAL RAD FRAC		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
25607	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25608	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25609	OPEN DISTAL RAD EXTRA-ART FRAC W/INT FIX		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25622	CLOSED TREATMENT OF CARPAL SCA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25624	TREATMENT OF CLOSED CARPAL S		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25628	OPEN TRTMNT CARPAL SCAPHOID FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25630	CLOSED TREATMENT OF CARPAL BON		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25635	TREATMENT OF CLOSED CARPAL B		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25645	TREAT WRIST BONE FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25650	CLOSED TREATMENT OF ULNAR STYL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25651	PIN ULNAR STYLOID FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25652	TREAT FRACTURE ULNAR STYLOID		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25660	CLOSED TREATMENT OF RADIOCARPA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25670	OPEN TREATMENT OF RADIOCARPAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25671	PIN RADIOULNAR DISLOCATION		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25675	CLOSED TREATMENT OF DISTAL RAD		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25676	OPEN TREATMENT OF DISTAL RADIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25680	CLOSED TREATMENT OF TRANS-SCAP		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
25685	OPEN TREATMENT OF TRANS-SCAPHO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25690	CLOSED TREATMENT OF LUNATE DIS		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25695	OPEN TREATMENT OF LUNATE DIS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25800	FUSION OF WRIST JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25805	ARTHRODESIS, WRIST JOINT;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25810	ARTHRODESIS, WRIST JOINT;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
25820	FUSION OF HAND BONES		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25825	INTERCARPAL FUSION; WITH AUTOG		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25830	FUSION RADIOULNAR JNT/ULNA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25900	AMPUTATION, FOREARM, THROUGH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25905	AMPUTATION, FOREARM, THROUGH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25907	AMPUTATION, FOREARM, THROUGH		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25909	AMPUTATION, FOREARM, THROUGH		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
25915	KRUKENBERG PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25920	DISARTICULATION THROUGH WRIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25922	DISARTICULATION THROUGH WRIS		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
25924	DISARTICULATION THROUGH WRIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25927	TRANSMETACARPAL AMPUTATION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
25929	TRANSMETACARPAL AMPUTATION;		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
25931	TRANSMETACARPAL AMPUTATION;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
25999	UNLISTED PROCEDURE, FOREARM		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
26010	*DRAINAGE OF FINGER ABSCESS;		0	999	07/01/2021	12/31/9999	2	O1	140.33	T
26011	*DRAINAGE OF FINGER ABSCESS;		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
26020	DRAIN HAND TENDON SHEATH		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26025	DRAINAGE OF PALM BURSA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26030	DRAINAGE OF PALM BURSA(S)		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26034	TREAT HAND BONE LESION		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26035	DECOMPRESSION FINGERS AND/OR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26037	DECOMPRESSIVE FASCIOTOMY HAND		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26040	RELEASE PALM CONTRACTURE		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26045	FASCIOTOMY, PALMAR, FOR DUPU		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26055	TENDON SHEATH INCISION FOR T		0	999	07/01/2021	12/31/9999	5	O1	1,088.26	T
26060	INCISION OF FINGER TENDON		0	999	07/01/2021	12/31/9999	5	O1	1,088.26	T
26070	EXPLORE/TREAT HAND JOINT		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26075	EXPLORE/TREAT FINGER JOINT		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26080	ARTHROTOMY WITH EXPLORATION,		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
26100	BIOPSY HAND JOINT LINING		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26105	BIOPSY FINGER JOINT LINING		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26110	ARTHROTOMY FOR SYNOVIAL BIOP		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26111	EXC HAND LES SC > 1.5 CM		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
26113	EXC HAND TUM DEEP > 1.5 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
26115	EXC HAND LES SC < 1.5 CM		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
26116	EXC HAND TUM DEEP < 1.5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
26117	EXC HAND TUM RA < 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
26118	EXC HAND TUM RA > 3 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
26121	RELEASE PALM CONTRACTURE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26123	RELEASE PALM CONTRACTURE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26125	RELEASE PALM CONTRACTURE		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
26130	SYNOVECTOMY, CARPOMETACARPAL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26135	SYNOVECTOMY, METACARPOPHALAN		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26140	SYNOVECTOMY, PROXIMAL INTERP		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26145	TENDON EXCISION, PALM/FINGER		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
26160	REMOVE TENDON SHEATH LESION		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26170	EXC TENDON PALM FLEX OR EXTEN SNGL EA TE		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26180	EXC TENDON FINGER FLEX OR EXTEN SNGL EA		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26185	REMOVE FINGER BONE		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26200	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26205	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26210	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26215	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26230	PARTIAL REMOVAL OF HAND BONE		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26235	PARTIAL EXCISION OF BONE (CR		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26236	PARTIAL EXCISION OF BONE (CR		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26250	EXTENSIVE HAND SURGERY		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26260	RESECT PROX FINGER TUMOR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26262	RESECT DISTAL FINGER TUMOR		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26320	REMOVAL OF IMPLANT FROM FING		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
26340	MANIPULATE FINGER W/ANESTH		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26341	MANIP PALMAR FASCIAL CORD POST ENZ INJ		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
26350	REPAIR FINGER/HAND TENDON		0	999	07/01/2021	12/31/9999	6	O1	2,212.24	T
26352	FLEXOR TENDON REPAIR OR ADVA		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26356	REP FLX TEND ZONE 2 DIGTL; W/O GFT REP/A		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26357	REP FLX TEND ZONE 2 DIGT;SEC NO GFTREP/A		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26358	FLEXOR TENDON REPAIR OR ADVA		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26370	REPAIR FINGER/HAND TENDON		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26372	REPAIR/GRAFT HAND TENDON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26373	REPAIR FINGER/HAND TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26390	REVISE HAND/FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26392	REPAIR/GRAFT HAND TENDON		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26410	REPAIR HAND TENDON		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26412	EXTENSOR TENDON REPAIR, DORS		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26415	EXCISION, HAND/FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26416	GRAFT HAND OR FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26418	REPAIR FINGER TENDON		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26420	EXTENSOR TENDON REPAIR, DORS		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26426	REPAIR FINGER/HAND TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26428	REPAIR/GRAFT FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26432	REPAIR FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26433	REPAIR FINGER TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26434	EXTENSOR TENDON REPAIR, OPEN		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26437	REALIGNMENT OF TENDONS		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26440	RELEASE PALM/FINGER TENDON		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
26442	TENOLYSIS, SIMPLE, FLEXOR TE		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
26445	RELEASE HAND/FINGER TENDON		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
26449	RELEASE FOREARM/HAND TENDON		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
26450	INCISION OF PALM TENDON		0	999	07/01/2021	12/31/9999	6	O1	2,212.24	T
26455	INCISION OF FINGER TENDON		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
26460	INCISE HAND/FINGER TENDON		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26471	FUSION OF FINGER TENDONS		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26474	FUSION OF FINGER TENDONS		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26476	TENDON LENGTHENING		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26477	TENDON SHORTENING		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26478	LENGTHENING OF HAND TENDON		0	999	07/01/2021	12/31/9999	6	O1	2,212.24	T
26479	SHORTENING OF HAND TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26480	TRANSPLANT HAND TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26483	TENDON TRANSFER OR TRANSPLAN		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26485	TRANSPLANT PALM TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26489	TENDON TRANSFER OR TRANSPLAN		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26490	REVISE THUMB TENDON		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26492	TENDON TRANSFER WITH GRAFT		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26494	OPPONENS PLASTY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26496	OPPONENS PLASTY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26497	FINGER TENDON TRANSFER		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26498	SUBLIMIS TRANSFER TO CORRECT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26499	CORRECTION CLAW FINGER, OTHE		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26500	HAND TENDON RECONSTRUCTION		0	999	07/01/2021	12/31/9999	3	O1	4,896.68	T
26502	TENDON PULLEY RECONSTRUCTION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26508	RELEASE THUMB CONTRACTURE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26510	THUMB TENDON TRANSFER		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26516	FUSION OF KNUCKLE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26517	CAPSULODESIS FOR M-P JOINT S		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26518	CAPSULODESIS FOR M-P JOINT S		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26520	RELEASE KNUCKLE CONTRACTURE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26525	RELEASE FINGER CONTRACTURE		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
26530	REVISE KNUCKLE JOINT		0	999	07/01/2021	12/31/9999	4	O1	4,896.68	T
26531	REVISE KNUCKLE WITH IMPLANT		0	999	07/01/2021	12/31/9999	4	O1	4,896.68	T
26535	REVISE FINGER JOINT		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26536	REVISE/IMPLANT FINGER JOINT		0	999	07/01/2021	12/31/9999	4	O1	4,896.68	T
26540	REPAIR HAND JOINT		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26541	REPAIR HAND JOINT WITH GRAFT		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26542	PRIMARY REPAIR OF COLLATERAL L		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26545	RECONSTRUCTION, COLLATERAL L		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26546	REPAIR NON-UNION HAND		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26548	REPAIR AND RECONSTRUCTION, FIN		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26550	POLLICIZATION OF A DIGIT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26551	GREAT TOE-HAND TRANSFER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
26553	SINGLE TOE-HAND TRANSFER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
26554	DOUBLE TOE-HAND TRANSFER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
26555	POSITIONAL CHANGE OF FINGER		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26556	TOE JOINT TRANSFER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
26560	REPAIR OF SYNDACTYLY (WEB FI		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26561	REPAIR OF SYNDACTYLY (WEB FI		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26562	REPAIR OF SYNDACTYLY (WEB FI		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26565	CORRECT METACARPAL FLAW		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26567	CORRECT FINGER DEFORMITY		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26568	LENGTHEN METACARPAL/FINGER		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26580	REPAIR CLEFT HAND		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26587	RECONSTRUCT EXTRA FINGER		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26590	REPAIR FINGER DEFORMITY		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
26591	REPAIR MUSCLES OF HAND		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26593	RELEASE MUSCLES OF HAND		0	999	07/01/2021	12/31/9999	8	O1	2,212.24	T
26596	EXCISION OF CONSTRICTING RING		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
26600	CLOSED TREATMENT OF METACARPAL		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
26605	TREATMENT OF CLOSED METACARP		0	999	07/01/2021	12/31/9999	3	O1	161.16	T
26607	TREAT METACARPAL FRACTURE		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26608	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26615	OPEN TRTMNT METACARPAL FRAC EA BONE		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26641	CLOSED TREATMENT OF CARPOMETAC		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
26645	CLOSED TREATMENT OF CARPOMETAC		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26650	PERCUT SKEL FIX CARPOMETACARPAL FRAC THU		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26665	OPEN TRTMNT CARPOMETACARPAL THUMB		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26670	TREAT HAND DISLOCATION		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
26675	TREATMENT OF CLOSED CARPOMET		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26676	PIN HAND DISLOCATION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26685	OPEN TRTMNT CARPOMETACARPAL NOT THUMB EA		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26686	OPEN TREATMENT OF CLOSED OR		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26700	CLOSED TREATMENT OF METACARPOP		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
26705	TREATMENT OF CLOSED METACARP		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
26706	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26715	OPEN TRTMNT METACARPOPHALANGEAL		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26720	CLOSED TREATMENT OF PHALANGEAL		0	999	07/01/2021	12/31/9999	4	O1	161.16	T
26725	CLOSED TREATMENT OF PHALANGEAL		0	999	07/01/2021	12/31/9999	3	O1	161.16	T
26727	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26735	OPEN TRTMNT PHALANGEAL SHAFT EA		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26740	CLOSED TREATMENT OF ARTICULAR		0	999	07/01/2021	12/31/9999	3	O1	161.16	T
26742	TREATMENT OF CLOSED ARTICULA		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
26746	OPEN TRTMNT FRAC METACAR OR INTERPHAL JT		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26750	CLOSED TREATMENT OF DISTAL PHA		0	999	07/01/2021	12/31/9999	3	O1	161.16	T
26755	TREATMENT OF CLOSED DISTAL P		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
26756	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26765	OPEN TRTMNT DISTAL PHAL FRAC EA		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26770	CLOSED TREATMENT OF INTERPHALA		0	999	07/01/2021	12/31/9999	3	O1	161.16	T
26775	TREATMENT OF CLOSED INTERPHA		0	999	07/01/2021	12/31/9999	2	O1	188.50	T
26776	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26785	OPEN TRTMNT INTERPHAL JT SINGLE		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
26820	FUSION IN OPPOSITION, THUMB,		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26841	ARTHRODESIS, CARPOMETACARPAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26842	ARTHRODESIS, CARPOMETACARPAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
26843	FUSION OF HAND JOINT		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26844	ARTHRODESIS, CARPOMETACARPAL		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26850	ARTHRODESIS, METACARPOPHALAN		0	999	07/01/2021	12/31/9999	5	O1	4,896.68	T
26852	ARTHRODESIS, METACARPOPHALAN		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
26860	ARTHRODESIS, INTERPHALANGEAL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26861	FUSION OF FINGER JOINT,ADDED		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
26862	ARTHRODESIS, INTERPHALANGEAL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
26863	FUSE/GRAFT ADDED JOINT		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
26910	AMPUTATION, METACARPAL, WITH		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26951	AMPUTATION, FINGER OR THUMB,		0	999	07/01/2021	12/31/9999	8	O1	2,212.24	T
26952	AMPUTATION, FINGER OR THUMB,		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
26989	UNLISTED PROCEDURE, HANDS OR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
26990	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
26991	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
26992	DRAINAGE OF BONE LESION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27000	INCISION OF HIP TENDON		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27001	INCISION OF HIP TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27003	TENOTOMY, ADDUCTOR, SUBCUTANEO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27005	INCISION OF HIP TENDON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27006	INCISION OF HIP TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27025	FASCIOTOMY, HIP OR THIGH, ANY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27027	DCMP FASCIOT PELVIC UNILAT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27030	DRAINAGE OF HIP JOINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27033	EXPLORATION OF HIP JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27035	DENERVATION OF HIP JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27036	EXCISION OF HIP JOINT/MUSCLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27040	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
27041	BIOPSY OF SOFT TISSUES		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
27043	EXC HIP PELVIS LES SC > 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27045	EXC HIP/PELV TUM DEEP > 5 CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27047	EXC HIP/PELVIS LES SC < 3 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27048	EXC HIP/PELV TUM DEEP < 5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27049	RESECT HIP/PELV TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27050	ARTHROTOMY, FOR BIOPSY;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27052	ARTHROTOMY, FOR BIOPSY;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27054	ARTHROTOMY FOR SYNOVECTOMY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27057	DCMP FASCIOT PELVIC W/DEBR UNILAT		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27059	RESECT HIP/PELV TUM > 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27060	EXCISION;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27062	EXCISION;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27065	EXCISION OF BONE CYST OR BEN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27066	REMOVE HIP BONE LES DEEP		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27067	EXCISION OF BONE CYST OR BEN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27070	PARTIAL REMOVAL OF HIP BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27071	PARTIAL REMOVAL OF HIP BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27075	RESECT HIP TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27076	RESECT HIP TUM INCL ACETABUL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27077	RESECT HIP TUM W/INNOM BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27078	RSECT HIP TUM INCL FEMUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
27080	COCCYGECTOMY, PRIMARY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27086	*REMOVAL OF FOREIGN BODY;		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27087	REMOVE HIP FOREIGN BODY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27090	REMOVAL OF HIP PROSTHESIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27091	REMOVAL OF HIP PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27093	INJECTION PROCEDURE FOR HIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
27095	INJECTION PROCEDURE FOR HIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
27096	INJECT SACROILIAC JOINT		0	999	07/01/2020	12/31/9999	1	O1	70.90	B
27097	REVISION OF HIP TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27098	TRANSFER TENDON TO PELVIS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27100	TRANSFER EXTERNAL OBLIQUE MU		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27105	TRANSFER PARASPINAL MUSCLE T		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27110	TRANSFER OF ILIOPSOAS MUSCLE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27111	TRANSFER ILIOPSOAS;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27120	ACETABULOPLASTY; (EG, WHITMAN,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27122	RECONSTRUCTION OF HIP SOCKET		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27125	PARTIAL HIP REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27130	TOTAL HIP ARTHROPLASTY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
27132	TOTAL HIP ARTHROPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27134	REVISION OF TOTAL HIP ARTHROPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27137	REVISION OF TOTAL HIP ARTHROPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27138	REVISION OF TOTAL HIP ARTHROPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27140	TRANSPLANT FEMUR RIDGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27146	OSTEOTOMY, ILIAC, ACETABULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27147	OSTEOTOMY, ILIAC, ACETABULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27151	OSTEOTOMY, ILIAC, ACETABULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27156	OSTEOTOMY, ILIAC, ACETABULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27158	REVISION OF PELVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27161	OSTEOTOMY, FEMORAL NECK (SEP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27165	OSTEOTOMY, INTERTROCHANTERIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27170	BONE GRAFT, FEMORAL HEAD, NECK		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27175	TREATMENT OF SLIPPED FEMORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27176	TREATMENT OF SLIPPED FEMORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27177	OPEN TREATMENT OF SLIPPED FE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27178	OPEN TREATMENT OF SLIPPED FE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27179	OPEN TREATMENT OF SLIPPED FE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27181	OPEN TREATMENT OF SLIPPED FE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27185	REVISION OF FEMUR EPIPHYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27187	PROPHYLACTIC TREATMENT (NAILIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27197	CLSD TREAT POST PELV RING FRAC W/O MAN		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27198	CLSD TREAT POST PELV RNG FRAC W/MAN		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27200	CLOSED TREATMENT OF COCCYGEAL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27202	OPEN TREATMENT OF COCCYGEAL FR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27215	OPEN TREATMENT OF ILIAC SPINE(		0	999	07/01/2020	12/31/9999	1	O1	517.38	B
27216	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2020	12/31/9999	1	O1	767.73	B
27217	OPEN TREATMENT OF ANTERIOR RIN		0	999	07/01/2020	12/31/9999	1	O1	720.22	B
27218	OPEN TREATMENT OF POSTERIOR RI		0	999	07/01/2020	12/31/9999	1	O1	995.35	B
27220	CLOSED TREATMENT OF ACETABULUM		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27222	TREATMENT OF CLOSED ACETABUL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27226	OPEN TREATMENT OF POSTERIOR OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27227	OPEN TREATMENT OF ACETABULAR F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27228	OPEN TREATMENT OF ACETABULAR F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27230	CLOSED TREATMENT OF FEMORAL FR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27232	CLOSED TREATMENT OF FEMORAL FR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27235	TREAT THIGH FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27236	TREAT THIGH FRACTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27238	CLOSED TREATMENT OF INTERTROCH		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27240	CLOSED TREATMENT OF INTERTROCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27244	TREAT THIGH FRACTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27245	OPEN TREATMENT OF INTERTROCHAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27246	CLOSED TREATMENT OF GREATER TR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27248	OPEN TRTMNT GTR TROCHANTERIC FRAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27250	CLOSED TREATMENT OF HIP DISLOC		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27252	TREATMENT OF CLOSED HIP DISL		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27253	OPEN TREATMENT OF HIP DISLOCAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27254	OPEN TREATMENT OF HIP DISLOCAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27256	TREATMENT OF SPONTANEOUS HIP D		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27257	*TREATMENT OF CONGENITAL HIP		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27258	OPEN TREATMENT OF SPONTANEOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27259	OPEN TREATMENT OF CONGENITAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27265	CLOSED TREATMENT OF POST HIP A		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27266	CLOSED TREATMENT OF POST HIP A		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27267	CLTX THIGH FX		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27268	CLTX THIGH F W/MNPJ		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27269	OPTX THIGH FX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27275	*MANIPULATION, HIP JOINT, REQ		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
27279	ARTHRODESIS SACROILIAC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
27280	ARTHRODESIS OPEN SACROILIAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27282	ARTHRODESIS, SYMPHYSIS PUBIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27284	FUSION OF HIP JOINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27286	ARTHRODESIS, HIP JOINT (INCL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27290	INTERPELVIABDOMINAL AMPUTATI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27295	DISARTICULATION OF HIP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27299	UNLISTED PROCEDURE, PELVIS O		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27301	DRAIN THIGH/KNEE LESION		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T

Mississippi Division of Medicaid
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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
27303	DRAINAGE OF BONE LESION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27305	FASCIOTOMY, ILIOTIBIAL (TENO		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27306	INCISION OF THIGH TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27307	INCISION OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27310	EXPLORATION OF KNEE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27323	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
27324	BIOPSY THIGH SOFT TISSUES		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27325	NEURECTOMY, HAMSTRING MUSCLE		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
27327	EXC THIGH/KNEE LES SC < 3 CM		0	999	07/01/2021	12/31/9999	5	O1	1,099.71	T
27328	EXC THIGH/KNEE TUM DEEP <5CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27329	RESECT THIGH/KNEE TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27330	ARTHROTOMY, KNEE;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27331	EXPLORE/TREAT KNEE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27332	REMOVAL OF KNEE CARTILAGE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27333	ARTHROTOMY, KNEE, FOR EXCISI		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27334	REMOVE KNEE JOINT LINING		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27335	ARTHROTOMY, KNEE, FOR SYNOVE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27337	EXC THIGH/KNEE LES SC > 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27339	EXC THIGH/KNEE TUM DEEP >5CM		0	999	07/01/2021	12/31/9999	4	O1	1,852.39	T
27340	EXCISION, PREPATELLAR BURSA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27345	REMOVAL OF KNEE CYST		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27347	REMOVE KNEE CYST		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27350	PATELLECTOMY OR HEMIPATELLEC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27355	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27356	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27357	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27358	REMOVE FEMUR LESION/FIXATION		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
27360	PARTIAL REMOVAL LEG BONE(S)		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27364	RESECT THIGH/KNEE TUM >5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27365	RESECT FEMUR/KNEE TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27369	NJX CNTRST KNE ARTHG/CT/MRI		0	999	01/01/2019	12/31/9999	1	O1	0.00	N
27372	REMOVAL FOREIGN BODY, DEEP		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27380	SUTURE OF INFRAPATELLAR TEND		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27381	SUTURE OF INFRAPATELLAR TEND		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27385	SUTURE OF QUADRICEPS OR HAMS		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27386	SUTURE OF QUADRICEPS OR HAMS		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27390	INCISION OF THIGH TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27391	INCISION OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27392	INCISION OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27393	LENGTHENING OF THIGH TENDON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27394	LENGTHENING OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27395	LENGTHENING OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27396	TRANSPLANT OF THIGH TENDON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27397	TRANSPLANTS OF THIGH TENDONS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27400	REVISE THIGH MUSCLES/TENDONS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27403	REPAIR OF KNEE CARTILAGE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27405	SUTURE, PRIMARY, TORN, RUPTU		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27407	SUTURE, PRIMARY, TORN, RUPTU		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27409	SUTURE, PRIMARY, TORN, RUPTU		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27412	AUTOCHONDROCYTE IMPLANT KNEE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27415	OSTEOCHONDRAL KNEE ALLOGRAFT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27416	OSTEOCHONDRAL KNEE AUTOGRAFT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27418	REPAIR DEGENERATED KNEECAP		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27420	REVISION OF UNSTABLE KNEECAP		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27422	REVISION OF UNSTABLE KNEECAP		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27424	RECONSTRUCTION FOR RECURRENT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27425	LAT RETINACULAR RELEASE OPEN		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27427	LIGAMENTOUS RECONSTRUCTION (AU		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27428	LIGAMENTOUS RECONSTRUCTION (AU		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27429	LIGAMENTOUS RECONSTRUCTION (AU		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27430	REVISION OF THIGH MUSCLES		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27435	INCISION OF KNEE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27437	ARTHROPLASTY, PATELLA; WITHO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27438	ARTHROPLASTY, PATELLA;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27440	ARTHROPLASTY, KNEE, TIBIAL P		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27441	ARTHROPLASTY, KNEE, TIBIAL P		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27442	REVISION OF KNEE JOINT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27443	ARTHROPLASTY, KNEE, FEMORAL		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27445	REVISION OF KNEE JOINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27446	ARTHROPLASTY, KNEE, CONDYLE		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27447	TOTAL KNEE ARTHROPLASTY		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27448	OSTEOTOMY, FEMUR, SHAFT OR S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27450	OSTEOTOMY, FEMUR, SHAFT OR S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27454	REALIGNMENT OF THIGH BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27455	OSTEOTOMY, PROXIMAL TIBIA, I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27457	OSTEOTOMY, PROXIMAL TIBIA, I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27465	OSTEOPLASTY, FEMUR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27466	OSTEOPLASTY, FEMUR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27468	OSTEOPLASTY, FEMUR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27470	REPAIR, NONUNION OR MALUNION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27472	REPAIR, NONUNION OR MALUNION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27475	SURGERY TO STOP LEG GROWTH		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27477	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27479	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
27485	SURGERY TO STOP LEG GROWTH		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27486	REVISION OF TOTAL KNEE ARTHROP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27487	REVISE KNEE JOINT REPLACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27488	REMOVAL OF KNEE PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27495	PROPHYLACTIC TREATMENT (NAILIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27496	DECOMPRESSION FASCIOTOMY, THIG		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27497	DECOMPRESSION FASCIOTOMY, THIG		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27498	DECOMPRESSION FASCIOTOMY, THIG		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27499	DECOMPRESSION FASCIOTOMY, THIG		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27500	CLOSED TREATMENT OF FEMORAL SH		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27501	CLOSED TREATMENT OF SUPRACONDY		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27502	CLOSED TREATMENT OF FEMORAL SH		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27503	CLOSED TREATMENT OF SUPRACONDY		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27506	OPEN TREATMENT OF FEMORAL SHAF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27507	OPEN TREATMENT OF FEMORAL SHAF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27508	CLOSED TREATMENT OF FEMORAL FR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27509	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27510	CLOSED TREATMENT OF FEMORAL FR		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27511	OPEN TRTMNT FEMORAL FRAC W/O INTERCOND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27513	OPEN TRTMNT FEMORAL FRAC W/INTERCOND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27514	OPEN TRTMNT FEMORAL FRAC DISTAL/LATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27516	CLOSED TREATMENT OF DISTAL FEM		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27517	CLOSED TREATMENT OF DISTAL FEM		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27519	OPEN TRTMNT DISTAL FEM EPEPHYSEAL SEP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27520	CLOSED TREATMENT OF PATELLAR F		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27524	OPEN TREATMENT OF PATELLAR FRA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27530	CLOSED TREATMENT OF TIBIAL FRA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27532	CLOSED TREATMENT OF TIBIAL FRA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27535	OPEN TRTMNT TIBIAL FRAC PROX UNICONDYLAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27536	OPEN TREATMENT OF TIBIAL FRACT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27538	CLOSED TREATMENT OF INTERCONDY		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27540	OPEN TRTMNT INTERCOND/TUBER FRAC KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27550	CLOSED TREATMENT OF KNEE DISLO		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27552	TREATMENT OF CLOSED KNEE DIS		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27556	OPEN TRTMNT KNEE DIS W/O LIG REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27557	OPEN TRTMNT KNEE DIS W/LIG REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27558	OPEN TRTMNT KNEE DIS W/LIG REPAIR W/AUG/		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27560	CLOSED TREATMENT OF PATELLAR D		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27562	TREATMENT OF CLOSED PATELLAR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27566	OPEN TREATMENT OF PATELLAR DIS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27570	*MANIPULATION OF KNEE JOINT U		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27580	FUSION OF KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27590	AMPUTATION, THIGH, THROUGH F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27591	AMPUTATION, THIGH, THROUGH F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27592	AMPUTATION, THIGH, THROUGH F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27594	AMPUTATION, THIGH, THROUGH F		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27596	AMPUTATION, THIGH, THROUGH F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27598	DISARTICULATION AT KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27599	UNLISTED PROCEDURE, FEMUR OR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27600	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27601	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27602	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27603	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27604	INCISION AND DRAINAGE;		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27605	INCISION OF ACHILLES TENDON		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27606	TENOTOMY, ACHILLES TENDON, S		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27607	TREAT LOWER LEG BONE LESION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27610	EXPLORE/TREAT ANKLE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27612	EXPLORATION OF ANKLE JOINT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27613	BIOPSY, SOFT TISSUES;		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
27614	BIOPSY LOWER LEG SOFT TISSUE		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27615	RESECT LEG/ANKLE TUM < 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27616	RESECT LEG/ANKLE TUM > 5 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
27618	EXC LEG/ANKLE TUM < 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
27619	EXC LEG/ANKLE TUM DEEP <5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27620	ARTHROTOMY, ANKLE, FOR BIOPS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27625	ARTHROTOMY, ANKLE, FOR SYNOV		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27626	ARTHROTOMY, ANKLE, FOR SYNOV		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27630	EXCISION OF LESION OF TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27632	EXC LEG/ANKLE LES SC > 3 CM		0	999	07/01/2021	12/31/9999	3	O1	1,852.39	T
27634	EXC LEG/ANKLE TUM DEEP >5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
27635	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27637	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27638	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27640	PARTIAL REMOVAL OF TIBIA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27641	PARTIAL REMOVAL OF FIBULA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27645	RESECT TIBIA TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27646	RESECT FIBULA TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27647	RESECT TALUS/CALCANEUS TUM		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27648	INJECTION PROCEDURE FOR ANKL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
27650	SUTURE, PRIMARY, RUPTURED AC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27652	SUTURE, PRIMARY, RUPTURED AC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27654	REPAIR OF ACHILLES TENDON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27656	REPAIR, FASCIAL DEFECT OF LE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27658	REPAIR OF LEG TENDON, EACH		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
27659	REPAIR OF LEG TENDON, EACH		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27664	REPAIR OF LEG TENDON, EACH		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27665	REPAIR OF LEG TENDON, EACH		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27675	REPAIR LOWER LEG TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27676	REPAIR FOR DISLOCATING PERON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27680	RELEASE OF LOWER LEG TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27681	RELEASE OF LOWER LEG TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27685	REVISION OF LOWER LEG TENDON		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
27686	REVISE LOWER LEG TENDONS		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
27687	GASTROCNEMIUS RECESSION (EG,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27690	TRANSFER OR TRANSPLANT OF SI		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27691	TRANSFER OR TRANSPLANT OF SI		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27692	REVISE ADDITIONAL LEG TENDON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
27695	REPAIR OF ANKLE LIGAMENT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27696	SUTURE, PRIMARY, TORN, RUPTU		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27698	REPAIR OF ANKLE LIGAMENT		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
27700	ARTHROPLASTY, ANKLE;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27702	ARTHROPLASTY, ANKLE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
27703	RECONSTRUCTION, ANKLE JOINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27704	REMOVAL OF ANKLE IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27705	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27707	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27709	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27712	REALIGNMENT OF LOWER LEG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27715	REVISION OF LOWER LEG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27720	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27722	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27724	REPAIR OF NONUNION OR MALUNI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27725	REPAIR OF NONUNION OR MALUNI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27726	REPAIR FIBULA NONUNION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27727	REPAIR OF CONGENITAL PSEUDAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27730	REPAIR OF TIBIA EPIPHYSIS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27732	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27734	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27740	REPAIR OF LEG EPIPHYSES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27742	EPIPHYSEAL ARREST BY EPIPHYS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27745	PROPHYLACTIC TREATMENT (NAILIN		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27750	CLOSED TREATMENT OF TIBIAL SHA		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27752	CLOSED TREATMENT OF TIBIAL SHA		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27756	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27758	OPEN TREATMENT OF TIBIAL SHAFT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27759	TREATMENT OF TIBIA FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27760	CLOSED TREATMENT OF MEDIAL MAL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27762	CLOSED TREATMENT OF MEDIAL MAL		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27766	OPEN TRTMNT MED MALLEOULUS FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27767	CLTX POST ANKLE FX		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27768	CLTX POST ANDLE FX W/MNPJ		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27769	OPTX POST ANDLE FX		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27780	CLOSED TREATMENT OF PROXIMAL F		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27781	TREATMENT OF CLOSED PROXIMAL		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27784	OPEN TRTMNT PROX FIB/SHAFT FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27786	CLOSED TREATMENT OF DISTAL FIB		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27788	TREATMENT OF CLOSED DISTAL F		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27792	OPEN TRTMNT DISTAL FIB FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27808	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/O		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27810	CLOSED TRTMNT BIMALLEOLAR ANKLE FRAC W/M		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27814	OPEN TRTMNT BIMALLEOLAR ANKLE FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27816	CLOSED TREATMENT OF TRIMALLEOL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27818	TREATMENT OF CLOSED TRIMALLE		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27822	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/O		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27823	OPEN TRTMNT TRIMALLEOLAR ANKLE FRAC W/FI		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27824	CLOSED TREATMENT OF FRACTURE O		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27825	CLOSED TREATMENT OF FRACTURE O		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27826	OPEN TRTMNT DISTAL TIBIA/FIBULA ONLY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27827	OPEN TRTMNT DISTAL TIBIA/TIBIA ONLY		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27828	OPEN TRTMNT DISTAL TIBIA/TIBIA & FIBULA		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27829	OPEN TRTMNT DISTAL TIBIOFIB JT (SYNDESMO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27830	CLOSED TREATMENT OF PROXIMAL T		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27831	TREATMENT OF PROXIMAL TIBIOF		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27832	OPEN TRTMNT PROX TIBIOFIB JT DISLOC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27840	CLOSED TREATMENT OF ANKLE DISL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
27842	CLOSED TREATMENT OF ANKLE DISL		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
27846	OPEN TREATMENT OF ANKLE DISLOC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27848	OPEN TREATMENT OF ANKLE DISLOC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27860	*MANIPULATION OF ANKLE UNDER		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27870	FUSION OF ANKLE JOINT, OPEN		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27871	ARTHRODESIS, TIBIOFIBULAR JO		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
27880	AMPUTATION LEG, THROUGH TIBI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27881	AMPUTATION LEG, THROUGH TIBI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27882	AMPUTATION LEG, THROUGH TIBI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27884	AMPUTATION LEG, THROUGH TIBI		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27886	AMPUTATION LEG, THROUGH TIBI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27888	AMPUTATION OF FOOT AT ANKLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
27889	ANKLE DISARTICULATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27892	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
27893	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
27894	DECOMPRESSION FASCIOTOMY, LEG;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
27899	UNLISTED PROCEDURE, LEG OR A		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28001	DRAINAGE OF BURSA OF FOOT		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
28002	TREATMENT OF FOOT INFECTION		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
28003	DEEP INFECTION, BELOW FASCIA		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28005	TREAT FOOT BONE LESION		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
28008	FASCIOTOMY, FOOT AND/OR TOE		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28010	INCISION OF TOE TENDON		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
28011	INCISION OF TOE TENDONS		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
28020	EXPLORATION OF A FOOT JOINT		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28022	ARTHROTOMY, WITH EXPLORATION		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
28024	ARTHROTOMY, WITH EXPLORATION		0	999	07/01/2021	12/31/9999	4	O1	1,088.26	T
28035	DECOMPRESSION OF TIBIA NERVE		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
28039	EXC FOOT/TOE TUM SC > 1.5 CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
28041	EXC FOOT/TOE TUM DEEP >1.5CM		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
28043	EXC FOOT/TOE TUM SC < 1.5 CM		0	999	07/01/2021	12/31/9999	4	O1	1,099.71	T
28045	EXC FOOT/TOE TUM DEEP <1.5CM		0	999	07/01/2021	12/31/9999	4	O1	1,852.39	T
28046	RESECT FOOT/TOE TUMOR < 3 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
28047	RESECT FOOT/TOE TUMOR > 3 CM		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
28050	BIOPSY OF FOOT JOINT LINING		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28052	ARTHROTOMY FOR SYNOVIAL BIOP		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28054	ARTHROTOMY FOR SYNOVIAL BIOP		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FEET		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28062	FASCIECTOMY, EXCISION OF PLA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28070	SYNOVECTOMY;		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
28072	SYNOVECTOMY;		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28080	REMOVAL OF FOOT LESION		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
28086	SYNOVECTOMY, TENDON SHEATH;		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28088	SYNOVECTOMY, TENDON SHEATH;		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28090	REMOVAL OF FOOT LESION		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28092	REMOVAL OF TOE LESIONS		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28100	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28102	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28103	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28104	REMOVAL OF FOOT LESION		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28106	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28107	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28108	EXCISION OR CURETTAGE OF BON		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28110	OSTECTOMY, PARTIAL EXCISION,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28111	OSTECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28112	OSTECTOMY;		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28113	OSTECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28114	REMOVAL OF METATARSAL HEADS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28116	OSTECTOMY, EXCISION OF TARSA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28118	OSTECTOMY, CALCANEUS;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28119	OSTECTOMY, CALCANEUS;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28120	PART REMOVAL OF ANKLE/HEEL		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28122	PARTIAL REMOVAL OF FOOT BONE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28124	PARTIAL REMOVAL OF TOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28126	PARTIAL REMOVAL OF TOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28130	TALECTOMY (ASTRAGALECTOMY)		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28140	METATARSECTOMY		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
28150	REMOVAL OF TOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28153	PARTIAL REMOVAL OF TOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28160	PARTIAL REMOVAL OF TOE		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
28171	RESECT TARSAL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28173	RESECT METATARSAL TUMOR		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28175	RESECT PHALANX OF TOE TUMOR		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28190	*REMOVE FOREIGN BODY;		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
28192	REMOVE FOREIGN BODY;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
28193	REMOVE FOREIGN BODY;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
28200	REPAIR OF FOOT TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28202	REPAIR OR SUTURE OF TENDON,		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
28208	REPAIR OF FOOT TENDON		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28210	REPAIR OR SUTURE OF TENDON,		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
28220	RELEASE OF FOOT TENDON		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28222	RELEASE OF FOOT TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28225	RELEASE OF FOOT TENDON		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28226	RELEASE OF FOOT TENDONS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28230	INCISION OF FOOT TENDON(S)		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28232	INCISION OF TOE TENDON		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
28234	INCISION OF FOOT TENDON		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
28238	REVISION OF FOOT TENDON		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28240	TENOTOMY OR RELEASE, ABDUCTO		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28250	REVISION OF FOOT FASCIA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28260	CAPSULOTOMY, MIDFOOT;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28261	CAPSULOTOMY, MIDFOOT;		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28262	REVISION OF FOOT AND ANKLE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28264	RELEASE OF MIDFOOT JOINT		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28270	RELEASE OF FOOT CONTRACTURE		0	999	07/01/2021	12/31/9999	6	O1	2,212.24	T
28272	RELEASE OF TOE JOINT, EACH		0	999	07/01/2021	12/31/9999	6	O1	1,088.26	T
28280	FUSION OF TOES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28285	REPAIR OF HAMMERTOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
28286	REPAIR OF HAMMERTOE		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28288	PARTIAL REMOVAL OF FOOT BONE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28289	HALLUX RIGID CORR W/O IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28291	HALLUX RIGID COR W/IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28292	CORR HALLUX VALGUS RESEC ANY METHOD		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28295	HALLUX VALGUS OSTEOTOMY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28296	CORR HALLUX VALGUS DISTAL META OSTEO		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28297	CORR HALLUX VALGUS CUNEIFORM JT ARTHRO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28298	CORR HALLUX VALGUS PROX PHALX OSTEO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28299	CORR HALLUX VALGUS DBL OSTEOTOMY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28300	INCISION OF HEEL BONE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28302	OSTEOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28304	INCISION OF MIDFOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28305	INCISE/GRAFT MIDFOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28306	INCISION OF METATARSAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28307	INCISION OF METATARSAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28308	INCISION OF METATARSAL		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28309	INCISION OF METATARSALS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28310	REVISION OF BIG TOE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28312	OSTEOTOMY FOR SHORTENING, AN		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28313	REPAIR DEFORMITY OF TOE		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28315	SESAMOIDECTOMY, FIRST TOE (S		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28320	REPAIR OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28322	REPAIR OF NONUNION OR MALUNI		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
28340	RECONSTRUCTION TOE MACRODACTYL		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28341	RECONSTRUCTION TOE MACRODACTYL		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
28344	RECONSTRUCTION TOE(S) POLYDACT		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28345	RECONSTRUCTION TOE(S) SYNDACTY		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28360	RECONSTRUCTION CLEFTFOOT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28400	CLOSED TREATMENT OF CALCANEAL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28405	CLOSED TREATMENT OF CALCANEAL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28406	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28415	OPEN TRTMNT CALCNEAL FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28420	OPEN TRTMNT CALCNEAL FRAC W/ILIAC GRAFT		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28430	CLOSED TREATMENT OF TALUS FRAC		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28435	TREATMENT OF CLOSED TALUS FR		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28436	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28445	OPEN TRTMNT TALUS FRAC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28446	OSTEOCHONDRAL TALUS AUTOGRAFT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28450	TREATMENT OF TARSAL BONE FRACT		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
28455	TREATMENT OF CLOSED TARSAL B		0	999	07/01/2021	12/31/9999	3	O1	1,088.26	T
28456	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
28465	OPEN TRTMNT TARSAL BONE FRAC		0	999	07/01/2021	12/31/9999	3	O1	4,896.68	T
28470	CLOSED TREATMENT OF METATARSAL		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
28475	TREATMENT OF CLOSED METATARS		0	999	07/01/2021	12/31/9999	5	O1	161.16	T
28476	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28485	OPEN TRTMNT METATARSAL FRAC EA		0	999	07/01/2021	12/31/9999	5	O1	4,896.68	T
28490	CLOSED TREATMENT OF FRACTURE G		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28495	TREATMENT OF CLOSED FRACTURE		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28496	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28505	OPEN TRTMNT FRAC GREAT TOES PHYLANX(S)		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28510	CLOSED TREATMENT OF FRACTURE,		0	999	07/01/2021	12/31/9999	4	O1	161.16	T
28515	TREATMENT OF CLOSED FRACTURE		0	999	07/01/2021	12/31/9999	4	O1	161.16	T
28525	OPEN TRT FRAC PHYLANX(S) OTH THAN GRT TO		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28530	CLOSED TREATMENT OF SESAMOID F		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28531	OPEN TREATMENT OF SESAMOID FRA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28540	CLOSED TREATMENT OF TARSAL BON		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28545	TREATMENT OF CLOSED TARSAL B		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28546	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28555	OPEN TRTMNT TARSAL BONE DISLOC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28570	CLOSED TREATMENT OF TALOTARSAL		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
28575	TREATMENT OF CLOSED TALOTARS		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28576	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28585	OPEN TRTMNT TALOTARSAL JT DISLOC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28600	CLOSED TREATMENT OF TARSOMETAT		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
28605	TREATMENT OF CLOSED TARSOMET		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
28606	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
28615	OPEN TRTMNT TARSOMETATARSAL JT DISLOC		0	999	07/01/2021	12/31/9999	5	O1	4,896.68	T
28630	CLOSED TREATMENT OF METATARSOP		0	999	07/01/2021	12/31/9999	2	O1	161.16	T
28635	*TREATMENT OF CLOSED METATARS		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
28636	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28645	OPEN TRTMNT METATARSPHALANGEAL JT DISLOC		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28660	CLOSED TREATMENT OF INTERPHALA		0	999	07/01/2021	12/31/9999	4	O1	161.16	T
28665	*TREATMENT OF CLOSED INTERPHA		0	999	07/01/2021	12/31/9999	3	O1	188.50	T
28666	PERCUTANEOUS SKELETAL FIXATION		0	999	07/01/2021	12/31/9999	4	O1	2,212.24	T
28675	OPEN TRTMNT INTERPHALANGEAL JT DISLOC		0	999	07/01/2021	12/31/9999	3	O1	2,212.24	T
28705	FUSION OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	12,402.50	T
28715	FUSION OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28725	FUSION OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28730	ARTHRODESIS, MIDTARSAL OR TA		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28735	FUSION OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28737	REVISION OF FOOT BONES		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
28740	ARTHRODESIS, MIDTARSAL OR TA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28750	ARTHRODESIS, GREAT TOE;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28755	ARTHRODESIS, GREAT TOE;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
28760	FUSION OF BIG TOE JOINT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
28800	AMPUTATION OF MIDFOOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
28805	AMPUTATION, FOOT;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
28810	AMPUTATION, METATARSAL, WITH		0	999	07/01/2021	12/31/9999	5	O1	2,212.24	T
28820	AMPUTATION, TOE;		0	999	07/01/2021	12/31/9999	6	O1	2,212.24	T
28825	AMPUTATION, TOE;		0	999	07/01/2021	12/31/9999	8	O1	2,212.24	T
28890	HIGH ENERGY ESWT, PLANTAR F		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
28899	UNLISTED PROCEDURE, FOOT OR		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
29000	APPLICATION OF HALO TYPE BOD		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29010	APPLICATION OF RISSER JACKET		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29015	APPLICATION OF RISSER JACKET		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29035	APPLICATION OF BODY CAST, SH		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29040	APPLICATION OF BODY CAST, SH		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29044	APPLICATION OF BODY CAST, SH		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29046	APPLICATION OF BODY CAST, SH		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29049	APPLICATION OF FIGURE EIGHT		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29055	APPLICATION;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29058	APPLICATION;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29065	APPLICATION;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29075	APPLICATION;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29085	APPLICATION;		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29086	APPLY FINGER CAST		0	999	07/01/2021	12/31/9999	2	O1	110.34	T
29105	APPLICATION OF LONG ARM SPLI		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29125	APPLICATION OF SHORT ARM SPL		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
29126	APPLICATION OF SHORT ARM SPL		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
29130	APPLICATION OF FINGER SPLINT		0	999	07/01/2021	12/31/9999	3	O1	87.50	T
29131	APPLICATION OF FINGER SPLINT		0	999	07/01/2021	12/31/9999	2	O1	43.50	T
29200	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29240	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
29260	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
29280	STRAPPING;		0	999	07/01/2021	12/31/9999	2	O1	43.50	T
29305	APPLICATION OF HIP SPICA CAST;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29325	APPLICATION OF HIP SPICA CAST;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29345	APPLICATION OF LONG LEG CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29355	APPLICATION OF LONG LEG CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29358	APPLICATION OF LONG LEG CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29365	APPLICATION OF CYLINDER CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29405	APPLICATION OF SHORT LEG CAS		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29425	APPLICATION OF SHORT LEG CAS		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29435	APPLICATION OF PATELLAR TEND		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29440	ADDING WALKER TO PREVIOUSLY		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29445	APPLY RIGID LEG CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29450	APPLICATION OF CLUBFOOT CAST W		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29505	APPLICATION OF LONG LEG SPLI		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29515	APPLICATION OF SHORT LEG SPL		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29520	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
29530	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
29540	STRAPPING OF ANKLE AND/OR FT		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29550	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
29580	STRAPPING;		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29581	APP MULTILAYER COMPR SYS		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29584	APP MULTI-LAYER COMPR SYS ARM		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29700	REMOVAL OR BIVALVING;		0	999	07/01/2021	12/31/9999	2	O1	188.50	T
29705	REMOVAL OR BIVALVING;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29710	REMOVAL OR BIVALVING;		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29720	REPAIR OF SPICA, BODY CAST O		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29730	WINDOWING OF CAST		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29740	WEDGING OF CAST (EXCEPT CLUB		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29750	WEDGING OF CLUBFOOT CAST		0	999	07/01/2021	12/31/9999	1	O1	188.50	T
29799	UNLISTED PROCEDURE, CASTING		0	999	07/01/2021	12/31/9999	1	O1	110.34	T
29800	ARTHROSCOPY, TEMPOMANDIBULAR J		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29804	ARTROSCOPY, TEMPOMANDIBULAR JO		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29805	SHOULDER ARTHROSCOPY, DX		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29806	SHOULDER ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29807	SHOULDER ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29819	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29820	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29821	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29822	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29823	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29824	SHOULDER ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29825	ARTHROSCOPY, SHOULDER, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29826	ARTHROSCOPY SHOULDER SURGICAL		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
29827	ARTHROSCOP ROTATOR CUFF REPR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29828	ARTHROSCOPY BICEPS TENODESIS		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29834	ARTHROSCOPY, ELBOW, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29835	ARTHROSCOPY, ELBOW, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29836	ARTHROSCOPY, ELBOW, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29837	ARTHROSCOPY, ELBOW, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29838	ARTHROSCOPY, ELBOW, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29843	ARTHROSCOPY, WRIST, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29844	ARTHROSCOPY, WRIST, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29845	ARTHROSCOPY, WRIST, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
29846	ARTHROSCOPY, WRIST, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29847	ARTHROSCOPY, WRIST, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29848	WRIST ENDOSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
29850	ARTHROSCOPICALLY AIDED TREATME		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
29851	ARTHROSCOPICALLY AIDED TREATME		0	999	07/01/2021	12/31/9999	1	O1	1,088.26	T
29855	ARTHRO TRTMNT TIBIAL FRAC UNICONDYLAR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29856	ARTHRO TRTMNT TIBIAL FRAC BICONDYLAR		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
29860	HIP ARTHROSCOPY, DX		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29861	HIP ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29862	HIP ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29863	HIP ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29866	ARTHRO KNEE SURG OSTEOCHOND AUTOGRAFT		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29867	ALLGRFT IMPLNT, KNEE W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
29868	MENISCAL TRNSPL, KNEE W/SCPE		18	55	07/01/2021	12/31/9999	1	O1	4,896.68	T
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29871	ARTHROSCOPY, KNEE, SURGICAL; F		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29873	KNEE ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29874	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29875	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29876	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29877	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29879	KNEE ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29880	ARTHROSCOPY, KNEE, SURGICAL; W		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29881	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29882	ARTHROSCOPY, KNEE, SURGICAL; W		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29883	ARTHROSCOPY, KNEE, SURGICAL; W		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29884	ARTHROSCOPY, KNEE, SURGICAL; W		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29885	ARTHROSCOPY, KNEE, SURGICAL; D		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29886	ARTHROSCOPY, KNEE, SURGICAL; D		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	S
29887	ARTHROSCOPY, KNEE, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29888	ARTHROSCOPICALLY AIDED ANTERIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29889	ARTHROSCOPICALLY AIDED POSTERI		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
29891	ANKLE ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29892	ANKLE ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29893	SCOPE, PLANTAR FASCIOTOMY		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29895	ARTHROSCOPY, ANKLE, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29897	ARTHROSCOPY, ANKLE, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29898	ARTHROSCOPY, ANKLE, SURGICAL;		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29899	ANKLE ARTHROSCOPY/SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29900	MCP JOINT ARTHROSCOPY, DX		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
29901	MCP JOINT ARTHROSCOPY, SURG		0	999	07/01/2021	12/31/9999	2	O1	2,212.24	T
29902	MCP JOINT ARTHROSCOPY, SURG		0	999	07/01/2021	12/31/9999	2	O1	1,088.26	T
29904	SUBTALAR ARTHRO Q/FB RMVL		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29905	SUBTALAR ARTHRO W/EXC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
29906	SUBTALAR ARTHRO W/DEB		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
29907	SUBTALAR ARTHRO W/FUSION		0	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
29914	HIP ARTHRO W/FEMOROPLASTY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29915	HIP ARTHRO ACETABULOPLASTY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29916	HIP ARTHRO W/LABRAL REPAIR		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	S
29999	ARTHROSCOPY OF JOINT		0	999	07/01/2021	12/31/9999	1	O1	161.16	T
30000	*DRAINAGE ABSCESS OR HEMATOMA		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
30020	*DRAINAGE ABSCESS OR HEMATOMA		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
30100	BIOPSY, INTRANASAL		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
30110	EXCISION, NASAL POLYP(S), SIMP		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30115	EXCISION, NASAL POLYP(S), EXTE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30117	REMOVAL OF INTRANASAL LESION		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
30118	EXCISION, INTRANASAL LESION;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30120	EXCISION OR SURGICAL PLANING		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30124	EXCISION DERMOID CYST, NOSE;		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
30125	EXCISION DERMOID CYST, NOSE;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30130	EXCISE INFERIOR TURBINATE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30140	RESECT INFERIOR TURBINATE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30150	RHINECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30160	RHINECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30200	*INJECTION INTO TURBINATE(S),		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
30210	*DISPLACEMENT THERAPY (PROETZ		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30220	INSERTION,NASAL SEPTAL PROST		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30300	*REMOVAL FOREIGN BODY, INTRAN		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
30310	REMOVAL FOREIGN BODY, INTRAN		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30320	REMOVAL FOREIGN BODY, INTRAN		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30400	RHINOPLASTY, PRIMARY; LATERAL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30410	RHINOPLASTY, PRIMARY; COMPLETE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30420	RHINOPLASTY, PRIMARY; INCLUDIN		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30430	RHINOPLASTY, SECONDARY; MINOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30435	RHINOPLASTY, SECONDARY; INTERM		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30450	RHINOPLASTY, SECONDARY; MAJOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30460	RHINOPLASTY FOR NASAL DEFORMIT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30462	RHINOPLASTY FOR NASAL DEFORMIT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30465	REPAIR NASAL STENOSIS		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30468	RPR NSL VLV COLLAPSE W/IMPLT		0	999	01/01/2021	12/31/9999	1	O1	3,975.25	T
30520	SEPTOPLASTY WITH OR WITHOUT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30540	REPAIR CHOANAL ATRESIA;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30545	REPAIR CHOANAL ATRESIA;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30560	*LYSIS INTRANASAL SYNECHIA		0	999	07/01/2021	12/31/9999	1	O1	353.56	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
30580	REPAIR FISTULA;		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
30600	REPAIR FISTULA;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30620	SEPTAL OR OTHER INTRANASAL DER		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
30630	REPAIR NASAL SEPTAL PERFORAT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30801	ABLATE INF TURBINATE, SUPERF		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30802	ABLATE INF TURBINATE SUBMUC		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
30901	CONTROL NASAL HEMORRHAGE, ANTE		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
30903	CONTROL NASAL HEMORRHAGE, ANTE		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
30905	CONTROL OF NOSEBLEED		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
30906	*CONTROL NASAL HEMORRHAGE, PO		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
30915	LIGATION ARTERIES;		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
30920	LIGATION ARTERIES;		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
30930	THER FX, NASAL INF TURBINATE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
30999	UNLISTED PROCEDURE, NOSE		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31000	LAVAGE BY CANNULATION; MAXILLA		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31002	*LAVAGE BY CANNULATION;		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
31020	SINUSOTOMY, MAXILLARY (ANTROTO		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31030	SINUSOTOMY, MAXILLARY (ANTROTO		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31032	SINUSOTOMY, MAXILLARY (ANTROTO		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31040	SURGERY ON PTERYGOMAXILLARY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31050	SINUSOTOMY, SPHENOID		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31051	SINUSOTOMY, SPHENOID, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31070	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31075	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31080	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31081	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31084	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31085	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31086	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31087	SINUSOTOMY FRONTAL;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31090	EXPLORATION OF SINUSES		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31200	ETHMOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31201	ETHMOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
31205	ETHMOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31225	MAXILLECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31230	MAXILLECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31231	NASAL ENDOSCOPY, DIAGNOSTIC, U		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
31233	NASAL/SINUS ENDOSCOPY MAXILLARY		0	999	07/01/2021	12/31/9999	1	O1	294.28	T
31235	NASAL/SINUS ENDOSCOPY SPHENOID		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31237	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31238	NASAL/SINUS ENDOSCOPY, SURG		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31239	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	T
31240	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31241	NASAL/SINUS ENDOSCOPY, SURGICAL		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31253	NASAL/SINUS ENDOSCOPY, SURGICAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31254	NASAL ENDOSCOPY, SURGICAL; WIT		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31255	NASAL ENDOSCOPY, SURGICAL; ANT AND POS		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31256	NASAL ENDOSCOPY, SURGICAL; WIT		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	T
31257	NASAL/SINUS ENDOSCOPY, SURGICAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31259	NASAL/SINUS ENDOSCOPY, SURGICAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31267	MAXILLARY SINUS ENDOSCOPY, SUR		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31276	NASAL/SINUS SURGICAL ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31287	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31288	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31290	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31291	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31292	NASAL/SINUS ENDOSCOPY, SURGICAL, MEDIAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31293	NASAL/SINUS ENDOSCOPY, SURGICAL, MEDIAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31294	NASAL/SINUS ENDOSCOPY, SURGICA		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31295	NASAL/SINUS ENDOSCOPY, SURGICAL, MAXILLA		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31296	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31297	NASAL/SINUS ENDOSCOPY, SURGICAL, SPHENOI		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31298	NASAL/SINUS ENDOSCOPY, SURGICAL, FRONTAL		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31299	UNLISTED PROCEDURE, ACCESSOR		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31300	LARYNGOTOMY (THYROTOMY, LARY		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31360	LARYNGECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31365	LARYNGECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31367	LARYNGECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31368	LARYNGECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31370	PARTIAL LARYNGECTOMY (HEMILA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31375	PARTIAL LARYNGECTOMY (HEMILA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31380	PARTIAL LARYNGECTOMY (HEMILA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31382	PARTIAL LARYNGECTOMY (HEMILA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31390	PHARYNGOLARYNGECTOMY, WITH R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31395	PHARYNGOLARYNGECTOMY, WITH R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31400	ARYTENOIDECTOMY OR ARYTENOID		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31420	EPIGLOTTIDECTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31500	INTUBATION, ENDOTRACHEAL, EM		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
31502	TRACHEOTOMY TUBE CHANGE PRIOR		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31505	LARYNGOSCOPY, INDIRECT (SEPA		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
31510	LARYNGOSCOPY, INDIRECT (SEPA		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31511	LARYNGOSCOPY, INDIRECT (SEPA		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
31512	LARYNGOSCOPY, INDIRECT (SEPA		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31513	LARYNGOSCOPY, INDIRECT (SEPA		0	999	07/01/2021	12/31/9999	1	O1	294.28	T
31515	LARYNGOSCOPY DIRECT;		0	999	07/01/2021	12/31/9999	1	O1	294.28	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
31520	LARYNGOSCOPY DIRECT;		0	1	07/01/2021	12/31/9999	1	O1	294.28	T
31525	LARYNGOSCOPY DIRECT;		1	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31526	DX LARYNGOSCOPY W/OPER SCOPE		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31527	LARYNGOSCOPY DIRECT;		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31528	LARYNGOSCOPY AND DILATION		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31529	LARYNGOSCOPY AND DILATION		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31530	LARYNGOSCOPY, DIRECT, OPERAT		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31531	LARYNGOSCOPY W/FB & OP SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31535	LARYNGOSCOPY, DIRECT, OPERAT		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31536	LARYNGOSCOPY W/BX & OP SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31540	LARYNGOSCOPY, DIRECT, OPERAT		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31541	LARYNSCOP W/TUMR EXC + SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31545	REMOVE VC LESION W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31546	REMOVE VC LESION SCOPE/GRAFT		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31551	LARYNGPLSTY W/GRAFT W/O STENT		0	11	07/01/2021	12/31/9999	1	O1	3,975.25	T
31552	LARYNGPLSTY W/O STENT REPL 12+ YRS		12	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31553	LARYNGPLSTY W/STENT REPL >12 YRS		0	11	07/01/2021	12/31/9999	1	O1	3,975.25	T
31554	LARYNGPLSTY W/STENT REPL 12+ YRS		12	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31560	LARYNGOSCOPY, DIRECT, OPERAT		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31561	LARYNSCOP, REMVE CART + SCOP		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31570	LARYNGOSCOPY, DIRECT, WITH I		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31571	LARYNGOSCOP W/VC INJ + SCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31572	LARYNGSCP FLEX DESTR LESIONS UNILAT		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31573	LARYNGSCP FLEX W/INJ UNILAT		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31574	LARYNGSCP FLEX W/INJ AUG UNILAT		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31575	LARYNGOSCOPY FLEX; DIAGNOSTIC		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
31576	LARYNGOSCOPY FLEX; W/BIOPSIES		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31577	LARYNGOSCPY FLEX W/REMOVAL FOREIGN BODY		0	999	07/01/2021	12/31/9999	1	O1	294.28	T
31578	LARYNGOSCPY FLE; W/REMOVAL LESION NON-LA		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31579	LARYNGOSCOPY FLEX/RIG TELE W/STROBOSCPY		0	999	07/01/2021	12/31/9999	1	O1	294.28	T
31580	LARYNGOPLSTY LARYNGEAL WEB KEEL/STNT INS		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31584	LARYNGOPLSTY W/OPEN RED FIX FRAC INCL TR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31587	LARYNGOPLSTY CRICOID SPLIT W/O GRAFT PLC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31590	LARYNGEAL REINNERVATION BY N		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31591	LARYNGPLSTY MEDIALIZATION UNILAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31592	CRICOTRACHEAL RESECTION		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31599	UNLISTED PROCEDURE, LARYNX		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31600	TRACHEOSTOMY, PLANNED (SEPAR		2	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31601	TRACHEOSTOMY, PLANNED (SEPAR		0	1	07/01/2021	12/31/9999	1	O1	3,975.25	T
31603	TRACHEOSTOMY, EMERGENCY PROC		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
31605	TRACHEOSTOMY, EMERGENCY PROC		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
31610	TRACHEOSTOMY, FENESTRATION P		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31611	CONSTRUCTION OF TRACHEOESOPHAG		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31612	TRACHEAL PUNCTURE, PERCUTANE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31613	TRACHEOSTOMA REVISION; SIMPL		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31614	TRACHEOSTOMA REVISION;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31615	TRACHEOSCOPY THROUGH ESTABLI		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
31622	DX BRONCHOSCOPE/WASH		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31623	BRONCHOSCPY W/WO FLOURO; W/BRUSHINGBRONC		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAGE BRNCH		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31625	BRONCHOSCPY;BRONCHIAL/ENDOBRONCHIALBRONC		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31626	BRONCHOSCOPY W/MARKERS		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	T
31627	NAVIGATIONAL BRONCHOSCOPY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
31628	BRNCHSCPY; TRNSBRNCH LUNG BX 1 LOBEBRNCH		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31629	BRNCHSCPY;NABX TRACH STEM&/BRNCH BRNCH		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31630	BRONCHOSCOPY DILATE/FX REPR		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31631	BRONCHOSCOPY, DILATE W/STENT		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31632	BRNCHSCPY; W/TBLB EA ADD LOBE BRNCH		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
31633	BRNCHSCPY; W/TBNA BX EA ADD LOBE BRNCH		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
31634	BRONCH W/BALLOON OCCLUSION		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31635	BRNCHSCPY W/WO FLOURO; W/REMV FB BRONC		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31636	BRONCHOSCOPY, BRONCH STENTS		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31637	BRONCHOSCOPY, STENT ADD-ON		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
31638	BRONCHOSCOPY, REVISE STENT		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31640	BRONCHOSCOPY; W/EXCISION OF TUMOR BRONC		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31641	BRONCHOSCOPY, TREAT BLOCKAGE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31643	DIAG BRONCHOSCOPE/CATHETER		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31645	BRONCHOSCOPY, CLEAR AIRWAYS		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	S
31646	BRONCHOSCOPY, RECLEAR AIRWAY		0	999	07/01/2021	12/31/9999	2	O1	294.28	T
31647	BRNCHSCP INSRT BRONC VALVE INITIAL LOBE		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31648	BRNCHSCP REMOV BRONC VALVE INITIAL LOBE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	S
31649	BRNCHSCP REMOV BRONC VALVE EA ADDL LOBE		0	999	07/01/2021	12/31/9999	2	O1	1,169.58	S
31651	BRNCHSCP W/BALLOON OCCL EA ADDL LOBE		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
31652	BRONCH EBUS SAMPLNG 1/2 NODE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	T
31653	BRONCH EBUS SAMPLNG 3/> NODE		0	999	07/01/2021	12/31/9999	1	O1	2,421.40	T
31654	BRONCH EBUS PERIPHERAL		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
31660	BRNCHSCP BRONC THERMOPLASTY 1 LOBE		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31661	BRNCHSCP BRONC THERMOPLASTY 2+ LOBES		0	999	07/01/2021	12/31/9999	1	O1	4,551.06	S
31717	CATHETERIZATION WITH BRONCHI		0	999	07/01/2021	12/31/9999	1	O1	294.28	T
31720	CATHETER ASPIRATION (SEPARAT		0	999	07/01/2021	12/31/9999	3	O1	146.85	T
31725	CATHETER ASPIRATION (SEPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31730	TRANSTRACHEAL (PERCUTANEOUS) I		0	999	07/01/2021	12/31/9999	1	O1	1,169.58	T
31750	TRACHEOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31755	TRACHEOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31760	TRACHEOPLASTY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
31766	CARINAL RECONSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31770	BRONCHOPLASTY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31775	BRONCHOPLASTY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31780	EXCISION TRACHEAL STENOSIS A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31781	EXCISION TRACHEAL STENOSIS A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31785	EXCISION OF TRACHEAL TUMOR O		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
31786	EXCISION OF TRACHEAL TUMOR O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31800	SUTURE OF EXTERNAL TRACHEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31805	SUTURE OF EXTERNAL TRACHEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
31820	SURGICAL CLOSURE TRACHEOSTOM		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31825	SURGICAL CLOSURE TRACHEOSTOM		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31830	REVISION OF TRACHEOSTOMY SCA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
31899	UNLISTED PROCEDURE, TRACHEA,		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
32035	THORACOSTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32036	THORACOSTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32096	THORACTMY DIAG BIOPSY LUNG UNILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32097	THORCTMY BIOPSY LUNG NOD UNILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32098	THORCTMY BIOPSY PLEURA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32100	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32110	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32120	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32124	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32140	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32141	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32150	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32151	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32160	THORACOTOMY, MAJOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32200	PNEUMONOSTOMY, WITH OPEN DRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32215	PLEURAL SCARIFICATION FOR RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32220	DECORTICATION, PULMONARY, (S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32225	DECORTICATION, PULMONARY, (S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32310	PLEURECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32320	DECORTICATION AND PARIETAL P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32400	*BIOPSY, PLEURA;		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
32408	CORE NDL BX LNG/MED PERQ		0	999	01/01/2021	12/31/9999	2	O1	1,099.71	T
32440	REMOVAL OF LUNG, TOTAL PNEUMON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32442	REMOVAL OF LUNG, TOTAL PNEUMON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32445	REMOVAL OF LUNG, TOTAL PNEUMON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32480	REMOVAL OF LUNG, OTHER THAN TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32482	REMOVAL OF LUNG, OTHER THAN TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32484	REMOVAL OF LUNG, OTHER THAN TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32486	REMOVAL OF LUNG, OTHER THAN TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32488	REMOVAL OF LUNG, OTHER THAN TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32491	LUNG VOLUME REDUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32501	REPAIR BRONCHUS (ADD-ON)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32503	RESECT APICAL LUNG TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32504	RESECT APICAL LUNG TUM/CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32505	THORCTMY THERAP WEDGE RESEC INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32506	THORCTMY THERAP WEDGE RESEC EA ADD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32507	THORCTMY DIAG WEDGE RESEC LUNGRESEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32540	EXTRAPLEURAL ENUCLEATION OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32550	INSERT INDWELL TUNNELED PLEURAL CATH W/C		0	999	07/01/2021	12/31/9999	2	O1	2,488.15	S
32551	TUBE THORACOSTOMY INCL WATER SEAL		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
32552	REMOVE LUNG CATHETER		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
32553	INS MARK THOR FOR RT PERQ		0	999	07/01/2021	12/31/9999	1	O1	986.52	S
32554	THORACENTESIS W/O IMAGING GUID		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
32555	THORACENTESIS W/IMAGING GUID		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
32556	PLEURAL DRAIN, PERCU W/O IMAGING		0	999	07/01/2021	12/31/9999	2	O1	1,270.11	T
32557	PLEURAL DRAIN, PERCU W/IMAGING		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
32560	TREAT PLEURODESIS W/AGENT		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
32561	LYSE CHEST FIBRIN INIT DAY		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
32562	LYSE CHEST FIBRIN SUBQ DAY		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
32601	THORACOSCOPY DIAG WO BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32604	THORACOSCOPY, DIAGNOSTIC (SEPA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32606	THORACOSCOPY, DIAGNOSTIC (SEPA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32607	THORCSCPY DIAG BIOPSY LUNG INFILTR UNILA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32608	THORCSCPY DIAG BIOPSY LUNG NOD UNILAT		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32609	THORCSCPY BIOPSY PLEURA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32650	THORACOSCOPY, SURGICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32651	THORACOSCOPY, SURGICAL; WITH P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32652	THORACOSCOPY, SURGICAL; WITH T		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32653	THORACOSCOPY, SURGICAL; WITH R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32654	THORACOSCOPY, SURGICAL; WITH C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32655	THORACOSCOPY, SURGICAL; WITH E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32656	THORACOSCOPY, SURGICAL; WITH P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32658	THORACOSCOPY, SURGICAL; WITH R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32659	THORACOSCOPY, SURGICAL; WITH C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32661	THORACOSCOPY, SURGICAL; WITH E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32662	THORACOSCOPY, SURGICAL; WITH E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32663	THORACOSCOPY, SURGICAL; WITH L		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32664	THORACOSCOPY, SURGICAL; WITH T		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32665	THORACOSCOPY, SURGICAL; WITH E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32666	THORCSCPY SURG THRP WDG RESEC INI UNILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32667	THRCSCPY SURG THERAP WDG RES EA ADD IPSI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32668	THRCSCPY SURG DIAG WDG RES + ANATOM RESE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
32669	THRCSCPY SURG REM SNGL LUNG SGMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32670	BILOBECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32671	PNEUMONECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32672	RESEC LVRS UNILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32673	RESEC THYMUS, UNI OR BILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32674	MEDIASTINAL LYMPHADENECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32701	TRANSCATH,THROMBOLYSIS OTH THAN CORONARY		0	999	07/01/2020	12/31/9999	1	O1	180.29	B
32800	REPAIR LUNG HERNIA THROUGH C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32810	CLOSURE OF CHEST WALL FOLLOW		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32815	OPEN CLOSURE OF MAJOR BRONCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32820	MAJOR RECONSTRUCTION, CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32850	DONOR PNEUMONECTOMY		0	999	09/01/2012	12/31/9999	9999	O6	0.00	C
32851	LUNG TRANSPLANT, SINGLE; WITHO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32852	LUNG TRANSPLANT, SINGLE; WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32853	LUNG TRANSPLANT, DOUBLE (BILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32854	LUNG TRANSPLANT, DOUBLE (BILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32855	PREPARE DONOR LUNG, SINGLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32856	PREPARE DONOR LUNG, DOUBLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32900	RESECTION OF RIBS, EXTRAPLEU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32905	THORACOPLASTY, SCHEDE TYPE O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32906	THORACOPLASTY, SCHEDE TYPE O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32940	PNEUMONOLYSIS, EXTRAPERIOSTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32960	*PNEUMOTHORAX, THERAPEUTIC, I		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
32994	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
32997	TOTAL LUNG LAVAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
32998	ABLAT THRPY REDUC/ERATIC >= 1 PULMON TUM		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
32999	UNLISTED PROCEDURE, LUNGS AN		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
33016	PERICARDIOCENTESIS W/IMAGING		0	999	07/01/2021	12/31/9999	1	O1	1,099.04	T
33017	PRCRD DRG 6YR+ W/O CGEN CAR		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33018	PRCRD DRG 0-5YR OR W/ANOMLY		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33019	PERQ PRCRD DRG INSJ CATH CT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33020	PERICARDIOTOMY FOR REMOVAL O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33025	CREATION OF PERICARDIAL WIND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33030	PERICARDIECTOMY, SUBTOTAL OR C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33031	PERICARDIECTOMY SUBTOTAL OR CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33050	EXCISION OF PERICARDIAL CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33120	EXCISION OF INTRACARDIAC TUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33130	RESECTION OF EXTERNAL CARDIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33140	HEART REVASCULARIZE (TMR)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33141	HEART TMR W/OTHER PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33202	INS EPICARDIAL ELECTR; OPEN INCISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33203	INS EPICARDIAL ELECTR; ENDOSC APPROACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33206	INSERTION OR REPLACEMENT OF PE		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33207	INSERTION OF PERMANENT PACEMAK		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33208	INSERTION OR REPLACEMENT OF PE		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33210	INSERTION OR REPLACEMENT OF TE		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33211	INSERTION OR REPLACEMENT OF TE		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33212	INSERTION OR REPLACEMENT OF PA		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33213	INSERTION OR REPLACEMENT OF PA		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33214	UPGRADE OF IMPLANTED PACEMAKER		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33215	REPOSITION ELECTRODES PACEMKR/DEFIB		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
33216	INSERT ELECTRODE PACEMKR/DEFIB		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33217	INSERT 2 ELECTRODES PACEMKR/DEFIB		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33218	REPAIR SINGLE ELECTRODE PACEMKR/DEFIB		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33220	REPAIR 2 ELECTRODES PACEMKR/DEFIB		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33221	INSERT PACEMKR PULSE GEN ONLY		0	999	07/01/2021	12/31/9999	1	O1	14,546.53	T
33222	REVISION OR RELOCATION OF SKIN		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
33223	RELOCATE SKIN POCKET FOR DEFIB		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
33224	INSERT PACING ELECTRODE		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33225	INSERT PACING ELECTRODE DEFIB/PCMKR		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
33226	REPOSITION L VENTRIC LEAD		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
33227	REMOV PERM PACEMKR PULSE GEN SNGL LEAD		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33228	REMOV PERM PACEMKR PULSE GEN DUAL LEAD		0	999	07/01/2021	12/31/9999	1	O1	8,128.74	T
33229	REMOV PERM PACEMKR PULSE GEN MULTI LEAD		0	999	07/01/2021	12/31/9999	1	O1	14,546.53	T
33230	INSERT DEFIB ONLY EXISTING MULTI LEADS		0	999	07/01/2021	12/31/9999	1	O1	18,008.15	T
33231	INSERT DEFIB ONLY EXISTING DUAL LEADS		0	999	07/01/2021	12/31/9999	1	O1	25,666.82	T
33233	REMOVAL OF PERMANENT PACEMAKER		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33234	REMOVAL OF PACEMAKER SYSTEM		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33235	REMOVAL PACEMAKER ELECTRODE		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33236	REMOVAL OF PERMANENT EPICARDIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33237	REMOVAL OF PERMANENT EPICARDIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33238	REMOVAL OF PERMANENT TRANSVENO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33240	INSERT DEFIB ONLY EXISTING SINGLE LEAD		0	999	07/01/2021	12/31/9999	1	O1	18,008.15	T
33241	REMOVE DEFIB ONLY		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33243	REM IMPLANTABLE DEFIB THOROCOTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33244	REM IMPLANTABLE DEFIB EXTRACTION		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33249	INSERT/REPL DEFIB SYS SNGL/DUAL		0	999	07/01/2021	12/31/9999	1	O1	25,666.82	T
33250	ABLATE HEART DYSRHYTHM FOCUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33251	OPERATIVE ABLATION OF SUPRAVEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33254	OPER TIS ABL & RECONSTRUCT ATRIA LIMITED		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33255	OPER TIS ABL & RECONSTRUCT ATRIA EXT W/O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33256	OPER TIS ABL & RECONSTRUCT ATRIA EXT WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33257	ABLATE ATRIA, LMTD, ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33258	ABLATE ATRIA, X10SV, ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33259	ABLATE ATRIA W/BYPASS ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
33261	OPERATIVE ABLATION OF ARRHYTHM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33262	REM DEFIB W/REPLAC SNGL LEAD SYS		0	999	07/01/2021	12/31/9999	1	O1	18,008.15	T
33263	REM DEFIB W/REPLAC DUAL LEAD SYS		0	999	07/01/2021	12/31/9999	1	O1	18,008.15	T
33264	REM DEFIB W/REPLAC MULTI LEAD SYS		0	999	07/01/2021	12/31/9999	1	O1	25,666.82	T
33265	ENDO SURG OP TIS ALB/RECONST ATRIA W/O B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33266	ENDO SURG OP TIS ALB/RECONST ATRIA W/ BY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33267	EXCL LAA OPEN ANY METHOD		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33268	EXCL LAA OPN OTH PX ANY METH		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33269	EXCL LAA THRSCP ANY METHOD		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33270	INS/REPL SUBQ DEFIB SYS		0	999	07/01/2021	12/31/9999	1	O1	25,666.82	T
33271	INSERT SUBQ DEFIB ELECTRODE		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33272	REMOV SUBQ DEFIB ELECTRODE		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33273	REPOSITION SUBQ DEFIB ELECTRODE		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
33274	TCAT INSJ/RPL PERM LDLS PM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
33275	TRANSCATHETER REMOVAL OF PACEMAKER		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
33285	INSJ SUBQ CAR RHYTHM MNTR		0	999	07/01/2021	12/31/9999	1	O1	6,372.04	T
33286	RMVL SUBQ CAR RHYTHM MNTR		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
33289	TCAT IMPL WRLS P-ART PRS SNR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
33300	REPAIR OF CARDIAC WOUND;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33305	REPAIR OF CARDIAC WOUND;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33310	CARDIOTOMY EXPL; WITHOUT BYPASS CARDI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33315	CARDIOTOMY EXPLORATORY; W/CP BYPS CARDI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33320	SUTURE REPAIR OF AORTA OR GR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33321	REPAIR MAJOR VESSEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33322	SUTURE REPAIR OF AORTA OR GR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33330	INSERTION OF GRAFT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33335	INSERTION OF GRAFT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF TH		0	999	01/01/2017	12/31/9999	1	O6	0.00	C
33361	TAVR/TAVI PERCUT FEMORAL ARTERY		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33362	TAVR/TAVI OPEN FEMORAL ARTERY		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33363	TAVR/TAVI OPEN AXILLARY ARTERY		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33364	TAVR/TAVI OPEN ILIAC ARTERY		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33365	TAVR/TAVI TRANSAORTIC APPROACH		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33366	AORTIC TRANSCATH VALVE RPLMNT		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
33367	TAVR/TAVI W/CPBS PERCUT ART/VENOUS CANN		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33368	TAVR/TAVI W/CPBS OPEN ART/VENOUS CANN		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33369	TAVR/TAVI W/CPBS CENTRAL ART/VENOUS CANN		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33370	TCAT PLMT&RMVL CEPD PERQ		0	999	01/01/2022	12/31/9999	1	O1	0.00	N
33390	VLVULPLSTY AORTA VLV OPEN SIMPLE		0	999	01/01/2017	12/31/9999	1	O6	0.00	C
33391	VLVULPLSTY AORTA VLV OPEN COMPLEX		0	999	01/01/2017	12/31/9999	1	O6	0.00	C
33404	CONSTRUCTION OF APICAL-AORTIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33405	REPLC AORTIC VALVE W/PROSTH VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33406	REPLC AORTIC VALVE W/ALLOGRAFT VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33410	REPLC AORTIC VALVE W/STNTLS TISS VLV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33411	RPL AORTIC VALV NONCOR SINUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33412	REPLACEMENT, AORTIC VALVE; WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33413	REPLACEMENT OF AORTIC VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33414	REPAIR OF LEFT VENTRICULAR OUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33415	RESECTION OR INCISION OF SUBVA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33416	VENTRICULOMYOTOMY (-MYECTOMY)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33417	AORTOPLASTY (GUSSET) FOR SUP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33418	MITRAL VALVE REPAIR W/PROSTHESIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33419	MITRAL VALVE REPAIR W/ADDL PROSTH		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
33420	VALVOTOMY, MITRAL VALVE; CLOSE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33422	VALVOTOMY, MITRAL VALVE; OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33425	VALVULOPLASTY, MITRAL VALVE,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33426	VALVULOPLASTY MITRALVALVE WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33427	VALVULOPLASTY MITRALVALVE RADI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33430	REPLACEMENT, MITRAL VALVE, W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33440	RPLCMT A-VALVE TLCJ AUTOL PV		0	999	01/01/2019	12/31/9999	1	O6	0.00	C
33460	VALVECTOMY, TRICUSPID VALVE, W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33463	VALVULOPLASTY, TRICUSPID VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33464	VALVULOPLASTY, TRICUSPID VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33465	REPLACEMENT, TRICUSPID VALVE,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33468	TRICUSPID VALVE REPOSITIONIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33471	VALVOTOMY, PULMONARY VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33474	VALVOTOMY, PULMONARY VALVE (		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33475	REPLACEMENT, PULMONARY VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33476	RIGHT VENTRICULAR RESECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33477	IMPLANT TCAT PULM VLV PERQ		0	999	01/01/2016	12/31/9999	1	O6	0.00	C
33478	OUTFLOW TRACT AUGMENTATION (		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33496	REPAIR, PROSTH VALVE CLOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33500	REPAIR OF CORONARY ARTERIOVENO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33501	REPAIR OF CORONARY ARTERIOVENO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33502	CORONARY ARTERY CORRECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33503	REPAIR OF ANOMALOUS CORONARY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33504	REPAIR OF ANOMALOUS CORONARY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33505	REPAIR OF ANOMALOUS CORONARY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33506	REPAIR OF ANOMALOUS CORONARY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33507	REPAIR ART, INTRAMURAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33508	ENDOSCOPIC VEIN HARVEST		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
33509	NDSC HRV UXTR ART 1 SGM CAB		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33510	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33511	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33512	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
33513	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33514	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33516	CORONARY ARTERY BYPASS, VEIN O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33517	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33518	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33519	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33521	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33522	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33523	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33530	REOPERATION, CORONARY ARTERY B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33533	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33534	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33535	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33536	CORONARY ARTERY BYPASS, USING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33542	MYOCARDIAL RESECTION (EG, VE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33545	REPAIR OF POSTINFARCTION VEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33548	RESTORE/REMODEL, VENTRICLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33572	OPEN CORONARY ENDARTERECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33600	CLOSURE OF ATRIOVENTRICULAR VA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33602	CLOSURE OF SEMILUNAR VALVE (AO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33606	ANASTOMOSIS OF PULMONARY ARTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33608	REPAIR OF COMPLEX CARDIAC ANOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33610	REPAIR BY ENLARGEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33611	REPAIR OF DOUBLE OUTLET RIGHT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33612	REPAIR OF DOUBLE OUTLET RIGHT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33615	REPAIR OF COMPLEX CARDIAC ANOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33617	REPAIR OF COMPLEX CARDIAC ANOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33619	REPAIR OF SINGLE VENTRICLE WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33620	APPLY R&L PULM ART BANDS		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
33621	TRANSTHOR CATH FOR STENT		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
33622	REDO COMPL CARDIAC ANOMALY		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
33641	REPAIR ATRIAL SEPTAL DEFECT, S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33645	DIRECT OR PATCH CLOSURE, SIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33647	REPAIR OF ATRIAL SEPTAL DEFECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33660	REPAIR OF INCOMPLETE OR PARTIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33665	REPAIR OF INTERMEDIATE OR TRAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33670	REPAIR OF COMPLETE ATRIOVENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33675	CLOSE MULTI VENTR SEPTAL DEFECTS		0	999	09/01/2012	12/31/9999	5	O6	0.00	C
33676	CLOSE MULTI VENTR SEPTAL DEFECTS W/PUL V		0	999	09/01/2012	12/31/9999	5	O6	0.00	C
33677	CLOSE MULTI VENTR SEPTAL DEFECTS W/REM P		0	999	09/01/2012	12/31/9999	5	O6	0.00	C
33681	CLOS SINGLE VENTR SEPTAL DEFECT W/WO PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33684	CLOSURE VENTRICULAR SEPTAL D		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33688	CLOSURE VENTRICULAR SEPTAL D		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33690	BANDING OF PULMONARY ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33692	COMPLETE REPAIR TETRALOGY OF F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33694	COMPLETE REPAIR TETRALOGY OF F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33697	COMPLETE REPAIR TETRALOGY OF F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33702	REPAIR SINUS OF VALSALVA FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33710	REPAIR SINUS OF VALSALVA FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33720	REPAIR SINUS OF VALSALVA ANE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33724	REP ISOL PART ANOM PULMON VEN RETURN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33726	REP PULMON VENOUS STENOSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33730	COMPLETE REPAIR OF ANOMALOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33732	REPAIR OF COR TRIATRIATUM OR S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33735	ATRIAL SEPTECTOMY OR SEPTOSTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33736	ATRIAL SEPTECTOMY OR SEPTOSTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33737	ATRIAL SEPTECTOMY OR SEPTOSTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33741	TAS CONGENITAL CAR ANOMAL		0	1	01/01/2021	12/31/9999	1	O6	0.00	C
33745	TIS CGEN CAR ANOMAL 1ST SHNT		0	999	01/01/2021	12/31/9999	1	O6	0.00	C
33746	TIS CGEN CAR ANOMAL EA ADDL		0	999	01/01/2021	12/31/9999	1	O6	0.00	C
33750	SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33755	SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33762	SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33764	SHUNT; CENTRAL, WITH PROSTHETI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33766	SHUNT; SUPERIOR VENA CAVA TO P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33767	SHUNT; SUPERIOR VENA CAVA TO P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33768	CAVOPULMONARY SHUNTING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33770	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33771	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33774	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33775	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33776	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33777	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33778	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33779	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33780	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33781	REPAIR OF TRANSPOSITION OF THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33782	NIKAIDOH PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33783	NIKAIDOH PROC W/OSTIA IMPLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33786	TOTAL REPAIR, TRUNCUS ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33788	REIMPLANTATION OF AN ANOMALOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33800	AORTIC SUSPENSION (AORTOPEXY)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33802	DIVISION OF ABERRANT VESSEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33803	DIVISION OF ABERRANT VESSEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33813	OBLITERATION OF AORTOPULMONARY		0	20	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
33814	OBLITERATION OF AORTOPULMONARY		0	20	09/01/2012	12/31/9999	1	O6	0.00	C
33820	REPAIR OF PATENT DUCTUS ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33822	REP OF PATENT DUCTUS ARTERIOSU		0	17	09/01/2012	12/31/9999	1	O6	0.00	C
33824	REP OF PATENT DUCTUS ARTERIOSU		18	999	09/01/2012	12/31/9999	1	O6	0.00	C
33840	EXCISION OF COARCTATION OF A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33845	EXCISION OF COARCTATION OF A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33851	EXCISION OF COARCTATION OF AOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33852	REPAIR OF HYPOPLASTIC OR INTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33853	REPAIR OF HYPOPLASTIC OR INTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33858	AS-AORT GRF F/AORTIC DSJ		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33859	AS-AORT GRF F/DS OTH/THN DSJ		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33863	ASCENDING AORTIC GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33864	ASCENDING AORTIC GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33866	AORTIC HEMIARCH GRAFT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
33871	TRANSVRS A-ARCH GRF HYPTHRM		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
33875	DESCENDING THORACIC AORTA GR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33877	REPAIR OF THORACOABDOMINAL AOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33880	ENDOVASC TAA REPR INCL SUBCL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33881	ENDOVASC TAA REPR W/O SUBCL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33883	INSERT ENDOVASC PROSTH, TAA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33884	ENDOVASC PROSTH, TAA, ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33886	ENDOVASC PROSTH, DELAYED		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33889	ARTERY TRANSPOSE/ENDOVAS TAA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33891	CAR-CAR BP GRFT/ENDOVAS TAA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33894	EVASC ST RPR THRC/AA ACRS BR		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33895	EVASC ST RPR THRC/AA X CRSG		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33897	PERQ TRLUML ANGP NT/RECR COA		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
33910	PULMONARY ARTERY EMBOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33915	PULMONARY ARTERY EMBOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33916	PULMONARY ENDARTERECTOMY WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33917	REPAIR OF PULMONARY ARTERY STE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33920	REPAIR OF PULMONARY ATRESIA WI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33922	TRANSECTION OF PULMONARY ARTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33924	REMOVE PULMONARY SHUNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33925	RPR PUL ART UNIFOCAL W/O CPB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33926	REPR PUL ART, UNIFOCAL W/CPB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33927	IMPLANT OF TOTAL REPLACE HEART SYSTEM		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
33928	REMOVAL AND REP OF TOTAL REPLACE HEART S		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
33929	REMOVAL OF TOTAL REPLACE HEART SYSTEM		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
33930	REMOVAL OF DONOR HEART/LUNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33933	PREPARE DONOR HEART/LUNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33935	HEART-LUNG TRANSPLANT WITH REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33940	REMOVAL OF DONOR HEART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33944	PREPARE DONOR HEART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33945	HEART TRANSPLANT, WITH OR WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33946	ECMO/ECLS INITIAT VENO-VENOUS		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33947	ECMO/ECLS INITIAT VENO-ARTERIAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33948	ECMO/ECLS MGMT/DAY VENO-VENOUS		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33949	ECMO/ECLS MGMT/DAY VENO-ARTERIAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33951	ECMO/ECLS INSJ PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33952	ECMO/ECLS INSJ PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33953	ECMO/ECLS INSJ PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33954	ECMO/ECLS INSJ PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33955	ECMO/ECLS INSJ CTR CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33956	ECMO/ECLS INSJ CTR CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33957	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33958	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33959	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33962	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33963	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33964	ECMO/ECLS REPOS PERPH CNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33965	ECMO/ECLS RMVL PERPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33966	ECMO/ECLS RMVL PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33967	INSERT IA PERCUT DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33968	REMOVE AORTIC ASSIST DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33969	ECMO/ECLS RMVL PERPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33970	INSERTION OF INTRA-AORTIC BALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33971	REMOVAL OF INTRA-AORTIC BALLOO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33973	INSERTION OF INTRA-AORTIC BALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33974	REMOVAL OF INTRA-AORTIC BALLOO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33975	IMPLANT VENTRICULAR DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33976	IMPLANT VENTRICULAR DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33977	REMOVE VENTRICULAR DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33978	REMOVE VENTRICULAR DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33979	INSERT INTRACORPOREAL DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33980	REMOVE INTRACORPOREAL DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33981	REPLACE VAD PUMP EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33982	REPLACE VAD INTRA W/O BP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33983	REPLACE VAD INTRA W/BP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
33984	ECMO/ECLS RMVL PRPH CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33985	ECMO/ECLS RMVL CTR CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33986	ECMO/ECLS RMVL CTR CANNULA		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33987	ARTERY EXPOS/GRAFT ARTERY		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33988	INSERTION OF LEFT HEART VENT		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
33989	REMOVAL OF LEFT HEART VENT		0	999	01/01/2015	12/31/9999	1	O6	0.00	C

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MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
33990	VAD PERCU ARTERIAL ACCESS ONLY		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33991	VAD PERCU W/ART&VEN ACCESS TRANSEPTAL		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33992	REMOV VAD SEP SESSION		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33993	REPOSITION VAD SEP SESSION		0	999	01/01/2013	12/31/9999	2	O6	0.00	C
33995	INSJ PERQ VAD R HRT VENOUS		0	999	01/01/2021	12/31/9999	1	O6	0.00	C
33997	RMVL PERQ RIGHT HEART VAD		0	999	01/01/2021	12/31/9999	1	O6	0.00	C
33999	UNLISTED PROCEDURE, CARDIAC		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
34001	EMBOLECTOMY OR THROMBECTOMY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34051	EMBOLECTOMY OR THROMBECTOMY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34101	EMBOLECTOMY OR THROMBECTOMY,		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
34111	EMBOLECTOMY OR THROMBECTOMY, W		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
34151	EMBOLECTOMY OR THROMBECTOMY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34201	EMBOLECTOMY OR THROMBECTOMY,		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
34203	EMBOLECTOMY OR THROMBECTOMY, W		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
34401	THROMBECTOMY, DIRECT OR WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34421	THROMBECTOMY, DIRECT OR WITH		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
34451	THROMBECTOMY, DIRECT OR WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34471	THROMBECTOMY, DIRECT OR WITH		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
34490	THROMBECTOMY, DIRECT OR WITH		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
34501	VALVULOPLASTY, FEMORAL VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
34502	RECONSTRUCTION OF VENA CAVA, A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34510	VENOUS VALVE TRANSPOSITION, AN		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
34520	CROSS-OVER VEIN GRAFT TO VENOU		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
34530	SAPHENOPOPLITEAL VEIN ANASTOMO		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
34701	ENDOVASC REPAIR AORTA W/TUBE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34702	ENDOVASC REPAIR AORTA W/TUBE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34703	ENDOVASC REPAIR AORTA AND/OR ILIAC - UNI		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34704	ENDOVASC REPAIR AORTA AND/OR ILIAC - UNI		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34705	ENDOVASC REPAIR AORTA AND/OR ILIAC - BI		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34706	ENDOVASC REPAIR AORTA AND/OR ILIAC - BI		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34707	ENDOVASC REPAIR OF ILIAC W/TUBE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34708	ENDOVASC REPAIR OF ILIAC W/TUBE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34709	PLACEMENT OF PROSTHESIS FOR ENDOVASC RE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34710	DELAYED PLACEMENT OF PROSTHESIS FOR ENDO		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34711	DELAYED PLACEMENT OF PROSTHESIS FOR ENDO		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34712	TRANSCATH DELV OF DEVICE TO ENDOGRAFT		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
34713	PERCUTANEOUS DELV OF ENDOGRAFT		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
34714	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
34715	OPEN EXPOSURE FOR DELV OF ENDOVASC PROS,		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
34716	OPEN EXPOSURE W/CREATION CONDUIT ENDOVAS		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
34717	EVASC RPR A-ILIAC NDGFT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
34718	EVASC RPR N/A A-ILIAC NDGFT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
34808	ENDOVASC ABDO OCCLUD DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34812	FEMORAL ARTERY EXP W/CONDUIT UNILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34813	XPOSE FOR ENDOPROSTH, FEMORL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34820	ILIAC ARTERY EXP UNILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34830	OPEN AORTIC TUBE PROSTH REPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34831	OPEN AORTOILIAC PROSTH REPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34832	OPEN AORTOFEMOR PROSTH REPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34833	ILIAC ARTERY EXP UNILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34834	BRACHIAL EXP UNILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
34839	PLNNING PT SPEC FENEST GRAFT		0	999	06/01/2017	12/31/9999	1	O6	0.00	E
34841	ENDOVSC REP VISCERAL AORTA 1 ARTERY		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34842	ENDOVSC REP VISCERAL AORTA 2 ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34843	ENDOVSC REP VISCERAL AORTA 3 ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34844	ENDOVSC REP VISCERAL AORTA 4+ ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34845	ENDOVSC REP VISCERAL AORTA 1 ARTERY		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34846	ENDOVSC REP VISCERAL AORTA 2 ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34847	ENDOVSC REP VISCERAL AORTA 3 ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
34848	ENDOVSC REP VISCERAL AORTA 4+ ARTERIES		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
35001	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35002	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35005	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35011	DIRECT REPAIR OF ANEURYSM OR		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35013	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35021	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35022	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35045	REPAIR DEFECT OF ARM ARTERY		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35081	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35082	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35091	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35092	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35102	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35103	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35111	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35112	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35121	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35122	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35131	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35132	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35141	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35142	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35151	REPAIR DEFECT OF ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35152	DIRECT REPAIR OF ANEURYSM OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35180	REPAIR, CONGENITAL ARTERIOVENO		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
35182	REPAIR, CONGENITAL ARTERIOVENO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35184	REPAIR, CONGENITAL ARTERIOVENO		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
35188	REPAIR, ACQUIRED OR TRAUMATIC		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35189	REPAIR, ACQUIRED OR TRAUMATIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35190	REPAIR, ACQUIRED OR TRAUMATIC		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35201	REPAIR BLOOD VESSELS OR A-V		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35206	REPAIR BLOOD VESSEL		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
35207	REPAIR BLOOD VESSEL,DIRECT; HA		0	999	07/01/2021	12/31/9999	3	O1	2,236.67	T
35211	REPAIR BLOOD VESSELS OR A-V		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35216	REPAIR BLOOD VESSELS OR A-V		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35221	REPAIR BLOOD VESSELS OR A-V		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35226	REPAIR BLOOD VESSELS OR A-V		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
35231	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
35236	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35241	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35246	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35251	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35256	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35261	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
35266	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35271	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35276	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35281	REPAIR BLOOD VESSEL OR A-V F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35286	REPAIR BLOOD VESSEL OR A-V F		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35301	THROMBOENDARTERECTOMY INCL PATCH GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35302	THROMBOENDARTERECTOMY SUP FEMORAL ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35303	THROMBOENDARTERECTOMY POPLITEAL ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35304	THROMBOENDARTERECTOMY TIBIOPERONEAL TRUN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35305	THROMBOENDARTERECTOMY TIBIAL OR PERONEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35306	THROMBOENDARTERECTOMY TIBIAL OR PERONEAL		0	999	09/01/2012	12/31/9999	4	O6	0.00	C
35311	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35321	THROMBOENDARTERECTOMY, WITH		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35331	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35341	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35351	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35355	THROMBOENDARTERECTOMY, WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35361	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35363	THROMBOENDARTERECTOMY, WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35371	THROMBOENDARTERECTOMY, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35372	THROMBOENDARTERECTOMY WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35390	REOPERATION, CAROTID ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35400	ANGIOSCOPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35500	HARVEST VEIN FOR BYPASS		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
35501	BYPASS GRAFT W/VEIN COM CAROTID-IPSIL IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35506	BYPASS GRAFT W/VEIN CAROTID-SUBCL OR SUB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35508	BYPASS GRAFT, WITH VEIN; CAROT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35509	BYPASS GRAFT W/VEIN CAROTID-CONTRALAT CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35510	BYPASS GRAFT W/VEIN; CAROTID-BRACH BYPAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35511	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35512	BYPS GRAFT W/VEIN; SUBCLAVIAN-BRACHBYPAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35515	BYPASS GRAFT, WITH VEIN; SUBCL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35516	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35518	BYPASS GRAFT, WITH VEIN, AXILL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35521	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35522	BYPASS GRAFT W/VEIN; AX-BRACHIAL BYPAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35523	ARTERY BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35525	BYPASS GRAFT W/VEIN; BRACH-BRACH BYPAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35526	ARTERY BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35531	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35533	BYPASS GRAFT, WITH VEIN; AXILL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35535	BYPAS GRFT W/VEIN HEPATORENAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35536	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35537	BYPASS GRAFT W/VEIN AORTOILIAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35538	BYPASS GRAFT W/VEIN AORTOBI-ILIAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35539	BYPASS GRAFT W/VEIN AORTOFEMORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35540	BYPASS GRAFT W/VEIN AORTOBIFEMORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35556	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35558	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35560	BYPASS GRAFT, WITH VEIN; AORTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35563	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35565	BYPASS GRAFT, VEIN;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35566	BYPASS GRAFT, WITH VEIN; FEMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35570	BYPAS GRFT W/VEIN TIBIAL COMBOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35571	BYPASS GRAFT, WITH VEIN; POPLI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35572	HARVEST FEMOROPOPLITEAL VEIN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
35583	IN-SITU VEIN BYPASS; FEMORAL-P		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35585	IN-SITU VEIN BYPASS; FEMORAL-A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35587	IN-SITU VEIN BYPASS; POPLITEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35600	HARVEST ARTERY FOR CABG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35601	BYPASS GRAFT W/VEIN COM CAROTID-IPSIL IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35606	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35612	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35616	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35621	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35623	BYPASS GRAFT, WITH OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
35626	ARTERY BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35631	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35632	BYPAS GRAFT W OTH THN VEIN ILIO-CEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35633	BYPAS GRFT W OTH THN VEIN ILIO-MES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35634	BYPAS GRFT W OTH THN VEIN ILIORENAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35636	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35637	BYPASS GRAFT W/OTH THAN VEIN AORTOILIAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35638	BYPASS GRAFT W/OTH THAN VEIN AORTOBI-ILI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35642	BYPASS GRAFT, WITH OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35645	BYPASS GRAFT, WITH OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35646	ARTERY BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35647	ARTERY BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35650	BYPASS GRAFT, WITH OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35654	BYPASS GRAFT, WITH OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35656	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35661	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35663	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35665	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35666	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35671	BYPASS GRAFT, WITH OTHER THA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35681	COMPOSITE BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35682	COMPOSITE BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35683	COMPOSITE BYPASS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35685	BYPASS GRAFT PATENCY/PATCH		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
35686	BYPASS GRAFT/AV FIST PATENCY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
35691	TRANSPOSITION AND/OR REIMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35693	TRANSPOSITION AND/OR REIMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35694	TRANSPOSITION AND/OR REIMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35695	TRANSPOSITION AND/OR REIMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35697	REIMPL ART INFRARENL AORTC PROS EA REIMP		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
35700	REOPERATION, FEMORAL-POPLITEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35701	ARTERY EXPLORATION WITHOUT SURGICAL REPA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35702	EXPL N/FLWD SURG UXTR ART		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
35703	EXPL N/FLWD SURG LXTR ART		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
35800	EXPLORATION FOR POSTOPERATIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35820	EXPLORATION FOR POSTOPERATIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35840	EXPLORATION FOR POSTOPERATIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35860	EXPLORATION FOR POSTOPERATIV		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
35870	REPAIR OF GRAFT-ENTERIC FISTUL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35875	REMOVAL OF CLOT IN GRAFT		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35876	THROMBECTOMY OF ARTERIAL OR VE		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35879	REVISE GRAFT W/VEIN		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
35881	REVISE GRAFT W/VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35883	REV FEM ANASTSYN ART BYPASS GRAFT W/PATC		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35884	REV FEM ANASTSYN ART BYPASS GRAFT W/O PA		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
35901	EXCISION OF INFECTED GRAFT; NE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35903	EXCISION OF INFECTED GRAFT; EX		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
35905	EXCISION OF INFECTED GRAFT; TH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
35907	EXCISION OF INFECTED GRAFT; AB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
36000	INTRODUCTION OF NEEDLE OR INTR		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36002	PSEUDOANEURYSM INJECTION TRT		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
36005	INJECTION EXT VENOGRAPHY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36010	INTRODUCTION OF CATHETER, SUPE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36011	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36012	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36013	INTRODUCTION OF CATHETER, RIGH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36014	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36015	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36100	INTRODUCTION OF NEEDLE OR INTR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36140	INTRODUCT NEEDLE OR INTRACATHETER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36160	INTRODUCTION OF NEEDLE OR IN		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36200	INTRODUCTION OF CATHETER, AORT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36215	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36216	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36217	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36218	PLACE CATHETER IN ARTERY		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
36221	NON-SEL CATH, THORACIC AORTA		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36222	SELECT CATH, COMMON CAROTID		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36223	SELECT CATH, COMMON CAROTID		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36224	SELECT CATH, INTERNAL CAROTID		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36225	SELECT CATH, SUBCLAVIAN OR INNOMATE		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36226	SELECT CATH, VETEBRAL ARTERY		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36227	SELECT CATH, EXTERNAL CAROTID		0	999	01/01/2013	12/31/9999	1	O1	0.00	N
36228	SELECT CATH, INTERN CAROTID/VERTEBRAL AR		0	999	01/01/2013	12/31/9999	1	O1	0.00	N
36245	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36246	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36247	SELECTIVE CATHETER PLACEMENT,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36248	PLACE CATHETER IN ARTERY		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
36251	1ST RENAL ANGIOGRAPHY UNILAT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36252	1ST RENAL ANGIOGRAPHY BILAT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36253	2ND RENAL ANGIOGRAPHY UNILAT		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36254	2ND RENAL ANGIOGRAPHY BILAT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36260	INSERTION OF IMPLANTABLE INTRA		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36261	REVISION OF IMPLANTED INTRAVEN		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T
36262	REMOVAL OF IMPLANTED INTRAVENO		0	999	07/01/2021	12/31/9999	1	O1	2,688.99	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
36299	UNLISTED PROCEDURE, VASCULAR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36400	VENIPUNCT UND AGE 3 YR; FEM/JUGULARVENIP		0	2	09/01/2012	12/31/9999	1	O1	0.00	N
36405	VENIPUNCT UNDER AGE 3 YR; SCLP VEINVENIP		0	2	09/01/2012	12/31/9999	1	O1	0.00	N
36406	VENIPUNCT UNDER AGE 3 YR; OTH VEIN VENIP		0	2	09/01/2012	12/31/9999	1	O1	0.00	N
36410	VENIPUNCT AGE 3 MD SKILL SEP PROC VENIP		3	999	09/01/2012	12/31/9999	1	O1	0.00	N
36415	ROUTINE VENIPUNCTURE		0	999	07/01/2020	12/31/9999	2	O1	2.70	A
36416	CAPILLARY BLOOD DRAW		0	999	10/01/2018	12/31/9999	3	O1	0.00	N
36420	VENIPUNCTURE, CUTDOWN;		0	1	07/01/2021	12/31/9999	2	O1	87.50	T
36425	VENIPUNCTURE, CUTDOWN;		1	999	07/01/2021	12/31/9999	3	O1	211.21	T
36430	TRANSFUSION, BLOOD OR BLOOD		0	999	07/01/2021	12/31/9999	1	O1	310.34	S
36440	*PUSH TRANSFUSION, BLOOD, 2 Y		0	999	07/01/2021	12/31/9999	1	O1	310.34	S
36450	EXCHANGE TRANSFUSION, BLOOD;		0	1	07/01/2021	12/31/9999	1	O1	310.34	S
36455	EXCHANGE TRANSFUSION, BLOOD;		1	999	07/01/2021	12/31/9999	1	O1	310.34	S
36456	PARTIAL EXCHANGE TRANSFUSION		0	1	07/01/2021	12/31/9999	1	O1	310.34	S
36460	TRANSFUSION, INTRAUTERINE, F		0	999	07/01/2021	12/31/9999	2	O1	310.34	S
36465	INJECT FOAM FOR IMAGING GUIDANCE, SINGLE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
36466	INJECT FOAM FOR IMAGING GUIDANCE, MULTIP		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
36468	INJECTION(S) SCLEROSANT FOR SPIDER VEINS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
36470	INJECTION OF SCLEROSANT; SINGLE INCOMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
36471	INJECTION OF SCLEROSING SOLU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
36473	ENDO ABLATION THERAPY INCOMP VEIN, FIRST		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36474	ENDO ABLATION THERAPY INCOMP VEIN, SUBSE		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
36475	ENDOVENOUS RF, 1ST VEIN		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36476	ENDOVENOUS RF VEIN ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
36478	ENDOVENOUS LASER, 1ST VEIN		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36479	ENDOVENOUS LASER VEIN ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
36481	INSERTION OF CATHETER, VEIN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36482	ENDOVENOUS ABLATION THERAPY, 1ST VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36483	ENDOVENOUS ABLATION THERAPY, SUBSE VEIN		0	999	01/01/2018	12/31/9999	2	O1	0.00	N
36500	VENOUS CATHETERIZATION FOR S		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
36510	*CATHETERIZATION OF UMBILICAL		0	1	09/01/2012	12/31/9999	1	O1	0.00	N
36511	APHERESIS WBC		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
36512	APHERESIS RBC		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
36513	APHERESIS PLATELETS		0	999	07/01/2021	12/31/9999	1	O1	310.34	S
36514	APHERESIS PLASMA		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
36516	APHERESIS, SELECTIVE		0	999	07/01/2021	12/31/9999	1	O1	3,155.87	S
36522	PHOTOPHERESIS, EXTRACORPOREAL		0	999	07/01/2021	12/31/9999	1	O1	3,155.87	S
36555	INSRT NON-TUNNL CNTRL CVC; <5 YR INSRT		0	4	07/01/2021	12/31/9999	2	O1	2,236.67	S
36556	INSRT NON-TUNNL CNTRL CVC; 5/> INSRT		5	999	07/01/2021	12/31/9999	2	O1	2,236.67	S
36557	INSRT TUNNL CVC NO PORT/PUMP;<5 YR INSRT		0	4	07/01/2021	12/31/9999	2	O1	3,728.52	T
36558	INSRT TUNNL CVC NO PORT/PUMP;5 YR/>INSRT		5	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36560	INSRT TUNNL CNTRL CVAD PORT; <5 YR INSRT		0	4	07/01/2021	12/31/9999	2	O1	2,236.67	T
36561	INSRT TUNNL CNTRL CVAD PORT; 5 YR/>INSRT		5	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36563	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP INSRT		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36565	INSRT TUNL CVAD 2 CATH-SITE;NO PORTINSRT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36566	INSRT TUNNL CVAD 2 CATH-2 SITE;PORTINSRT		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36568	INSERT PICC W/O PORT/PUMP; < 5 YR INSER		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
36569	INSERT PICC W/O PORT/PUMP; 5 YR/> INSER		5	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
36570	INSRT PERIPH INSRT CVAD W/PORT;<5YRINSER		0	4	07/01/2021	12/31/9999	2	O1	2,236.67	T
36571	INSRT PERIPH INSRT CVAD PORT; 5YR/>INSER		5	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36572	INSJ PICC RS&I <5 YR		0	4	07/01/2021	12/31/9999	1	O1	423.33	T
36573	INSJ PICC RS&I 5 YR+		5	999	07/01/2021	12/31/9999	1	O1	1,099.04	S
36575	REP CV ACSS CATH W/O PORT/PUMP REP C		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
36576	REP CVAD W/PORT/PUMP CNTRL/PERIPH REP C		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
36578	REPL CATH ONLY CVAD SUBQ PORT/PUMP REPL		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36580	REPL NON-TUNNLD CVC W/O PORT/PUMP REPL		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
36581	REPL TUNNLD CNTRL CVC W/O PORT/PUMPREPL		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36582	REPL TUNNLD CNTRL CVAD W/SUBQ PORT REPL		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP REPL		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
36584	REPL PICC W/O PORT/PUMP SAME ACSS REPL		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
36585	REPL PERIPH INSRT CVAD W/SUBQ PORT REPL		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36589	REMV TUNNLD CVC W/O SUBQ PORT/PUMP REMOV		0	999	07/01/2021	12/31/9999	2	O1	423.33	T
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUMP REMV		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
36591	COLL BLOOD SPEC / IMPLANT VEN ACC DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
36592	COLL BLOOD SPEC/ EST CENT/PERIP CATH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
36593	DECLOT THROMB AGENT IMPLN VAD OR CATH		0	999	07/01/2021	12/31/9999	2	O1	242.88	T
36595	MECH REMV PERICATH MATL SEP ACSS MECH		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36596	MECH REMV INTRALUMNL OBST MATL-LUMNMECH		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
36597	REPSTN PREV PLCD CVC FLUORO GUID REPST		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
36598	INJ W/FLUOR, EVAL CV DEVICE		0	999	07/01/2021	12/31/9999	2	O1	159.05	T
36600	*ARTERIAL PUNCTURE, WITHDRAWA		0	999	07/01/2021	12/31/9999	4	O1	87.50	T
36620	ARTERIAL CATHETERIZATION OR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36625	ARTERIAL CATHETERIZATION OR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
36640	ARTERIAL CATHETERIZATION FOR		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36660	*CATHETERIZATION, UMBILICAL A		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
36680	PLACEMENT OF NEEDLE FOR INTRAO		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
36800	INSERTION OF CANNULA FOR HEM		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36810	INSERTION OF CANNULA FOR HEM		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36815	INSERTION OF CANNULA FOR HEM		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36818	AV FUSE, UPPR ARM, CEPHALIC		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36819	AV FUSION/UPPR ARM VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36820	AV FUSION/FOREARM VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36821	AV FUSION DIRECT ANY SITE		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
36823	INSERTION OF CANNULA(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
36825	ARTERIOVENOUS FISTULA;		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
36830	ARTERY-VEIN NONAUTOGRAFT		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
36831	AV FISTULA EXCISION, OPEN		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36832	AV FISTULA REVISION, OPEN		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
36833	AV FISTULA REVISION		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36835	THOMAS SHUNT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
36838	DRIL UPPER EXT HEMODIALYSIS ACESS DIST		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
36860	EXTERNAL CANNULA DECLOTTING		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	T
36861	CANNULA DECLOTTING;		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
36901	INTRO CATH W/DIAG ANGIO		0	999	07/01/2021	12/31/9999	1	O1	1,099.04	T
36902	INTRO CATH W/TRAN BALLON ANGIO		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
36903	INTRO CATH W/DIAG ANGIO W/TRNSCATH PLACE		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
36904	PERCUTANEOUS TRANSLUMINAL INFUSIONS		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
36905	PERCUT TRANS INFUS W/TRANS BALLON ANGIO		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
36906	PERCUTAN TRANS INFUS W/TRANSCATHETER PLA		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
36907	TRANS BALLON ANGIO DIALYSIS		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
36908	TRANSCATHETER PLACE STENT		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
36909	DIALYSIS CIRCUIT PER VAS EMBO		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
37140	REVISION OF CIRCULATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37145	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37160	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37180	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37181	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37182	INSERT HEPATIC SHUNT (TIPS)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37183	REMOVE HEPATIC SHUNT (TIPS)		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
37184	PRIM ART M-THRMBC 1ST VSL		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37185	PRIM ART M-THRMBC SBSQ VSL		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
37186	SEC ART THROMBECTOMY ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
37187	VENOUS MECH THROMBECTOMY		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37188	VENOUS M-THROMBECTOMY ADD-ON		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
37191	INSERT INTRAVASCULAR VENA CAVA FLTR		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
37192	REPOS INTRAVASCULAR VENA CAVA FLTR		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37193	REMOV INTRAVASCULAR VENA CAVA FLTR		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37195	THROMBOLYTIC THERAPY, STROKE		0	999	07/01/2021	12/31/9999	1	O1	242.88	T
37197	REMOV INTRANS FOREIGN BODY		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
37200	TRANSCATHETER BIOPSY		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	T
37211	THROMBOLYTIC ART THERAPY		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
37212	THROMBOLYTIC VENOUS THERAPY		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37213	THROMBOLYTIC ARTERY/VENOUS THERAPY		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37214	CESSJ THERAPY CATH REMOVAL		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37215	TRANSCATH STENT CCA W/EPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37216	TRANSCATH STENT CCA W/O EPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
37217	TRANSCATH STENT ICCA		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
37218	STENT PLACEMT ANTE CAROTID		0	999	01/01/2015	12/31/9999	1	O6	0.00	C
37220	ILIAC REVASC		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
37221	ILIAC REVASC W/STENT		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37222	ILIAC REVASC ADD-ON		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37223	ILIAC REVASC W/STENT ADD-ON		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37224	FEM/POPL REVAS W/TLA		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
37225	FEM/POPL REVAS W/ATHER		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37226	FEM/POPL REVASC W/STENT		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37227	FEM/POPL REVASC STNT & ATHER		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
37228	TIB/PER REVASC W/TLA		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37229	TIB/PER REVASC W/ATHER		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
37230	TIB/PER REVASC W/STENT		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
37231	TIB/PER REVASC STENT & ATHER		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
37232	TIB/PER REVASC ADD-ON		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37233	TIBPER REVASC W/ATHER ADD-ON		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37234	REVSC OPN/PRQ TIB/PERO STENT		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37235	TIB/PER REVASC STNT & ATHER		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37236	STENT PLACEMT CERVICAL CAROTID INITIAL		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37237	STENT PLACEMT CERVICAL CAROTID EA ADDL		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
37238	TRANSVSC STENT OPEN/PERQ INITIAL VEIN		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37239	TRANSVSC STENT OPEN/PERQ EA ADDL VEIN		0	999	07/01/2015	12/31/9999	2	O1	0.00	N
37241	VASC EMBOLIZ OR OCCLUSN VENOUS		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
37242	VASC EMBOLIZ OR OCCLUSN ARTERY		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
37243	VASC EMBOLIZ OR OCCLUSN TUMORS		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
37244	VASC EMBOLIZ OR OCCLUSN ART/VEN HEMORRH		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
37246	TRANS BALLON ANGIOPLASTY; INITIAL ARTERY		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
37247	TRANS BALLON ANGIOPLASTY; EACH ADD ARTER		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
37248	TRANS BALLON ANGIO WITNIN SAME VEIN, INI		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
37249	TRANS BALLON ANGIO WITNIN SAME VEIN, EAC		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
37252	INTRVASC US NONCORONARY 1ST		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
37253	INTRVASC US NONCORONARY ADDL		0	999	01/01/2016	12/31/9999	4	O1	0.00	N
37500	ENDOSCOPY LIGATE PERF VEINS		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
37501	VASCULAR ENDOSCOPY PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
37565	LIGATION OF INTERNAL JUGULAR		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37600	LIGATION;		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37605	LIGATION;		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37606	LIGATION;		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37607	LIGATION OR BANDING OF ANGIOAC		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37609	LIGATION OR BIOPSY, TEMPORAL		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
37615	LIGATION, MAJOR ARTERY (EG,		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	T
37616	LIGATION, MAJOR ARTERY (EG,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37617	LIGATION, MAJOR ARTERY (EG,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37618	LIGATION, MAJOR ARTERY (EG,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
37619	LIGATION INFERIOR VENA CAVA		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
37650	INTERRUPTION, PARTIAL OR COMPL		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37660	INTERRUPTION, PARTIAL OR COM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37700	LIGATION AND DIVISION OF LONG		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37718	LIGATE/STRIP SHORT LEG VEIN		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37722	LIGATE/STRIP LONG LEG VEIN		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37735	LIGATION AND DIVISION AND COMP		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37760	LIGATE LEG VEINS RADICAL		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37761	LIGATE LEG VEINS OPEN		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37765	STAB PHLEBECT VV 1 EXT; 10-20 INCI STAB		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37766	STAB PHLEBECT VV 1 EXT; >20 INCI STAB		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37780	LIGATION AND DIVISION OF SHORT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37785	LIG &/ EXC VARICOSE VN CLUSTR 1 LEGLIGAT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
37788	PENILE REVASCULARIZATION, ARTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
37790	PENILE VENOUS OCCLUSIVE PROCED		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
37799	UNLISTED PROCEDURE, VASCULAR		0	999	07/01/2021	12/31/9999	1	O1	423.33	T
38100	SPLENECTOMY; TOTAL (SEP PROC)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38101	SPLENECTOMY; PARTIAL (SEP PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38102	REMOVAL OF SPLEEN, TOTAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38115	REPAIR OF RUPTURED SPLEEN (S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38120	LAPAROSCOPY, SPLENECTOMY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
38129	LAPAROSCOPE PROC, SPLEEN		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
38200	INJECTION PROCEDURE FOR SPLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
38204	BL DONOR SEARCH MANAGEMENT		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
38205	HARVEST ALLOGENIC STEM CELLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38206	HARVEST AUTO STEM CELLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38207	CRYOPRESERVE STEM CELLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38208	TPLNT PREP HEM PRG CELL;THW NO WASHTPLNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38209	TPLNT PREP HEM PRG CELL; THAW WASH TPLNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38210	T-CELL DEPLETION OF HARVEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38211	TUMOR CELL DEPLETE OF HARVST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38212	RBC DEPLETION OF HARVEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38213	PLATELET DEPLETE OF HARVEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38214	VOLUME DEPLETE OF HARVEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38215	HARVEST STEM CELL CONCENTRTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38220	DX BONE MARROW ASPIRATION(S)		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
38221	BONE MARROW BIOPSY(IES)		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
38222	DIAG BONE MARROW		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
38230	BONE MARROW HARVESTING FOR TRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38232	BONE MARROW HARVEST AUTOLOGOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
38240	BONE MARROW TRANSPLANTATION; A		0	999	07/01/2021	12/31/9999	1	O1	24,884.63	T
38241	BONE MARROW TRANSPLANTATION; A		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
38242	LYMPHOCYTE INFUSE TRANSPLANT		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
38243	TRANSPLT HEMATOPOIETIC BOOST		0	999	07/01/2021	12/31/9999	1	O1	1,065.44	S
38300	*DRAINAGE OF LYMPH NODE ABSCE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
38305	DRAINAGE OF LYMPH NODE ABSCE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
38308	LYMPHANGIOTOMY OR OTHER OPER		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38380	SUTURE AND/OR LIGATION OF TH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38381	SUTURE AND/OR LIGATION OF TH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38382	SUTURE AND/OR LIGATION OF THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38500	BIOPSY/REMOVAL, LYMPH NODES		0	999	07/01/2021	12/31/9999	2	O1	2,468.08	T
38505	BIOPSY OR EXCISION OF LYMPH NO		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
38510	BIOPSY/REMOVAL, LYMPH NODES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38520	BIOPSY/REMOVAL, LYMPH NODES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38525	BIOPSY/REMOVAL, LYMPH NODES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38530	BIOPSY/REMOVAL, LYMPH NODES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38531	OPEN BX/EXC INGUINOFEM NODES		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38542	DISSECTION;		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
38550	EXCISION OF CYSTIC HYGROMA,		0	999	07/01/2021	12/31/9999	1	O1	2,468.08	T
38555	EXCISION OF CYSTIC HYGROMA,		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
38562	LIMITED LYMPHADENECTOMY FOR ST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38564	LIMITED LYMPHADENECTOMY FOR ST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38570	LAPAROSCOPY, LYMPH NODE BIOP		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
38571	LAPAROSCOPY, LYMPHADENECTOMY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	S
38572	LAPAROSCOPY, LYMPHADENECTOMY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	S
38573	LAPAROSCOPY, SURGICAL; BILATERAL		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
38589	LAPAROSCOPE PROC, LYMPHATIC		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
38700	SUPRAHYOID LYMPHADENECTOMY		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
38720	CERVICAL LYMPHADENECTOMY (COMP		0	999	07/01/2021	12/31/9999	1	O1	6,971.89	T
38724	CERVICAL LYMPHADENECTOMY (MODI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38740	AXILLARY LYMPHADENECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
38745	AXILLARY LYMPHADENECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
38746	REMOVE THORACIC LYMPH NODES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38747	REMOVE ABDOMINAL LYMPH NODES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38760	INGUINOFEMORAL LYMPHADENECTOMY		0	999	07/01/2021	12/31/9999	1	O1	4,325.32	T
38765	INGUINOFEMORAL LYMPHADENECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38770	PELVIC LYMPHADENECTOMY, INCLUD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38780	RETROPERITONEAL LYMPHADENECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
38790	INJECTION FOR LYMPHATIC XRAY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
38792	IDENTIFY SENTINEL NODE		0	999	07/01/2021	12/31/9999	1	O1	294.75	T
38794	CANNULATION, THORACIC DUCT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
38900	IO MAP OF SENT LYMPH NODE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
38999	UNLISTED PROCEDURE, HEMIC OR		0	999	07/01/2021	12/31/9999	1	O1	310.34	S
39000	MEDIASTINOTOMY WITH EXPLORAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39010	MEDIASTINOTOMY WITH EXPLORAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
39200	EXCISION OF MEDIASTINAL CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39220	EXCISION OF MEDIASTINAL TUMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39401	MEDIASTINOSCPY W/MEDSTNL BX		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
39402	MEDIASTINOSCPY W/LMPH NOD BX		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
39499	UNLISTED PROCEDURE, MEDIASTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39501	REPAIR, LACERATION OF DIAPHRAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39503	REPAIR, NEONATAL DIAPHRAGMATIC		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
39540	REPAIR, DIAPHRAGMATIC HERNIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39541	REPAIR, DIAPHRAGMATIC HERNIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39545	IMBRICATION OF DIAPHRAGM FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39560	RESECT DIAPHRAGM, SIMPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39561	RESECT DIAPHRAGM, COMPLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
39599	UNLISTED PROCEDURE, DIAPHRAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
40490	BIOPSY LIP		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
40500	VERMILIONECTOMY (LIP SHAVE),		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40510	EXCISION LIP;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40520	EXCISION LIP;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40525	EXCISION OF LIP; TRANSVERSE WE		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40527	EXCISION OF LIP; TRANSVERSE WE		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
40530	RESECTION LIP, MORE THAN ONE		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40650	REPAIR LIP, FULL THICKNESS;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40652	REPAIR LIP, FULL THICKNESS;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40654	REPAIR LIP, FULL THICKNESS;		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
40700	PLASTIC REPAIR OF CLEFT LIP/NA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40701	PLASTIC REPAIR OF CLEFT LIP;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40702	PLASTIC REPAIR OF CLEFT LIP;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40720	PLASTIC REPAIR OF CLEFT LIP/NA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
40761	PLASTIC REPAIR OF CLEFT LIP;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40799	UNLISTED PROCEDURE, LIPS		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
40800	DRAINAGE OF ABSCESS, CYST, H		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
40801	DRAINAGE OF ABSCESS, CYST, H		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40804	*REMOVAL OF EMBEDDED FOREIGN		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
40805	REMOVAL OF EMBEDDED FOREIGN		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40806	INCISION OF LABIAL FRENUM (F		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40808	BIOPSY, VESTIBULE OF MOUTH		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40810	EXCISION OF LESION OF MUCOSA		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40812	EXCISION OF LESION OF MUCOSA		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
40814	EXCISION OF LESION OF MUCOSA		0	999	07/01/2021	12/31/9999	4	O1	2,138.76	T
40816	EXCISION OF LESION OF MUCOSA		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40818	EXCISION OF MUCOSA AS DONOR		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40819	EXCISION OF FRENUM, LABIAL O		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
40820	DESTRUCTION OF LESION OR SCA		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
40830	CLOSURE OF LACERATION;		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
40831	CLOSURE OF LACERATION;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
40840	VESTIBULOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40842	VESTIBULOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40843	VESTIBULOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40844	VESTIBULOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40845	VESTIBULOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
40899	UNLISTED PROCEDURE, VESTIBUL		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
41000	*INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
41005	*INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
41006	INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41007	INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41008	INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41009	INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
41010	INCISION OF LINGUAL FRENUM (		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
41015	INCISION AND DRAINAGE OF EXT		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
41016	INCISION AND DRAINAGE OF EXT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
41017	INCISION AND DRAINAGE OF EXT		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41018	INCISION AND DRAINAGE OF EXT		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41019	PLACE NEEDLES H&N FOR RT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
41100	BIOPSY TONGUE;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
41105	BIOPSY TONGUE;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41108	BIOPSY, FLOOR OF MOUTH		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
41110	EXCISION LESION OF TONGUE;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41112	EXCISION LESION OF TONGUE;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41113	EXCISION LESION OF TONGUE;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41114	EXCISION OF LESION OF TONGUE W		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41115	EXCISION OF LINGUAL FRENUM (		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
41116	EXCISION LESION OF FLOOR OF		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41120	GLOSSECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
41130	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41135	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41140	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41145	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41150	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41153	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41155	GLOSSECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
41250	*REPAIR LACERATION UP TO 2 CM		0	999	07/01/2021	12/31/9999	2	O1	211.21	T
41251	*REPAIR LACERATION UP TO 2 CM		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
41252	*REPAIR LACERATION OF TONGUE,		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
41510	SUTURE TONGUE TO LIP FOR MIC		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
41512	TONGUE BASE SUSP		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
41520	FRENOPLASTY (SURGICAL REVISI		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
41530	SUBMUC ALB TONGUE BASE		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
41599	UNLISTED PROCEDURE, TONGUE,		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
41800	*DRAINAGE ABSCESS, CYST, HEMA		0	999	07/01/2021	12/31/9999	2	O1	87.50	T
41805	REMOVAL EMBEDDED FOREIGN BOD		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
41806	REMOVAL EMBEDDED FOREIGN BOD		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
41820	GINGIVECTOMY, EXCISION GINGIVA		0	999	07/01/2021	12/31/9999	4	O1	2,138.76	T
41821	OPERCULECTOMY, EXCISION PERICO		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41822	EXCISION OF FIBROUS TUBEROSITI		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
41823	EXCISION OF OSSEOUS TUBEROSITI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
41825	EXCISION OF LESION OR TUMOR (E		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41826	EXCISION OF LESION OR TUMOR (E		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41827	EXCISION OF LESION OR TUMOR (E		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
41828	EXCISION OF HYPERPLASTIC ALVEO		0	999	07/01/2021	12/31/9999	4	O1	1,057.34	T
41830	ALVEOLECTOMY, INCLUDING CURETT		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
41850	DESTRUCTION OF LESION (EXCEPT		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41870	PERIODONTAL MUCOSAL GRAFTING		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
41872	GINGIVOPLASTY		0	999	07/01/2021	12/31/9999	4	O1	2,138.76	T
41874	ALVEOPLASTY		0	999	07/01/2021	12/31/9999	4	O1	2,138.76	T
41899	UNLISTED PROCEDURE, DENTOALV		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
42000	*DRAINAGE OF ABSCESS OF PALAT		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
42100	BIOPSY OF PALATE, UVULA		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
42104	EXCISION LESION OF PALATE, U		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42106	EXCISION LESION OF PALATE, U		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42107	EXCISION, LESION OF PALATE, UV		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
42120	RESECTION PALATE OR EXTENSIV		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42140	UVULECTOMY, EXCISION OF UVUL		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42145	REPAIR, PALATE,PHARYNX/UVULA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42160	DESTRUCTION OF LESION, PALAT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42180	REPAIR LACERATION OF PALATE;		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
42182	REPAIR LACERATION OF PALATE;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42200	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42205	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42210	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42215	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42220	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42225	PALATOPLASTY FOR CLEFT PALAT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42226	LENGTHENING OF PALATE, AND PHA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42227	LENGTHENING OF PALATE, WITH IS		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42235	REPAIR ANTERIOR PALATE, INCL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42260	REPAIR NASOLABIAL FISTULA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42280	MAXILLARY IMPRESSION FOR PALAT		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
42281	INSERTION OF PIN-RETAINED PALA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42299	UNLISTED PROCEDURE, PALATE,		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
42300	*DRAINAGE ABSCESS;		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
42305	DRAINAGE ABSCESS;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42310	*DRAINAGE ABSCESS;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
42320	*DRAINAGE ABSCESS;		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
42330	SIALOLITHOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42335	SIALOLITHOTOMY;		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42340	SIALOLITHOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42400	*BIOPSY SALIVARY GLAND;		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
42405	BIOPSY SALIVARY GLAND;		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
42408	EXCISION SUBLINGUAL SALIVARY		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42409	MARSUPIALIZATION SUBLINGUAL		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42410	EXCISION PAROTID TUMOR OR PA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42415	EXCISION PAROTID TUMOR OR PA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42420	EXCISION PAROTID TUMOR OR PA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42425	EXCISION PAROTID TUMOR OR PA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42426	EXCISION PAROTID TUMOR OR PA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42440	EXCISION SUBMANDIBULAR (SUBM		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42450	EXCISION SUBLINGUAL GLAND		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42500	PLASTIC REPAIR SALIVARY DUCT		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
42505	PLASTIC REPAIR SALIVARY DUCT		0	999	07/01/2021	12/31/9999	2	O1	3,975.25	T
42507	PAROTID DUCT DIVERSION, BILA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42509	PAROTID DUCT DIVERSION, BILA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42510	PAROTID DUCT DIVERSION, BILATE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42550	INJECTION PROCEDURE FOR SIAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
42600	CLOSURE SALIVARY FISTULA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42650	*DILATION SALIVARY DUCT		0	999	07/01/2021	12/31/9999	2	O1	1,057.34	T
42660	*DILATION AND CATHETERIZATION		0	999	07/01/2021	12/31/9999	2	O1	353.56	T
42665	LIGATION SALIVARY DUCT, INTR		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42699	UNLISTED PROCEDURE, SALIVARY		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
42700	*INCISION AND DRAINAGE ABSCES		0	999	07/01/2021	12/31/9999	2	O1	165.39	T
42720	INCISION AND DRAINAGE ABSCES		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42725	INCISION AND DRAINAGE ABSCES		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42800	BIOPSY;		0	999	07/01/2021	12/31/9999	3	O1	1,057.34	T
42804	BIOPSY;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42806	BIOPSY;		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42808	EXCISION OR DESTRUCTION OF LES		0	999	07/01/2021	12/31/9999	2	O1	2,138.76	T
42809	REMOVAL OF FOREIGN BODY FROM		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
42810	EXCISION BRANCHIAL CLEFT CYS		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42815	EXCISION BRANCHIAL CLEFT CYS		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42820	TONSILLECTOMY AND ADENOIDECT		0	11	07/01/2021	12/31/9999	1	O1	3,975.25	T
42821	TONSILLECTOMY AND ADENOIDECT		12	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42825	TONSILLECTOMY, PRIMARY OR SE		0	11	07/01/2021	12/31/9999	1	O1	3,975.25	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
42826	TONSILLECTOMY, PRIMARY OR SE		12	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42830	ADENOIDECTOMY, PRIMARY;		0	11	07/01/2021	12/31/9999	1	O1	2,138.76	T
42831	ADENOIDECTOMY, PRIMARY;		12	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42835	ADENOIDECTOMY, SECONDARY;		0	11	07/01/2021	12/31/9999	1	O1	2,138.76	T
42836	ADENOIDECTOMY, SECONDARY;		12	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42842	RADICAL RESECTION OF TONSIL, T		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42844	RADICAL RESECTION OF TONSIL, T		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42845	RADICAL RESECTION OF TONSIL, T		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42860	EXCISION OF TONSIL TAGS		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42870	EXCISION OR DESTRUCTION LINGUA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42890	LIMITED PHARYNGECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42892	RESECTION OF LATERAL PHARYNGEA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42894	REVISION OF PHARYNGEAL WALLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42900	SUTURE PHARYNX FOR WOUND OR		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
42950	PHARYNGOPLASTY (PLASTIC OR R		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
42953	PHARYNGOESOPHAGEAL REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42955	PHARYNGOSTOMY (FISTULIZATION		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
42960	CONTROL OROPHARYNGEAL HEMORR		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
42961	CONTROL OROPHARYNGEAL HEMORR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42962	CONTROL OROPHARYNGEAL HEMORR		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42970	CONTROL NOSE/THROAT BLEEDING		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
42971	CONTROL OF NASOPHARYNGEAL HE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
42972	CONTROL OF NASOPHARYNGEAL HE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
42975	DISE EVAL SLP DO BRTH FLX DX		0	999	01/01/2022	12/31/9999	1	O1	129.25	T
42999	UNLISTED PROCEDURE, PHARYNX,		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
43020	ESOPHAGOTOMY, CERVICAL APPRO		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
43030	CRICOPHARYNGEAL MYOTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
43045	ESOPHAGOTOMY, THORACIC APPRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43100	EXCISION OF LOCAL LESION, ES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43101	EXCISION OF LOCAL LESION, ES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43107	REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43108	REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43112	REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43113	REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43116	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43117	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43118	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43121	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43122	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43123	PARTIAL REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43124	REMOVAL OF ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43130	DIVERTICULECTOMY HYPOPHARYNX		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
43135	DIVERTICULECTOMY HYPOPHARYNX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43180	ESOPHAGOSCOPY RIGID TRNSO		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
43191	ESOPHSCOP RIGID TRANSORAL DIAG		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
43192	ESOPHSCOP RIGID TRANSORAL SUBMUSOCAL INJ		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43193	ESOPHSCOP RIGID TRANSORAL W/BIOPSY 1+		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43194	ESOPHAGOSCP RIG TRNSO REM FB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43195	ESOPHSCOP RIGID TRANSORAL BALLOON DIL		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43196	ESOPHSCOP RIGID TRANSORAL INSERT WIRE		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43197	ESOPHAGOSCOPY FLEX DIAG		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43198	ESOPHSCOP FLEX TRANSNASAL W/BIOPSY 1+		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43200	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43201	ESOPH SCOPE W/SUBMUCOUS INJ		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43202	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43204	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43205	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43206	ESOPHAGUS ENDOSCOPY/LESION		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43210	EGD ESOPHAGOGASTRC FNDOPLSTY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
43211	ESOPHSCOP FLEX TRANSORAL W/MUCOSAL RES		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43212	ESOPHSCOP FLEX TRANSORAL PLACE STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
43213	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43214	ESOPHSCOP FLEX TRANSORAL DIL ESOPHAG		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43215	ESOPHAGOSCOPY FLEX REMOVE FB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43216	ESOPHAGOSCOPY FLEX REM TUMOR		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43217	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43220	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43226	ESOPHAGOSCOPY, RIGID OR FLEXIB		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43227	ESOPH ENDOSCOPY, REPAIR		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43229	ESOPHSCOP FLEX TRANSORAL ABL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43231	ESOPH ENDOSCOPY W/US EXAM		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43232	ESOPH ENDOSCOPY W/US FN BX		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43233	ESOPHSCOP FLEX TRANSORAL ABL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43235	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43236	UPPR GI SCOPE W/SUBMUC INJ		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43237	UP GI ENDO; ENDO US EXAM LTD ESOPH UPER		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43238	UP GI ENDO;TRNSNDO US FNA/BX ESOPHUP GI		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43239	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43240	ESOPH ENDOSCOPE W/DRAIN CYST		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43241	UPPER GI ENDOSCOPY WITH TUBE		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43242	UGI ENDO; W/US GUID ASPIR/BX UGI E		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43243	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43244	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43245	OPERATIVE UPPER GI ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43246	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
43247	EGD REMOVE FOREIGN BODY		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43248	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43249	ESOPHAGUS ENDOSCOPY,DILATION		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43250	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43251	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43252	UPPER GI OPTICL ENDOMICRSOCOPY		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43253	ESOPHSCOP FLEX TRANSORAL ULTRASND DIAG		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43254	ESOPHSCOP FLEX TRANSORAL MUCOSAL RESEC		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43255	UPPER GASTROINTESTINAL ENDOSCO		0	999	07/01/2021	12/31/9999	2	O1	1,270.11	S
43257	UPPR GI SCOPE W/THRML TXMNT		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM UGI E		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43260	ENDOSCOPIC RETROGRADE CHOLANGI		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	T
43261	ENDOSCOPIC RETROGRADE CHOLANGI		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43262	ENDOSCOPIC RETROGRADE CHOLANGI		0	999	07/01/2021	12/31/9999	2	O1	2,407.94	S
43263	ENDOSCOPIC RETROGRADE CHOLANGI		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43264	ENDO CHOLANGIOPANCREATOGRAPH		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43265	ENDO CHOLANGIOPANCREATOGRAPH		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
43266	ESOPHSCOP FLEX TRANSORAL STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
43270	ESOPHSCOP FLEX TRANSORAL ABL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
43273	ENDO CANN PAPILLA VIS BILE DUCTS		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
43274	ECRP STENT		0	999	07/01/2021	12/31/9999	2	O1	3,930.28	S
43275	ECRP RMV FOREIGN BODY OR STENT		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43276	ECRP RMV OR EXCHG STENT		0	999	07/01/2021	12/31/9999	2	O1	3,930.28	S
43277	ECRP DIL AMPULLA EA DUCT		0	999	07/01/2021	12/31/9999	3	O1	2,407.94	S
43278	ECRP ABL TUMOR W/GUIDE WIRE		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
43279	LAP ESOPHAGOMYOTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43280	LAPAROSCOPY, FUNDOPLASTY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
43281	LAP PARAESOPHAG HERN REPAIR		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
43282	LAP PARAESOPH HER RPR W/MESH		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
43283	LAP ESOPH LENGTHENING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43284	LAPARO, SUGICAL, ESOP SPHIN		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
43285	REM ESPH SPHIN AGUM DEVICE		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, PARA		0	999	07/01/2020	12/31/9999	1	O6	0.00	C
43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, THOR		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
43289	LAPAROSCOPE PROC, ESOPH		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
43300	ESOPHAGOPLASTY, (PLASTIC REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43305	ESOPHAGOPLASTY, (PLASTIC REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43310	ESOPHAGOPLASTY, (PLASTIC REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43312	ESOPHAGOPLASTY, (PLASTIC REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43313	ESOPHAGOPLASTY CONGENTIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43314	TRACHEO-ESOPHAGOPLASTY CONG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43320	ESOPHAGOGASTROSTOMY (CARDIOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43325	ESOPHAGOGASTRIC FUNDOPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43327	ESOPH FUNDOPLASTY LAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43328	ESOPH FUNDOPLASTY THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43330	ESOPHAGOMYOTOMY (HELLER TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43331	ESOPHAGOMYOTOMY (HELLER TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43332	TRANSAB ESOPH HIAT HERN RPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43333	TRANSAB ESOPH HIAT HERN RPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43334	TRANSTHOR DIAPHRAG HERN RPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43335	TRANSTHOR DIAPHRAG HERN RPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43336	THORABD DIAPHR HERN REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43337	THORABD DIAPHR HERN REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43338	ESOPH LENGTHENING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43351	ESOPHAGOSTOMY, FISTULIZATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43352	ESOPHAGOSTOMY, FISTULIZATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43360	GASTROINTESTINAL REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43361	GASTROINTESTINAL REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43400	LIGATION, DIRECT, ESOPHAGEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43405	LIGATE/STAPLE ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43410	SUTURE ESOPHAGEAL WOUND OR I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43415	SUTURE ESOPHAGEAL WOUND OR I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43420	CLOSURE ESOPHAGOSTOMY OR FIS		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
43425	CLOSURE ESOPHAGOSTOMY OR FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43450	DILATION OF ESOPHAGUS, BY UNGU		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43453	DILATION OF ESOPHAGUS, OVER GU		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
43460	ESOPHAGOGASTRIC TAMPONADE, W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43496	FREE JEJUNUM FLAP, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43497	TRANSORL LWR ESOPHGL MYOTOMY		0	999	01/01/2022	12/31/9999	1	O1	2,410.84	S
43499	UNLISTED PROCEDURE, ESOPHAGU		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43500	GASTROTOMY WITH EXPLORATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43501	GASTROTOMY; WITH SUTURE OF BLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43502	SURGICAL REPAIR OF STOMACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43510	GASTROTOMY WITH EXPLORATION		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
43520	PYLOROMYOTOMY, CUTTING OF PY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43605	BIOPSY STOMACH BY LAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43610	EXCISION, LOCAL; ULCER OR BENI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43611	EXCISION, LOCAL; MALIGNANT TUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43620	GASTRECTOMY, TOTAL; WITH ESOPH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43621	GASTRECTOMY, TOTAL; WITH ROUX-		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43622	GASTRECTOMY, TOTAL; WITH FORMA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
43631	GASTRECTOMY, PARTIAL, DISTAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
44151	COLECTOMY, TOTAL, ABDOMINAL, W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44155	COLECTOMY, TOTAL, ABDOMINAL,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44156	COLECTOMY,TOTAL,ABDOMINAL,W PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44157	COLECTOMY TOT ABD W PROCT W LOOP ILEOST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44158	COLECTOMY TOT ABD W PROCT W CREAT ILEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44160	REMOVAL OF COLON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44180	LAP, ENTEROLYSIS		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
44186	LAP, JEJUNOSTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
44187	LAP, ILEO/JEJUNO-STOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44188	LAP, COLOSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44202	LAP, ENTERECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44203	LAP RESECT S/INTESTINE, ADDL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44204	LAPARO PARTIAL COLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44205	LAP COLECTOMY PART W/ILEUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44206	LAP PART COLECTOMY W/STOMA		0	999	07/01/2014	12/31/9999	1	O6	0.00	C
44207	L COLECTOMY/COLOPROCTOSTOMY		0	999	07/01/2014	12/31/9999	1	O6	0.00	C
44208	L COLECTOMY/COLOPROCTOSTOMY		0	999	07/01/2014	12/31/9999	1	O6	0.00	C
44210	LAPARO TOTAL PROCTOCOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44211	COLECTOMY TOT ABD W PROCT W ILEOANAL ANA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44212	LAPARO TOTAL PROCTOCOLECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44213	LAP, MOBIL SPLENIC FL ADD-ON		0	999	07/01/2014	12/31/9999	1	O6	0.00	C
44227	LAP, CLOSE ENTEROSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44238	LAPAROSCOPE PROC, INTESTINE		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
44300	PLC ENTEROST/ CECOST TUBE OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44310	ILEOSTOMY/JEJUNOSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44312	REVISION OF ILEOSTOMY; SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
44314	REVISION OF ILEOSTOMY; COMPLIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44316	CONTINENT ILEOSTOMY (KOCK PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44320	COLOSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44322	COLOSTOMY WITH BIOPSIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44340	REVISION OF COLOSTOMY; SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	2,752.91	T
44345	REVISION OF COLOSTOMY; COMPLIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44346	REVISION OF COLOSTOMY; WITH RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44360	SMALL INTESTINE ENDOSCOPY INTEROSCOPY		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
44361	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44363	SMALL BOWEL ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44364	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44365	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44366	SMALL BOWEL ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44369	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44370	SMALL BOWEL ENDOSCOPY/STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
44372	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44373	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44376	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
44377	SMALL INTESTINAL ENDOSCOPY, EN		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44378	SMALL BOWEL ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44379	S BOWEL ENDOSCOPE W/STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
44380	SMALL BOWEL ENDOSCOPY BR/WA		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
44381	SMALL BOWEL ENDOSCOPY BR/WA		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	S
44382	ILEOSCOPY, THROUGH STOMA; WITH		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
44384	SMALL BOWEL ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	2,407.94	S
44385	ENDOSCOPIC EVAL SMALL INTEST POUCH		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
44386	ENDOSCOPY BOWEL POUCH/BIOP		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
44388	COLONOSCOPY THRU STOMA SPX		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
44389	COLONOSCOPY THROUGH STOMA; WIT		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44390	COLONOSCOPY FOR FOREIGN BODY		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
44391	COLONOSCOPY FOR BLEEDING		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44392	COLONOSCOPY & POLYPECTOMY		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44394	COLONOSCOPY THROUGH STOMA; WIT		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44401	COLONOSCOPY WITH ABLATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44402	COLONOSCOPY W/STENT PLCMT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	S
44403	COLONOSCOPY W/RESECTION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44404	COLONOSCOPY W/INJECTION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44405	COLONOSCOPY W/DILATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44406	COLONOSCOPY W/ULTRASOUND		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44407	COLONOSCOPY W/NDL ASPIR/BX		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
44408	COLONOSCOPY W/DECOMPRESSION		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
44500	INTRODUCTION OF LONG GASTROINT		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
44602	SUTURE OF SMALL INTESTINE (ENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44603	SUTURE OF SMALL INTESTINE (ENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44604	SUTURE OF LARGE INTESTINE (COL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44605	SUTURE OF INTESTINE (ENTEROR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44615	INTESTINAL STRICTUROPLASTY (EN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44620	CLOSURE OF ENTEROSTOMY, LARG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44625	REPAIR BOWEL OPENING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44626	REPAIR BOWEL OPENING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44640	CLOSURE OF INTESTINAL CUTANE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44650	CLOSURE OF ENTEROENTERIC OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44660	CLOSURE OF ENTEROVESICAL FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44661	REPAIR BOWEL-BLADDER FISTULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44680	INTESTINAL PLICATION, COMPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44700	SUSPEND BOWEL W/PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44701	INTRAOP COLON LAVAGE ADD-ON		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
44705	PREPARE FECAL MICROBIOTA		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
44715	PREPARE DONOR INTESTINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
44720	PREP DONOR INTESTINE/VENOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44721	PREP DONOR INTESTINE/ARTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44799	UNLISTED PX SMALL INTESTINE		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
44800	EXCISION OF MECKEL'S DIVERTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44820	EXCISION OF LESION OF MESENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44850	SUTURE OF MESENTERY (SEPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44899	UNLISTED PROCEDURE, MECKEL'S		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44900	DRAIN, APP ABSCESS, OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44950	APPENDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
44955	APPENDECTOMY ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
44960	APPENDECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
44970	LAPAROSCOPY, APPENDECTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
44979	LAPAROSCOPE PROC, APP		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
45000	TRANSRECTAL DRAINAGE OF PELV		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45005	INCISION AND DRAINAGE OF SUB		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45020	INCISION AND DRAINAGE OF DEE		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45100	BIOPSY OF ANORECTAL WALL, AN		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
45108	ANORECTAL MYOMECTOMY		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45110	PROCTECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45111	PROCTECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45112	PROCTECTOMY, COMBINED ABDOMI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45113	PARTIAL PROCTECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45114	PROCTECTOMY, PARTIAL, WITH A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45116	PROCTECTOMY, PARTIAL, WITH A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45119	REMOVE RECTUM W/RESERVOIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45120	PROCTECTOMY, COMPLETE, FOR C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45121	PROCTECTOMY, COMPLETE; WITH SU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45123	PARTIAL PROCTECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45126	PELVIC EXENTERATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45130	EXCISION OF RECTAL PROCIDENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45135	EXCISION OF RECTAL PROCIDENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45136	EXCISE ILEOANAL RESERVOIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45150	DIVISION OF STRICTURE OF REC		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45160	EXCISION OF RECTAL TUMOR BY		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45171	EXC RECT TUM TRANSANAL PART		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
45172	EXC RECT TUM TRANSANAL FULL		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
45190	DESTRUCTION, RECTAL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45300	PROCTOSIGMOIDOSCOPY, RIGID; DI		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45303	PROCTOSIGMOIDOSCOPY DILATE		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45305	PROCTOSIGMOIDOSCOPY, RIGID; WI		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45307	PROCTOSIGMOIDOSCOPY; WITH REMO		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45308	PROCTOSIGMOIDOSCOPY, RIGID; WI		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45309	PROCTOSIGMOIDOSCOPY, RIGID; WI		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45315	PROCTOSIGMOIDOSCOPY, RIGID; WI		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45317	PROTOSIGMOIDOSCOPY BLEED		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45320	PROCTOSIGMOIDOSCOPY, RIGID; WI		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45321	PROCTOSIGMOIDOSCOPY; WITH DECO		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45327	PROCTOSIGMOIDOSCOPY W/STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	T
45330	SIGMOIDOSCOPY, FLEXIBLE INCL SPECIMEN		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45332	SIGMOIDOSCOPY W/FB REMOVAL		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45333	SIGMOIDOSCOPY FLEX REMOV TUMOR, POLYP, L		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45334	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45335	SIGMOIDOSCOPE W/SUBMUC INJ		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45337	SIGMOIDOSCOPY FLEXIBLE COMPRESS		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45340	SIGMOIDOSCOPY FLEXIBLE BALLOON DIL		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45341	SIGMOIDOSCOPY W/ULTRASOUND		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45342	SIGMOIDOSCOPY W/US GUIDE BX		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45346	SIGMOIDOSCOPY W/ABLATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45347	SIGMOIDOSCOPY W/PLCMT STENT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	T
45349	SIGMOIDOSCOPY W/RESECTION		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45350	SGMDSC W/BAND LIGATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45378	IEEBSPD DIAG BRUSH/WASH		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45379	SIEEBSPD DIAG W/ILEUM		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45380	COLONOSC DIAG COLL SPEC		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45381	COLONOSC DIAG COLL SPEC		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45382	COLONOSC CONTROL BLEEDING		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45384	COLONCS REM TUMOR POLYP LESION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45385	COLONSC REM TUMOR SNARE TECH		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45386	COLONSC W/TRANENDOCOPIC BALN DIL		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45388	COLONOSCOPY W/ABLATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45389	COLONOSCOPY W/STENT PLCMT		0	999	07/01/2021	12/31/9999	1	O1	3,930.28	T
45390	COLONOSCOPY W/RESECTION		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45391	COLONOSCOPY W/ENDOSCOPE US		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45392	COLONOSCOPY W/ENDOSCOPIC FNB		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45393	COLONOSCOPY W/DECOMPRESSION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45395	LAP, REMOVAL OF RECTUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45397	LAP, REMOVE RECTUM W/POUCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45398	COLONOSCOPY W/BAND LIGATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45399	UNLISTED PROCEDURE COLON		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
45400	LAPAROSCOPIC PROCTOPEXY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45402	LAP PROCTOPEXY W/SIG RESECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45499	LAPAROSCOPE PROC, RECTUM		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
45500	PROCTOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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45505	PROCTOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45520	PERIRECTAL INJECTION OF SCLERO		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45540	CORRECT RECTAL PROLAPSE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45541	PROCTOPEXY FOR PROLAPSE;		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45550	REPAIR RECTUM/REMOVE SIGMOID		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45560	REPAIR OF RECTOCELE (SEPARAT		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45562	EXPLORATION/REPAIR OF RECTUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45563	EXPLORATION/REPAIR OF RECTUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45800	CLOSURE OF RECTOVESICAL FIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45805	CLOSURE OF RECTOVESICAL FIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45820	CLOSURE OF RECTOURETHRAL FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45825	CLOSURE OF RECTOURETHRAL FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
45900	*REDUCTION OF PROCIDENTIA (SE		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
45905	*DILATION OF ANAL SPHINCTER (		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45910	DILATION OF RECTAL STRICTURE		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45915	*REMOVAL OF FECAL IMPACTION O		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
45990	SURG DX EXAM, ANORECTAL		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
45999	UNLISTED PROCEDURE, RECTUM		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46020	PLACEMENT OF SETON		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
46030	*REMOVAL OF SETON, OTHER MARK		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46040	INCISION AND DRAINAGE OF ISC		0	999	07/01/2021	12/31/9999	2	O1	810.48	T
46045	INCISION AND DRAINAGE OF INT		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
46050	*INCISION AND DRAINAGE, PERIA		0	999	07/01/2021	12/31/9999	2	O1	620.32	T
46060	INCISION AND DRAINAGE OF ISCHI		0	999	07/01/2021	12/31/9999	2	O1	1,909.75	T
46070	INCISION, ANAL SEPTUM (INFAN		0	1	07/01/2021	12/31/9999	1	O1	1,909.75	T
46080	*SPHINCTEROTOMY, ANAL, DIVISI		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46083	INCISION OF THROMBOSED HEMORRH		0	999	07/01/2021	12/31/9999	2	O1	208.02	T
46200	REMOVAL OF ANAL FISSURE		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46220	EXCISE ANAL EXT TAG/PAPILLA		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46221	LIGATION OF HEMORRHOID(S)		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46230	REMOVAL OF ANAL TAGS		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46250	REMOVE EXT HEM GROUPS = 2		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46255	REMOVE INT/EXT HEM 1 GROUP		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46257	HEMORRHOIDECTOMY INTERNAL AN		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46258	REMOVE IN/EX HEM GRP W/FISTU		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46260	REMOVE IN/EX HEM GROUPS = 2		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46261	HEMORRHOIDECTOMY, INTERNAL A		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46262	REMOVE IN/EX HEM GRPS W/FIST		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46270	SURGICAL TREATMENT OF ANAL FIS		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46275	REMOVE ANAL FIST INTER		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46280	REMOVE ANAL FIST COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46285	FISTULECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46288	REPAIR ANAL FISTULA		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46320	REMOVAL OF HEMORRHOID CLOT		0	999	07/01/2021	12/31/9999	2	O1	810.48	T
46500	*INJECTION OF SCLEROSING SOLU		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46505	CHEMODENERVATION ANAL MUSC		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46600	ANOSCOPY; DIAGNOSTIC, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
46601	DIAGNOSTIC ANOSCOPY		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
46604	ANOSCOPY AND DILATION		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46606	ANOSCOPY; WITH BIOPSY, SINGLE		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46607	DIAGNOSTIC ANOSCOPY & BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46608	ANOSCOPY; WITH REMOVAL OF FORE		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46610	ANOSCOPY; WITH REMOVAL OF SING		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	S
46611	ANOSCOPY; WITH REMOVAL OF SING		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46612	ANOSCOPY; WITH REMOVAL OF MULT		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	S
46614	ANOSCOPY/CONTROL BLEEDING		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
46615	ANOSCOPY; WITH ABLATION OF TUM		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	S
46700	ANOPLASTY, PLASTIC OPERATION		14	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46705	ANOPLASTY, PLASTIC OPERATION		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
46706	REPR OF ANAL FISTULA W/GLUE		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46707	REPAIR ANORECTAL FIST W/PLUG		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46710	REPR PER/VAG POUCH SNGL PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46712	REPR PER/VAG POUCH DBL PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46715	REPAIR OF LOW IMPERFORATE ANUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46716	REPAIR OF LOW IMPERFORATE ANUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46730	REPAIR OF HIGH IMPERFORATE ANU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46735	REPAIR OF HIGH IMPERFORATE ANU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46740	REP OF HIGH IMPERFORATE ANUS W		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46742	REPAIR OF HIGH IMPERFORATE ANU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46744	REPAIR OF CLOACAL ANOMALY BY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46746	REPAIR OF CLOACAL ANOMALY BY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46748	REPAIR OF CLOACAL ANOMALY BY A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
46750	SPHINCTEROPLASTY, ANAL, FOR		14	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46751	SPHINCTEROPLASTY, ANAL, FOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	C
46753	GRAFT (THIERSCH OPERATION) F		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46754	REMOVAL OF THIERSCH WIRE OR		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46760	SPHINCTEROPLASTY, ANAL, FOR		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46761	SPHINCTEROPLASTY, ANAL, FOR IN		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46900	*CHEMOSURGERY OF CONDYLOMATA,		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
46910	*ELECTRODESICCATION OF CONDYL		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
46916	DESTRUCTION OF LESION(S), ANUS		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
46917	DESTRUCTION OF LESION(S), ANUS		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46922	DESTRUCTION OF LESION(S), ANUS		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46924	DESTRUCTION, ANAL LESION(S)		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46930	DESTR INTERN HEMROIDS THERM ENERGY		0	999	07/01/2021	12/31/9999	1	O1	810.48	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
46940	TREATMENT OF ANAL FISSURE		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46942	CURETTAGE OR CAUTERIZATION O		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
46945	HEMORRHOIDECTOMY, SINGLE COLUMN/GROUP		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46946	HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROU		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46947	HEMORRHOIDOPEXY BY STAPLING		0	999	07/01/2021	12/31/9999	1	O1	1,909.75	T
46948	INT HRHC TRANAL DARTLZJ 2+		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
46999	UNLISTED PROCEDURE, ANUS		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
47000	*BIOPSY OF LIVER, PERCUTANEOU		0	999	07/01/2021	12/31/9999	3	O1	1,099.71	T
47001	NEEDLE BIOPSY, LIVER ADD-ON		0	999	09/01/2012	12/31/9999	3	O1	0.00	N
47010	OPEN DRAINAGE, LIVER LESION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47015	INJECT/ASPIRATE LIVER CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47100	BIOPSY OF LIVER, WEDGE (SEPA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47120	HEPATECTOMY, RESECTION OF LI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47122	HEPATECTOMY, RESECTION OF LIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47125	HEPATECTOMY, RESECTION OF LI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47130	HEPATECTOMY, RESECTION OF LI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47133	REMOVAL OF DONOR LIVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47135	LIVER TRANSPLANT, WITH OR WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47140	PARTIAL REMOVAL, DONOR LIVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47141	DONR HEPATECT LIVE DONR; LT LOBECT DONOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47142	DONR HEPATECT LIVE DONR; RT LOBECT DONOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47143	PREP DONOR LIVER, WHOLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47144	PREP DONOR LIVER, 3-SEGMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47145	PREP DONOR LIVER, LOBE SPLIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47146	PREP DONOR LIVER/VENOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47147	PREP DONOR LIVER/ARTERIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47300	MARSUPIALIZATION OF CYST OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47350	HEPATORRHAPHY, SUTURE OF LIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47360	HEPATORRHAPHY, SUTURE OF LIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47361	REPAIR LIVER WOUND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47362	REPAIR LIVER WOUND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47370	LAPARO ABLATE LIVER TUMOR RF		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
47371	LAPARO ABLATE LIVER CRYOSUG		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
47379	LAPAROSCOPE PROCEDURE, LIVER		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47380	OPEN ABLATE LIVER TUMOR RF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47381	OPEN ABLATE LIVER TUMOR CRYO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47382	PERCUT ABLATE LIVER RF		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47383	PERQ ABLTJ LVR CRYOABLATION		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47399	UNLISTED PROCEDURE, LIVER		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
47400	HEPATICOTOMY OR HEPATICOSTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47420	CHOLEDOCHOTOMY OR CHOLEDOCHO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47425	CHOLEDOCHOTOMY OR CHOLEDOCHO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47460	TRANSDUODENAL SPHINCTEROTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47480	INCISION OF GALLBLADDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47490	INCISION OF GALLBLADDER		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47531	INJECTION FOR CHOLANGIOGRAM		0	999	07/01/2021	12/31/9999	2	O1	2,488.15	T
47532	INJECTION FOR CHOLANGIOGRAM		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47533	PLMT BILIARY DRAINAGE CATH		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47534	PLMT BILIARY DRAINAGE CATH		0	999	07/01/2021	12/31/9999	2	O1	2,488.15	T
47535	CONVERSION EXT BIL DRG CATH		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47536	EXCHANGE BILIARY DRG CATH		0	999	07/01/2021	12/31/9999	2	O1	2,488.15	T
47537	REMOVAL BILIARY DRG CATH		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
47538	PERQ OLMT BILE DUCT STENT		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
47539	PERQ PLMT BILE DUCT STENT		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
47540	PERQ PLMT BILE DUCT STENT		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
47541	PLMT ACCESS BIL TREE SM BWL		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47542	DILATE BILIARY DUCT/AMPULLA		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
47543	ENDOLUMINAL BX BILIARY TREE		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
47544	REMOVAL DUCT GLBLDR CALCULI		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
47550	BILE DUCT ENDOSCOPY ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47552	BILIARY ENDOSCOPY, PERCUTANEOU		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47553	BILIARY ENDOSCOPY, PERCUTANEOU		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47554	BILIARY ENDOSCOPY THRU SKIN		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47555	BILIARY ENDOSCOPY, PERCUTANEOU		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
47556	BILIARY ENDOSCOPY, PERCUTANEOU		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47562	LAPAROSCOPIC CHOLECYSTECTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47563	LAPARO CHOLECYSTECTOMY/GRAPH		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47564	LAPARO CHOLECYSTECTOMY/EXPLR		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47570	LAPARO CHOLECYSTOENTEROSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47579	LAPAROSCOPE PROC, BILIARY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
47600	CHOLECYSTECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47605	CHOLECYSTECTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47610	CHOLECYSTECTOMY WITH EXPLORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47612	CHOLECYSTECTOMY WITH EXPLORATI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47620	CHOLECYSTECTOMY WITH EXPLORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47700	EXPLORATION FOR CONGENITAL A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47701	PORTOENTEROSTOMY (KASAI PROCED		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47711	EXCISION OF BILE DUCT TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47712	EXCISION OF BILE DUCT TUMOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47715	EXCISION OF CHOLEDOCHAL CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47720	CHOLECYSTOENTEROSTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47721	CHOLECYSTOENTEROSTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47740	CHOLECYSTOENTEROSTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47741	FUSE GALLBLADDER & BOWEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47760	ANASTOMOSIS, DIRECT, OF EXTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
47765	ANASTOMOSIS, DIRECT, OF INTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47780	ANASTOMOSIS, ROUX-EN-Y, OF E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47785	FUSE BILE DUCTS AND BOWEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47800	RECONSTRUCTION, PLASTIC, OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47801	PLACEMENT OF CHOLEDOCHAL STENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47802	U-TUBE HEPATICOENTEROSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47900	SUTURE BILE DUCT INJURY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
47999	UNLISTED PROCEDURE, BILIARY		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
48000	PLACEMENT OF DRAINS, PERIPANCR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48001	PLACEMENT OF DRAINS, PERIPANCR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48020	REMOVAL OF PANCREATIC CALCUL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48100	BIOPSY OF PANCREAS, OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48102	*BIOPSY OF PANCREAS, PERCUTAN		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
48105	RES/DEBR PANCREAS / ACUTE PANCREATITIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48120	EXCISION OF LESION OF PANCRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48140	PANCREATECTOMY, DISTAL SUBTOTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48145	PANCREATECTOMY, DISTAL SUBTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48146	PANCREATECTOMY, DISTAL, NEAR-T		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48148	EXCISION OF AMPULLA OF VATER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48150	PANCREATECTOMY, PROXIMAL SUBTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48152	PANCREATECTOMY, PROXIMAL SUBTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48153	PANCREATECTOMY, PROXIMAL SUBTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48154	PANCREATECTOMY, PROXIMAL SUBTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48155	PANCREATECTOMY, TOTAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48160	PANCREAS REMOVAL/TRANSPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
48400	INJECTION, INTRAOP ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48500	SURGERY OF PANCREATIC CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48510	DRAIN PANCREATIC PSEUDOCYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48520	INTERNAL ANASTOMOSIS OF PANC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48540	INTERNAL ANASTOMOSIS OF PANC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48545	PANCREATORRHAPHY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48547	DUODENAL EXCLUSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48548	PANCREASTICOJEJUNOSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48550	DONOR PANCREATECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
48551	PREP DONOR PANCREAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48552	PREP DONOR PANCREAS/VENOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48554	TRANSPLANTATION OF PANCREATIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48556	REMOVAL OF TRANSPLANTED PANCRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
48999	UNLISTED PROCEDURE, PANCREAS		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
49000	EXPLORATORY LAPAROTOMY, EXPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49002	REOPENING OF RECENT LAPAROTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49010	EXPLORATION, RETROPERITONEAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49013	PRPERTL PEL PACK HEMRRG TRMA		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
49014	REEXPLORATION PELVIC WOUND		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
49020	DRAIN ABDOMINAL ABSCESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49040	OPEN DRAINAGE ABDOM ABSCESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49060	OPEN DRAIN RETROPER ABSCESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49062	DRAIN TO PERITONEAL CAVITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49082	ABDOMINAL PARACENTESIS WO IMAG		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49083	ABDOMINAL PARACENTESIS W IMAG		0	999	07/01/2021	12/31/9999	2	O1	632.78	T
49084	PERITONEAL LAVAGE INCL IMAG GUIDE		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49180	*BIOPSY, ABDOMINAL OR RETROPE		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
49185	SCLEROTX FLUID COLLECTION		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
49203	EXC ABD TUM 5 CM OR LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49204	EXC ABD TUM OVER 5 CM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49205	EXC ABD TUM OVER 10 CM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49215	EXCISION OF PRESACRAL OR SACRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49250	UMBILECTOMY, OMPHALECTOMY, E		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49255	OMENTECTOMY, EPIPLOECTOMY, R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49320	DIAG LAPARO SEPARATE PROC		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49321	LAPAROSCOPY, BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
49322	LAPAROSCOPY, ASPIRATION		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
49323	LAPARO DRAIN LYMPHOCELE		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
49324	LAP INSERT TUNNEL IP CATH		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
49325	LAP SURG W/REV PREV INTRAPERITONEAL CATH		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
49326	LAP SURG W/OMENTOPEXY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
49327	LAP INS DEVICE FOR RT		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
49329	LAPARO PROC, ABDM/PER/OMENT		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49400	INJECTION OF AIR OR CONTRAST I		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
49402	REM PERITONEAL FOREIGN BODY		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49405	IMAGE FLUID COLL/VISERAL		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
49406	IMAGE FLUID COLL/PERCUTANEOUS		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
49407	FLUID COLL/VAGINAL/TRANSRECTAL		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
49411	INS MARK ABD/PEL FOR RT PERQ		0	999	07/01/2021	12/31/9999	1	O1	986.52	S
49412	INS DEVICE FOR RT GUIDE OPEN		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
49418	INSERT TUN IP CATH PERC		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49419	INSERT TUN IP CATH W/PORT		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	T
49421	INS TUN IP CATH FOR DIAL OPN		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49422	REMOVE TUNNELED IP CATH		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
49423	EXCHANGE DRAINAGE CATH		0	999	07/01/2021	12/31/9999	2	O1	1,270.11	T
49424	ASSESS CYST, CONTRAST INJECT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
49425	PERITONEAL-VENOUS SHUNT (EG,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49426	REVISION OF PERITONEAL-VENOUS		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49427	INJECTION PROCEDURE (EG, CONTR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
49428	LIGATION OF SHUNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
49429	REMOVAL OF SHUNT		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
49435	INS SUBCU EXT INTRAPERITONEAL CATH W/REM		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
49436	DELAYED CREAT EXIT SITE INTRAPERITONEAL		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
49440	PLACE GASTROSTOMY TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
49441	PLACE DUOD/JEJ TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
49442	PLACE CECOSTOMY TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	810.48	T
49446	CHANGE G-TUBE TO G-J PERC		0	999	07/01/2021	12/31/9999	1	O1	1,270.11	T
49450	REPLACE G/C TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49451	REPLACE DUOD/JEJ TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49452	REPLACE G-J TUBE PERC		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49460	FIX G/COLON TUBE W/DEVICE		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
49465	FLUORO EXAM OF G/COLON TUBE		0	999	07/01/2021	12/31/9999	1	O1	179.87	T
49491	REPAIRING HERN PREMIE REDUC		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49492	RPR ING HERN PREMIE, BLOCKED		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49495	RPR ING HERNIA BABY, REDUC		0	1	07/01/2021	12/31/9999	1	O1	2,488.15	T
49496	REPAIR INITIAL INGUINAL HERNIA		0	1	07/01/2021	12/31/9999	1	O1	2,488.15	T
49500	REPAIR INITIAL INGUINAL HERNIA		0	4	07/01/2021	12/31/9999	1	O1	2,488.15	T
49501	REP INITIAL INGUINAL HERNIA, A		0	4	07/01/2021	12/31/9999	1	O1	2,488.15	T
49505	REPAIR INITIAL INGUINAL HERNIA		5	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49507	REPAIR INITIAL INGUINAL HERNIA		5	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49520	REPAIR RECURRENT INGUINAL HERN		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49521	REPAIR RECURRENT INGUINAL HERN		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49525	REPAIR INGUINAL HERNIA, SLIDIN		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49540	REPAIR LUMBAR HERNIA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49550	REPAIR INITIAL FEMORAL HERNIA,		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49553	REPAIR INITIAL FEMORAL HERNIA		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49555	REPAIR RECURRENT FEMORAL HERNI		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49557	REPAIR RECURRENT FEMORAL HERNI		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49560	REPAIR ABDOMINAL HERNIA		0	999	07/01/2021	12/31/9999	2	O1	2,488.15	T
49561	REPAIR INITIAL INCISIONAL HERN		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49565	REREPAIR ABDOMINAL HERNIA		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
49566	REPAIR RECURRENT INCISIONAL HE		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
49568	IMPLANT MESH/OTH PROSTH HERNIA REPAIR		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
49570	REPAIR EPIGASTRIC HERNIA (EG,		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49572	REPAIR EPIGASTRIC HERNIA (EG,		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49580	REPAIR UMBILICAL HERNIA, UNDER		0	4	07/01/2021	12/31/9999	1	O1	2,488.15	T
49582	REPAIR UMBILICAL HERNIA, UNDER		0	4	07/01/2021	12/31/9999	1	O1	2,488.15	T
49585	REPAIR UMBILICAL HERNIA, AGE 5		5	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49587	REPAIR UMBILICAL HERNIA, AGE 5		5	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49590	REPAIR SPIGELIAN HERNIA		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49600	REPAIR OF SMALL OMPHALOCELE, W		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
49605	REPAIR OF LARGE OMPHALOCELE OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49606	REP OF LG OMPHALOCELE OR GASTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49610	REPAIR OF OMPHALOCELE (GROSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49611	REPAIR OF OMPHALOCELE (GROSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49650	LAPARO HERNIA REPAIR INITIAL		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49651	LAPARO HERNIA REPAIR RECUR		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49652	LAP VNTRL UMBIL, SPIG, EPIG HRNIA REDUC		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
49653	LAP VNTRL UMBIL,SPIG,EPIG HRNIA STRG		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
49654	LAP INC HRNIA REDUC		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
49655	LAP INC HRNIA STRANG		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
49656	LAP RECURR INC HRNIA REDUC		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
49657	LAP RECURR INC HRNIA STRANG		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
49659	LAPARO PROC, HERNIA REPAIR		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
49900	SUTURE, SECONDARY, OF ABDOMI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49904	OMENTAL FLAP, EXTRA-ABDOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49905	OMENTAL FLAP, INTRA-ABDOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49906	FREE OMENTAL FLAP, MICROVASC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
49999	UNLISTED PROCEDURE, ABDOMEN,		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
50010	RENAL EXPLORATION, NOT NECES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50020	OPEN DRAIN RENAL ABSCESS		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50040	NEPHROSTOMY, NEPHROTOMY WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50045	NEPHROTOMY, WITH EXPLORATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50060	NEPHROLITHOTOMY; REMOVAL OF CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50065	NEPHROLITHOTOMY; SECONDARY SUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50070	NEPHROLITHOTOMY; COMPLICATED B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50075	NEPHROLITHOTOMY; REMOVAL OF LA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50080	PERCUTANEOUS NEPHROSTOLITHOTOM		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	T
50081	PERCUTANEOUS NEPHROSTOLITHOTOM		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	T
50100	TRANSECTION OR REPOSITIONING		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50120	PYELOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50125	PYELOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50130	PYELOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50135	PYELOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50200	RENAL BIOPSY PERQ		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
50205	RENAL BIOPSY, PERCUTANEOUS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50220	REMOVE KIDNEY, OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50225	NEPHRECTOMY, INCLUDING PARTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50230	NEPHRECTOMY, INCLUDING PARTIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50234	NEPHRECTOMY WITH TOTAL URETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50236	NEPHRECTOMY WITH TOTAL URETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50240	NEPHRECTOMY, PARTIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50250	CRYOABLATE RENAL MASS OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50280	EXCISION OR UNROOFING OF CYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50290	EXCISION OF PERINEPHRIC CYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
50300	REMOVE CADAVER DONOR KIDNEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50320	REMOVE KIDNEY, LIVING DONOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50323	PREP CADAVER RENAL ALLOGRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50325	PREP DONOR RENAL GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50327	PREP RENAL GRAFT/VENOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50328	PREP RENAL GRAFT/ARTERIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50329	PREP RENAL GRAFT/URETERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50340	RECIPIENT NEPHRECTOMY (SEPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50360	TRANSPLANTATION OF KIDNEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50365	RENAL HOMOTRANSPLANTATION, IMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50370	REMOVAL OF TRANSPLANTED HOMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50380	RENAL AUTOTRANSPLANTATION, R		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50382	CHANGE URETER STENT, PERCUT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50384	REMOVE URETER STENT, PERCUT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50385	CHANGE STENT VIA TRANSURETH		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50386	REMOVE STENT VIA TRANSURETH		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50387	CHANGE NEPHROURETERAL CATH		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
50389	REMOVE RENAL TUBE W/FLUORO		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
50390	*ASPIRATION AND/OR INJECTION		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
50391	PREP RENAL GRAFT/URETERAL		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
50396	MANOMETRIC STUDIES THROUGH N		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
50400	PYELOPLASTY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50405	PYELOPLASTY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50430	NJX PX NFROSGRM &/URTRGRM		0	999	07/01/2021	12/31/9999	2	O1	449.24	T
50431	NJX PX NFROSGRM &/URTRGRM		0	999	07/01/2021	12/31/9999	2	O1	449.24	T
50432	PLMT NEPHROSTOMY CATHETER		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	T
50433	PLMT NEPHROURETERAL CATHETER		0	999	07/01/2021	12/31/9999	2	O1	2,404.46	T
50434	CONVERT NEPHROSTOMY CATHETER		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	T
50435	EXCHANGE NEPHROSTOMY CATH		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	T
50436	DILAT XST TRC NDURLGC PX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50437	DILAT XST TRC NEW ACCESS RCS		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50500	NEPHRORRHAPHY, SUTURE OF KID		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50520	CLOSURE OF NEPHROCUTANEOUS O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50525	CLOSURE OF NEPHROVISCERAL FI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50526	CLOSURE OF NEPHROVISCERAL FI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50540	SYMPHYSIOTOMY FOR HORSESHOE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50541	LAPARO ABLATE RENAL CYST		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50542	LAPARO ABLATE RENAL MASS		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
50543	LAPARO PARTIAL NEPHRECTOMY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
50544	LAPAROSCOPY, PYELOPLASTY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
50545	LAPARO RADICAL NEPHRECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50546	LAPAROSCOPIC NEPHRECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50547	LAPARO REMOVAL DONOR KIDNEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50548	LAPARO REMOVE K/URETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50549	LAPAROSCOPE PROC, RENAL		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50551	RENAL ENDOSCOPY THROUGH ESTA		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
50553	RENAL ENDOSCOPY THROUGH ESTA		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
50555	RENAL ENDOSCOPY THROUGH ESTA		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	S
50557	RENAL ENDOSCOPY THROUGH ESTA		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	S
50561	RENAL ENDOSCOPY THROUGH ESTA		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50562	RENAL SCOPE W/TUMOR RESECT		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	T
50570	RENAL ENDOSCOPY THROUGH NEPH		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50572	RENAL ENDOSCOPY THROUGH NEPH		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
50574	RENAL ENDOSCOPY THROUGH NEPH		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50575	RENAL ENDOSCOPY THROUGH NEPHRO		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50576	RENAL ENDOSCOPY THROUGH NEPH		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50580	RENAL ENDOSCOPY THROUGH NEPH		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50590	LITHOTRIPSY, EXTRACORPOREAL SH		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50592	PERC RF ABLATE RENAL TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50593	PERC CRYO ABLATE RENAL TUM		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
50600	URETEROTOMY WITH EXPLORATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50605	URETEROTOMY FOR INSERTION OF I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50606	ENDOLUMINAL BX URTR RNL PLVS		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
50610	URETEROLITHOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50620	URETEROLITHOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50630	URETEROLITHOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50650	URETERECTOMY, WITH BLADDER C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50660	URETERECTOMY, TOTAL, ECTOPIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50684	INJECTION PROCEDURE FOR URETER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
50686	MANOMETRIC STUDIES THROUGH U		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
50688	CHANGE OF URETER TUBE/STENT		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	T
50690	INJECTION PROCEDURE FOR VISUAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
50693	PLMT URETERAL STENT PRQ		0	999	07/01/2021	12/31/9999	2	O1	2,404.46	T
50694	PLMT URETERAL STENT PRQ		0	999	07/01/2021	12/31/9999	2	O1	2,404.46	T
50695	PLMT URETERAL STENT PRQ		0	999	07/01/2021	12/31/9999	2	O1	2,404.46	T
50700	URETEROPLASTY, PLASTIC OPERA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50705	URETERAL EMBOLIZATION/OCCL		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
50706	BALLOON DILATE URTRL STRIX		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
50715	URETEROLYSIS, WITH OR WITHOUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50722	URETEROLYSIS FOR OVARIAN VEI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50725	URETEROLYSIS FOR RETROCAVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50727	REVISION OF URINARY-CUTANEOUS		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50728	REVISION OF URINARY-CUTANEOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50740	URETEROPYELOSTOMY, ANASTOMOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50750	URETEROCALYCOSTOMY, ANASTOMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
50760	URETEROURETEROSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50770	TRANSURETEROURETEROSTOMY, AN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50780	URETERONEOCYSTOSTOMY; ANASTOMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50782	URETERONEOCYSTOSTOMY; ANASTOMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50783	URETERONEOCYSTOSTOMY; WITH EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50785	URETERONEOCYSTOSTOMY; WITH VES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50800	URETEROENTEROSTOMY, DIRECT ANA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50810	FUSION OF URETER & BOWEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50815	URINE SHUNT TO INTESTINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50820	CONSTRUCT BOWEL BLADDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50825	CONSTRUCT BOWEL BLADDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50830	URINARY UNDIVERSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50840	REPLACE URETER BY BOWEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50845	CUTANEOUS APPENDICO-VESICOSTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50860	URETEROSTOMY, TRANSPLANTATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50900	URETERORRHAPHY, SUTURE OF UR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50920	CLOSURE OF URETEROCUTANEOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50930	CLOSURE OF URETEROVISCERAL F		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50940	DELIGATION OF URETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
50945	LAPAROSCOPY URETEROLITHOTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50947	LAPARO NEW URETER/BLADDER		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50948	LAPARO NEW URETER/BLADDER		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
50949	LAPAROSCOPE PROC, URETER		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
50951	URETERAL ENDOSCOPY THROUGH E		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50953	URETERAL ENDOSCOPY THROUGH E		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
50955	URETERAL ENDOSCOPY THROUGH E		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50957	URETERAL ENDOSCOPY THROUGH E		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50961	URETERAL ENDOSCOPY THROUGH E		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50970	URETERAL ENDOSCOPY THROUGH U		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50972	URETERAL ENDOSCOPY THROUGH U		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
50974	URETERAL ENDOSCOPY THROUGH U		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50976	URETERAL ENDOSCOPY THROUGH U		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
50980	URETERAL ENDOSCOPY THROUGH U		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
51020	CYSTOTOMY OR CYSTOSTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51030	CYSTOTOMY OR CYSTOSTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51040	CYSTOSTOMY, CYSTOTOMY WITH D		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
51045	CYSTOTOMY, WITH INSERTION OF		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	T
51050	CYSTOLITHOTOMY, CYSTOTOMY WI		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
51060	TRANSVESICAL URETEROLITHOTOM		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
51065	REMOVE URETER CALCULUS		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51080	DRAINAGE OF PERIVESICAL OR P		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
51100	ASP BLADDER/NEEDLE		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51101	ASP BLADDER/TROCAR OR INTRACATH		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
51102	ASP BLADDER/SUPRAPUBIC CATH		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
51500	EXCISION OF URACHAL CYST OR		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
51520	CYSTOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51525	CYSTOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51530	CYSTOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51535	CYSTOTOMY FOR EXCISION, INCISI		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51550	CYSTECTOMY, PARTIAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51555	CYSTECTOMY, PARTIAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51565	CYSTECTOMY, PARTIAL, WITH RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51570	CYSTECTOMY, COMPLETE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51575	CYSTECTOMY, COMPLETE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51580	CYSTECTOMY, COMPLETE, WITH U		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51585	CYSTECTOMY, COMPLETE, WITH U		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51590	REMOVE BLADDER/REVISE TRACT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51595	CYSTECTOMY, COMPLETE, WITH U		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51596	REMOVE BLADDER/CREATE POUCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51597	PELVIC EXENTERATION, COMPLET		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51600	*INJECTION PROCEDURE FOR CYST		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
51605	INJECTION PROCEDURE AND PLAC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
51610	INJECTION PROCEDURE FOR RETR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
51700	*BLADDER IRRIGATION, SIMPLE,		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51701	INSERT BLADDER CATHETER		0	999	07/01/2021	12/31/9999	2	O1	87.50	T
51702	INSERT TEMP BLADDER CATH		0	999	07/01/2021	12/31/9999	2	O1	87.50	T
51703	INSERT BLADDER CATH, COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
51705	*CHANGE OF CYSTOSTOMY TUBE;		0	999	07/01/2021	12/31/9999	2	O1	208.02	T
51710	*CHANGE OF CYSTOSTOMY TUBE;		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
51715	ENDOSCOPIC INJECTION OF IMPLAN		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51720	BLADDER INST ANTICARCINOGENIC		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51725	SIMPLE CYSTOMETROGRAM (EG, S		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51726	COMPLEX CYSTOMETROGRAM		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51727	CYSTOMETROGRAM W/UP		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
51728	CYSTOMETROGRAM W/VP		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
51729	CYSTOMETROGRAM W/VP&UP		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
51736	SIMPLE UROFLOWMETRY (EG, STO		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
51741	ELECTRONIC UROFLOWMETRY (EG,		0	999	07/01/2021	12/31/9999	1	O1	109.07	T
51784	ANAL/URINARY MUSCLE STUDY		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
51785	NEEDLE ELECTROMYOGRAPHY STUDIE		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
51792	STIMULUS EVOKED RESPONSE (EG		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
51797	INTRAABDOMINAL PRESSURE TEST		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
51798	US URINE CAPACITY MEASURE		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
51800	CYSTOPLASTY OR CYSTOURETHROP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51820	CYSTOURETHROPLASTY WITH UNIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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51840	ATTACH BLADDER/URETHRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51841	ANTERIOR VESICOURETHROPEXY,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51845	ABDOMINO-VAGINAL VESICAL NECK		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
51860	CYSTORRHAPHY, SUTURE OF BLAD		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
51865	CYSTORRHAPHY, SUTURE OF BLAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51880	CLOSURE OF CYSTOSTOMY (SEPAR		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
51900	CLOSURE OF VESICOVAGINAL FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51920	CLOSURE OF VESICOUTERINE FIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51925	CLOS VESI FIST; W HYSTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51940	CORRECTION OF BLADDER DEFECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51960	REVISION OF BLADDER & BOWEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51980	CUTANEOUS VESICOSTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
51990	LAPARO URETHRAL SUSPENSION		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
51992	LAPARO SLING OPERATION		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
51999	LAPAROSCOPE PROC, BLADDER		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
52000	CYSTOURETHROSCOPY (SEPARATE		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
52001	CYSTOSCOPY, REMOVAL OF CLOTS		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52005	CYSTOURETHROSCOPY (SEPARATE		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	S
52007	CYSTOURETHROSCOPY (SEPARATE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52010	CYSTOURETHROSCOPY (SEPARATE		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
52204	CYSTOURETHROSCOPY WITH BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52214	CYSTOURETHROSCOPY, WITH FULG		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52224	CYSTOURETHROSCOPY, WITH FULG		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52234	CYSTOSCOPY AND TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52235	CYSTOURETHROSCOPY, WITH FULG		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52240	CYSTOURETHROSCOPY, WITH FULG		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52250	CYSTOURETHROSCOPY WITH INSER		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
52260	CYSTOURETHROSCOPY, WITH DILA		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52265	CYSTOURETHROSCOPY, WITH DILA		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52270	CYSTOURETHROSCOPY, WITH INTE		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52275	CYSTOURETHROSCOPY, WITH INTE		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52276	CYSTOURETHROSCOPY WITH DIREC		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52277	CYSTOURETHROSCOPY, WITH RESE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52281	CYSTOSCOPY AND TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52282	CYSTOSCOPY, IMPLANT STENT		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52283	CYSTOURETHROSCOPY, WITH STER		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52285	CYSTOURETHROSCOPY FOR TREATM		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
52287	CYSYOSCOPY CHEMODENERVATION		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52290	CYSTOURETHROSCOPY;		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52300	CYSTOSCOPY AND TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52301	CYSTOSCOPY AND TREATMENT		0	20	07/01/2021	12/31/9999	1	O1	2,404.46	S
52305	CYSTOURETHROSCOPY;		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52310	CYSTOURETHROSCOPY, WITH REMO		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	S
52315	CYSTOSCOPY AND TREATMENT		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	S
52317	LITHOLAPAXY; CRUSHING OR FRAGM		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52318	LITHOLAPAXY; CRUSHING OR FRAGM		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52320	CYSTOURETHROSCOPY (INCLUDING U		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52325	CYSTOURETHROSCOPY (INCLUDING U		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52327	CYSTOSCOPY, INJECT MATERIAL		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52330	CYSTOURETHROSCOPY;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52332	CYSTOURETHROSCOPY, WITH INSE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52334	CYSTOURETHROSCOPY WITH INSERTI		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52341	CYSTO W/URETER STRICTURE TX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52342	CYSTO W/UP STRICTURE TX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52343	CYSTO W/RENAL STRICTURE TX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52344	CYSTO/URETERO, STONE REMOVE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52345	CYSTO/URETERO W/UP STRICTURE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52346	CYSTOURETERO W/RENAL STRICT		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52351	CYSTOURETRO & OR PYELOSCOPE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
52352	CYSTOURETRO W/STONE REMOVE		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52353	CYSTOURETERO W/LITHOTRIPSY		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52354	CYSTOURETERO W/BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52355	CYSTOURETERO W/EXCISE TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52356	CYSOUR W/LITHOTRIPSY		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	S
52400	CYSTOURETERO W/CONGEN REPR		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52402	CYSTOURETHRO CUT EJACUL DUCT		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	S
52441	CYSTOURETHRO W/IMPLANT		18	999	07/01/2020	12/31/9999	1	O1	179.51	B
52442	CYSTOURETHRO W/ADDL IMPLANT		18	999	07/01/2020	12/31/9999	6	O1	43.40	B
52450	TRANSURETHRAL INCISION OF PROS		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
52500	TRANSURETHRAL RESECTION OF B		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
52601	TRANSURETHRAL RESECTION OF P		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
52630	TRANSURETHRAL RESECTION;		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
52640	TRANSURETHRAL RESECTION;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
52647	LASER SURGERY OF PROSTATE		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
52648	LASER SURGERY OF PROSTATE		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
52649	PROSTATE LASER ENUCLEATION		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
52700	TRANSURETHRAL DRAINAGE OF PR		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53000	URETHROTOMY OR URETHROSTOMY,		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53010	URETHROTOMY OR URETHROSTOMY,		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53020	MEATOTOMY, CUTTING OF MEATUS		1	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53025	MEATOTOMY, CUTTING OF MEATUS		0	1	07/01/2021	12/31/9999	1	O1	1,401.39	T
53040	DRAINAGE OF DEEP PERIURETHRA		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53060	DRAINAGE OF SKENE'S GLAND AB		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53080	DRAINAGE OF PERINEAL URINARY		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
53085	DRAINAGE OF PERINEAL URINARY		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T

Mississippi Division of Medicaid
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Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
53200	BIOPSY OF URETHRA		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53210	URETHRECTOMY, TOTAL, INCLUDI		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53215	URETHRECTOMY, TOTAL, INCLUDI		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53220	EXCISION OR FULGURATION OF C		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53230	EXCISION OF URETHRAL DIVERTI		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53235	EXCISION OF URETHRAL DIVERTI		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53240	MARSUPIALIZATION OF URETHRAL		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53250	EXCISION OF BULBOURETHRAL GL		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53260	EXCISION OR FULGURATION;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53265	EXCISION OR FULGURATION;		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53270	EXCISION OR FULGURATION;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53275	EXCISION OR FULGURATION;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53400	URETHROPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53405	URETHROPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53410	URETHROPLASTY, ONE-STAGE REC		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53415	URETHROPLASTY, TRANSPUBIC, ONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
53420	URETHROPLASTY, TWO-STAGE REC		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53425	URETHROPLASTY, TWO-STAGE REC		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53430	URETHROPLASTY, RECONSTRUCTIO		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53431	RECONSTRUCT URETHRA/BLADDER		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53440	MALE SLING PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	8,979.02	T
53442	REMOVE/REVISE MALE SLING		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53444	INSERT TANDEM CUFF		0	999	07/01/2021	12/31/9999	1	O1	14,270.70	T
53445	INSERT URO/VES NCK SPHINCTER		0	999	07/01/2021	12/31/9999	1	O1	14,270.70	T
53446	REMOVE URO SPHINCTER		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53447	REMOVE/REPLACE UR SPHINCTER		0	999	07/01/2021	12/31/9999	1	O1	14,270.70	T
53448	REMOV/REPLC UR SPHINCTR COMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
53449	REPAIR URO SPHINCTER		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53450	URETHRAL MEATOPLASTY, WITH M		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53451	TPRNL BALO CNTNC DEV BI		0	999	01/01/2022	12/31/9999	1	O1	9,017.82	S
53452	TPRNL BALO CNTNC DEV UNI		0	999	01/01/2022	12/31/9999	1	O1	3,464.01	S
53453	TPRNL BALO CNTNC DEV RMVL EA		0	999	01/01/2022	12/31/9999	2	O1	2,414.01	S
53454	TPRNL BALO CNTNC DEV ADJMT		0	999	01/01/2022	12/31/9999	1	O1	208.93	T
53460	URETHRAL MEATOPLASTY, WITH P		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53500	URETHROLYS TRNSVAG 2 OPN CYSTOURETHURETH		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53502	URETHRORRHAPHY, SUTURE OF UR		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53505	URETHRORRHAPHY, SUTURE OF UR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53510	URETHRORRHAPHY, SUTURE OF UR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53515	URETHRORRHAPHY, SUTURE OF UR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53520	CLOSURE OF URETHROSTOMY OR U		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
53600	DILATION OF URETHRAL STRICTU		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
53601	*DILATION OF URETHRAL STRICTU		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
53605	DILATION OF URETHRAL STRICTU		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53620	*DILATION OF URETHRAL STRICTU		0	999	07/01/2021	12/31/9999	1	O1	449.24	T
53621	*DILATION OF URETHRAL STRICTU		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
53660	*DILATION OF FEMALE URETHRA I		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
53661	*DILATION OF FEMALE URETHRA I		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
53665	DILATION OF FEMALE URETHRA I		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53850	PROSTATIC MICROWAVE THERMOTX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53852	PROSTATIC RF THERMOTX		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
53854	TRURL DSTRJ PRST8 TISS RF WV		18	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53855	INSERT PROST URETHRAL STENT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53860	TRANSURETHRAL RF TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
53899	UNLISTED PROCEDURE, URINARY		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
54000	SLITTING OF PREPUCE, DORSAL		0	1	02/10/2014	12/31/9999	1	O6	0.00	E
54001	SLITTING OF PREPUCE, DORSAL		1	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
54015	INCISION AND DRAINAGE OF PEN		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
54050	*DESTRUCTION OF CONDYLOMATA,		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
54055	*DESTRUCTION OF CONDYLOMATA,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
54056	DESTRUCTION OF LESION(S), PENI		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
54057	DESTRUCTION OF LESION(S), PENI		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
54060	*DESTRUCTION OF CONDYLOMATA,		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
54065	DESTRUCTION, PENIS LESION(S)		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
54100	BIOPSY OF PENIS		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
54105	BIOPSY OF PENIS;		0	999	07/01/2021	12/31/9999	2	O1	1,852.39	T
54110	EXCISION OF PENILE PLAQUE (P		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
54111	EXCISION OF PENILE PLAQUE (PEY		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
54112	EXCISION OF PENILE PLAQUE (PEY		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	T
54115	REMOVAL FOREIGN BODY FROM DE		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
54120	AMPUTATION OF PENIS;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
54125	AMPUTATION OF PENIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
54130	AMPUTATION OF PENIS, RADICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
54135	AMPUTATION OF PENIS, RADICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
54150	CIRCM / CLAMP W/REG DORSAL PEN OR RING B		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
54160	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
54161	CIRC EXC OTH / CLAMP DEV OR DORSAL SLIT		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
54162	LYSIS PENIL CIRCUMCIS LESION		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
54163	REPAIR OF CIRCUMCISION		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
54164	FRENULOTOMY OF PENIS		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
54200	*INJECTION PROCEDURE FOR PEYR		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
54205	INJECTION PROCEDURE FOR PEYR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
54220	IRRIGATION OF CORPORA CAVERN		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
54230	INJECTION PROCEDURE FOR CORP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
54231	DYNAMIC CAVERNOSOMETRY, INCLUD		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
54235	INJECTION OF CORPORA CAVERNOSA		0	999	02/10/2014	12/31/9999	1	O6	0.00	E

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
55540	EXCISION OF VARICOCELE OR LI		0	999	07/01/2021	12/31/9999	1	O1	2,488.15	T
55550	LAPARO LIGATE SPERMATIC VEIN		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
55559	LAPARO PROC, SPERMATIC CORD		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
55600	VESICULOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
55605	VESICULOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55650	VESICULECTOMY, ANY APPROACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55680	EXCISION OF MULLERIAN DUCT C		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
55700	BIOPSY, PROSTATE;		0	999	07/01/2021	12/31/9999	1	O1	1,401.39	T
55705	BIOPSY, PROSTATE;		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
55706	BIOP PROSTATE NEEDLE TRANSPER		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
55720	PROSTATOTOMY, EXTERNAL DRAIN		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
55725	PROSTATOTOMY, EXTERNAL DRAIN		0	999	07/01/2021	12/31/9999	1	O1	2,404.46	T
55801	PROSTATECTOMY, INCLUDING CON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55810	PROSTATECTOMY, PERINEAL RADI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55812	PROSTATECTOMY, PERINEAL RADI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55815	PROSTATECTOMY, PERINEAL RADI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55821	PROSTATECTOMY, INCLUDING CON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55831	PROSTATECTOMY, INCLUDING CON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55840	PROSTATECTOMY, RETROPUBIC RADI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55842	PROSTATECTOMY, RETROPUBIC RA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55845	PROSTATECTOMY, RETROPUBIC RA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55860	EXPOSURE OF PROSTATE, ANY APPR		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
55862	EXPOSURE OF PROSTATE, ANY APPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55865	EXPOSURE OF PROSTATE, ANY APPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
55866	LAPARO RADICAL PROSTATECTOMY		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
55870	ELECTROEJACULATION		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
55873	CRYOABLATE PROSTATE		0	999	07/01/2021	12/31/9999	1	O1	6,454.54	T
55874	TRANSPERINEAL PLAC OF BIO MATERIAL		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
55875	TRANSP PLC CATH PROSTATE FOR RADIOELE AP		0	999	07/01/2021	12/31/9999	1	O1	3,449.90	T
55876	PLACE RT DEVICE/MARKER PROS		0	999	07/01/2021	12/31/9999	1	O1	986.52	S
55880	ABLTJ MAL PRST8 TISS HIFU		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
55899	UNLISTED PROCEDURE, MALE GEN		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
55920	PLACE NEEDLES PERVIC FOR RT		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
55970	INTERSEX SURGERY; MALE TO FEMA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
55980	INTERSEX SURGERY; FEMALE TO MA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
56405	INCISION AND DRAINAGE OF VULVA		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
56420	INCISION AND DRAINAGE OF BARTH		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
56440	MARSUPIALIZATION OF BARTHOLI		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56441	LYSIS OF LABIAL ASHESIONS		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56442	HYMENOTOMY SIMPLE INCISION		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56501	DESTROY, VULVA LESIONS, SIMP		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
56515	DESTROY VULVA LESION/S COMPL		0	999	07/01/2021	12/31/9999	1	O1	1,340.73	T
56605	BIOPSY OF VULVA OR PERINEUM (S		0	999	07/01/2021	12/31/9999	1	O1	495.07	T
56606	BIOPSY OF VULVA/PERINEUM		0	999	07/01/2014	12/31/9999	5	O1	0.00	N
56620	BIOPSY OF VULVA OR PERINEUM (S		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56625	BIOPSY OF VULVA OR PERINEUM (S		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56630	VULVECTOMY, RADICAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56631	VULVECTOMY, RADICAL, PARTIAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56632	VULVECTOMY, RADICAL, PARTIAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56633	VULVECTOMY, RADICAL, COMPLETE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56634	VULVECTOMY, RADICAL, COMPLETE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56637	VULVECTOMY, RADICAL, COMPLETE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56640	VULVECTOMY, RADICAL, COMPLETE,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
56700	PARTIAL HYMENECTOMY OR REVISIO		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56740	EXCISION OF BARTHOLIN'S GLAN		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56800	PLASTIC REPAIR OF INTROITUS		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56805	CLITOROPLASTY FOR ADRENOGENITA		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
56810	PERINEOPLASTY, REPAIR OF PERIN		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
56820	EXAM OF VULVA W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
56821	EXAM/BIOPSY OF VULVA W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57000	COLPOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57010	COLPOTOMY;		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57020	*COLPOCENTESIS (SEPARATE PROC		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57022	I & D VAGINAL HEMATOMA, PP		9	60	07/01/2021	12/31/9999	1	O1	1,852.39	T
57023	I &D VAG HEMATOMA, TRAUMA		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
57061	DESTROY VAG LESIONS, SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57065	DESTROY VAG LESIONS, COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57100	*BIOPSY OF VAGINAL MUCOSA;		0	999	07/01/2021	12/31/9999	2	O1	495.07	T
57105	BIOPSY OF VAGINAL MUCOSA;		0	999	07/01/2021	12/31/9999	2	O1	2,050.29	T
57106	REMOVE VAGINA WALL, PARTIAL		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57107	REMOVE VAGINA TISSUE/PARTIAL		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57109	VAGINECTOMY PARTIAL W/NODES		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57110	REMOVE VAGINA WALL, COMPLETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57111	REMOVE VAGINA TISSUE/COMPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57120	COLPOCLEISIS (LE FORT TYPE)		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57130	EXCISION OF VAGINAL SEPTUM		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57135	EXCISION OF VAGINAL CYST OR		0	999	07/01/2021	12/31/9999	2	O1	2,050.29	T
57150	IRRIGATION OF VAGINA AND/OR AP		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
57155	INSERT UTERI TANDEMS/OVOIDS		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57156	INS VAG BRACHYTX DEVICE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57160	INSERTION OF PESSARY/DEVICE		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
57170	DIAPHRAGM OR CERVICAL CAP FITT		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
57180	INTRODUCTION OF ANY HEMOSTATIC		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
57200	COLPORRHAPHY, SUTURE OF INJU		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57210	COLPOPERINEORRHAPHY, SUTURE		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
57220	PLASTIC OPERATION ON URETHRAL		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57230	PLASTIC REPAIR OF URETHROCELE		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57240	ANTERIOR COLPORRHAPHY, REPAIR		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57250	POSTERIOR COLPORRHAPHY, REPAIR		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57260	COMBINED ANTEROPOSTERIOR COL		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57265	COMBINED ANTEROPOSTERIOR COL		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57267	INSERT MESH/PELVIC FLR ADDON		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
57268	REPAIR OF ENTEROCELE, VAGINA		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57270	REPAIR OF ENTEROCELE, ABDOMI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57280	COLPOPEXY, ABDOMINAL APPROAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57282	COLPOPEXY, EXTRAPERITONEAL		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57283	COLPOPEXY, INTRAPERITONEAL		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57284	PARAVAG DEFECT REPAIR OPEN ABD		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57285	REPAIR PARAVAG DEFECT, VAG		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57287	REVISE/REMOVE SLING REPAIR		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57288	SLING OPERATION FOR STRESS I		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57289	PEREYRA PROCEDURE, INCLUDING		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57291	CONSTRUCTION OF ARTIFICIAL V		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57292	CONSTRUCTION OF ARTIFICIAL V		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57295	CHANGE VAGINAL GRAFT		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57296	REV PROSTH VAG GRAFT OPEN ABD APPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57300	CLOSURE OF RECTOVAGINAL FIST		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57305	CLOSURE OF RECTOVAGINAL FIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57307	CLOSURE OF RECTOVAGINAL FIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57308	FISTULA REPAIR, TRANSPERINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57310	CLOSURE OF URETHROVAGINAL FI		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57311	CLOSURE OF URETHROVAGINAL FIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57320	CLOSURE OF VESICOVAGINAL FIS		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57330	CLOSURE OF VESICOVAGINAL FIS		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57335	VAGINOPLASTY FOR ADRENOGENITAL		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
57400	*DILATION OF VAGINA UNDER ANE		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57410	*PELVIC EXAMINATION UNDER ANE		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57415	REMOVAL OF IMPACTED VAGINAL FO		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57420	EXAM OF VAGINA W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57421	EXAM/BIOPSY OF VAG W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	495.07	T
57423	REPAIR PARAVAG DEFECT, LAP		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
57425	LAPAROSCOPY SURGICAL COLPOPEXY LAPAR		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
57426	REVISE PROSTH VAG GRAFT LAP		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
57452	EXAM OF CERVIX W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
57454	BX/CURETT OF CERVIX W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57455	BIOPSY OF CERVIX W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57456	ENDOCERV CURETTAGE W/SCOPE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57460	BX OF CERVIX W/SCOPE, LEEP		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	S
57461	CONZ OF CERVIX W/SCOPE, LEEP		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	S
57465	CAM CERVIX UTERI DRG COLP		0	999	01/01/2021	12/31/9999	1	O1	0.00	N
57500	BIOP CERVIX SINGL/MULTI OR EXC LESION		0	999	07/01/2021	12/31/9999	1	O1	495.07	T
57505	ENDOCERVICAL CURETTAGE (NOT DO		0	999	07/01/2021	12/31/9999	1	O1	495.07	T
57510	CAUTERIZATION OF CERVIX		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57511	*CAUTERIZATION OF CERVIX;		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
57513	CAUTERIZATION OF CERVIX; LASER		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57520	CONIZATION OF CERVIX, WITH OR		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57522	CONIZATION OF CERVIX		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57530	TRACHELECTOMY (CERVICECTOMY)		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57531	REMOVAL OF CERVIX, RADICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57540	EXCISION OF CERVICAL STUMP,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57545	EXCISION OF CERVICAL STUMP,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
57550	EXCISION OF CERVICAL STUMP,		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57555	EXCISION OF CERVICAL STUMP,		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57556	EXCISION OF CERVICAL STUMP,		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
57558	DIL & CUR OF CERVIC STUMP		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57700	CERCLAGE OF UTERINE CERVIX, NO		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57720	TRACHELORRHAPHY, PLASTIC REP		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
57800	*DILATION OF CERVICAL CANAL,		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58100	ENDOMETRIAL AND/OR ENDOCERVICA		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
58110	BX DONE W/COLPOSCOPY ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
58120	DILATION AND CURETTAGE, DIAG		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58140	MYOMECTOMY ABDOM METHOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58145	MYOMECTOMY, EXCISION OF FIBR		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58146	MYOMECTOMY ABDOM COMPLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58150	TOT ABDM HYST W/WO REML TUBES, W/WO OVA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58152	TOT ABDM HYST W/WO TUBE/OVA W COLP-URETH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58180	SUPR ABDM, W/WO REML OVA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58200	TOT ABDM HYST PAR VAG W/WO TUB AND OVA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58210	RAD ABD HYST W PELVLYM/PAAO LYM W/WO TUB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58240	PELV EXT/MAL, TOT ABD HYST/CER, W/WO TUB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58260	VAG HYST, UTER 250 G OR LESS		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58262	VAG HYST, UTER 250 G OR LESS; REML TUB/		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58263	VAG HYST, UTER 250 G OR LESS; REML TUB/		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58267	VAG HYST, UTER 250 G OR LESS; W COL-URET		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58270	VAG HYST, UTER 250 G OR LESS; W REPR ENT		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58275	VAG HYST, W TOTL/PART VAGTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58280	VAG HYST, W TOTL/PART VAGTY; REPR ENTCLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58285	VAG HYST, RADICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58290	VAG HYST, UTER > 250G		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
58291	VAG HYST, UTER > 250G; REML TUB/OVA		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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58292	VAG HYST, UTER > 250G; REML TUB(S)/OVA(S		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
58294	VAG HYST, UTER > 250G; W REPR ENTCLE		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58300	INSERTION OF INTRAUTERINE DEVI		0	999	07/01/2020	12/31/9999	1	O1	44.45	B
58301	REMOVAL OF INTRAUTERINE DEVICE		0	999	07/01/2021	12/31/9999	1	O1	220.01	T
58321	ARTIFICIAL INSEMINATION; INTRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
58322	ARTIFICIAL INSEMINATION; INTRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
58323	SPERM WASHING FOR ARTIFICIAL I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
58340	CATH&INTRO SALINE/CONTRAST SIS/HSG CATH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
58345	TRANSCERVICAL INTRODUCTION OF		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58346	INSERT HEYMAN UTERI CAPSULE		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58350	*HYDROTUBATION OF OVIDUCT, IN		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58353	ENDOMETR ABLATE, THERMAL		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58356	ENDOMETRIAL CRYOABLATION		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58400	UTERINE SUSPENSION, WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58410	UTERINE SUSPENSION, WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58520	HYSTERORRHAPHY, REPAIR OF RU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58540	HYSTEROPLASTY, REPAIR OF UTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58541	LAP SURG SUPCER HYST, UTER <250		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58542	LAP SURG SUPCER HYS UTE <250 W REM TUB/O		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58543	LAP SURG, SUPCER HYST, UTER > 250G		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58544	LAP SURG, SUPCER HYST, UTER > 250G; REM		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58545	LAPAROSCOPIC MYOMECTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
58546	LAPARO-MYOMECTOMY, COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58548	LAP RAD HYS BIL LYMPHD & BIOPSY W RMV TU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58550	LAP SURG W VAG HYS UTER =<250G		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58552	LAP SURG W VAG HYS UTER =<250G REM TUB/O		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58553	LAP SURG W VAG HYS UTER > 250G		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58554	LAP SURG W VAG HYS UTER > 250G; REM TUB/		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58555	HYSTEROSCOPY, DX, SEP PROC		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58558	HYSTEROSCOPY, BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	S
58559	HYSTEROSCOPY, LYSIS		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	S
58560	HYSTEROSCOPY, RESECT SEPTUM		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	S
58561	HYSTEROSCOPY, REMOVE MYOMA		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	S
58562	HYSTEROSCOPY, REMOVE FB		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	S
58563	HYSTEROSCOPY, ABLATION		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	S
58565	HYS-SCOPE BIL TUB CANN INDU OCC PERM IMP		21	999	07/01/2021	12/31/9999	1	O1	3,446.49	S
58570	TLH, UTERUS 250 G OR LESS		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58571	TLH W/T/O 250 G OR LESS		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58572	TLH, UTERUS OVER 250 G		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58573	TLH W/T/O UTERUS OVER 250 G		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58575	LAPAROSCOPY, SURGICAL; TOTAL HYSTERECTOM		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
58578	LAPARO PROC, UTERUS		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
58579	HYSTEROSCOPE PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
58600	LIG/TRAN TUB ABDM/VAG UNIL/BILA		21	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58605	LIG/TRAN TUB ABDM/VAG, POSTPT, UN/BIL HO		21	999	09/01/2012	12/31/9999	1	O6	0.00	C
58611	LIG/TRAN TUB SAME CESA DELV/INTA SUR		21	999	09/01/2012	12/31/9999	1	O6	0.00	C
58615	OCC TUB DEVC VAG/ SUPRPUB		21	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58660	LAPAROSCOPY, LYSIS		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58661	LAPSCP SURG REM ADNEXAL STRUC		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58662	LAPAROSCOPY, EXCISE LESIONS		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58670	LAPSCP SURG FULG OVIDCTS		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58671	LAPSCP SURG OCCL OVIDT DEVICE		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58672	LAPAROSCOPY, FIMBRIOPLASTY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58673	LAPAROSCOPY, SALPINGOSTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	S
58674	LAPARO, SUGICAL, UTERINE FIBROIDS		0	999	07/01/2021	12/31/9999	1	O1	6,962.21	T
58679	UNLISTD LAP PROC, OVID OVA		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
58700	SALP, COMP/PARTL UNI/BI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58720	SALP-OOP, COMP/PART, UNI/BI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58740	LYSIS OF ADHESIONS (SALPINGO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58750	TUBOTUBAL ANASTOMOSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58752	TUBOUTERINE IMPLANTATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58760	FIMBRIOPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58770	SALPINGOSTOMY (SALPINGONEOST		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58800	DRAINAGE OF OVARIAN CYST(S),		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58805	DRAINAGE OF OVARIAN CYST(S),		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58820	OPEN DRAIN OVARY ABSCESS		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58822	DRAINAGE OF OVARIAN ABSCESS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58825	TRANSPOSITION, OVARY(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58900	BIOPSY OF OVARY, UNILATERAL		0	999	07/01/2021	12/31/9999	1	O1	2,050.29	T
58920	WEDGE RESECTION OR BISECTION		0	999	07/01/2021	12/31/9999	1	O1	5,310.42	T
58925	OVARIAN CYSTECTOMY, UNILATER		0	999	07/01/2021	12/31/9999	1	O1	3,446.49	T
58940	OOPHORECTOMY UNILAT OR BILATERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58943	OOPHR PRT/TOT UNI/BI OV TUB MALIG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58950	RESEC OV TUB MAL BI SAL-OOP/ OMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58951	RES OVAR TUBL/PERL MALIG W/HYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58952	RES OV TUBL/PERL MALIG BI SAL-OOP/ OMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58953	BI SALP-OOP OMEN TOT AB HYS/RAD DISS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58954	BI SALP-OOP OMEN TOT AB HYS/RAD PEL LYMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58956	BI SALP-OOP TOT OMENTY/ ABD HYS MALIG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58957	RESEC RECUR OV/TUB MALGNCY W/OMENTEC		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
58958	RESEC RECUR OV/TUB MALGNCY W/OMENT + LYM		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
58960	EXPLORATION OF ABDOMEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
58970	FOLLICLE PUNCTURE FOR OOCYTE R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
58974	EMBRYO TRANSFER ANY METHOD (SE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
58976	GAMETE OR ZYGOTE INTRAFALLOPIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
58999	UNLISTED PROCEDURE, FEMALE G		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
59000	AMNIOCENTESIS, DIAGNOSTIC		9	60	07/01/2021	12/31/9999	2	O1	495.07	T
59001	AMNIOCENTESIS, THERAPEUTIC		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
59012	CORDOCENTESIS (INTRAUTERINE),		9	60	07/01/2021	12/31/9999	2	O1	220.01	T
59015	CHORIONIC VILLUS SAMPLING, ANY		9	60	07/01/2021	12/31/9999	2	O1	495.07	T
59020	FETAL CONTRACTION STRESS TEST		9	60	07/01/2021	12/31/9999	4	O1	133.12	T
59025	FETAL NON-STRESS TEST		9	60	07/01/2021	12/31/9999	4	O1	133.12	T
59030	*FETAL SCALP BLOOD SAMPLING;		9	60	07/01/2021	12/31/9999	2	O1	220.01	T
59050	FETAL MONITOR W/REPORT		9	60	07/01/2020	12/31/9999	2	O1	42.13	M
59051	FETAL MONITOR/INTERPRET ONL		0	999	07/01/2020	12/31/9999	2	O1	34.85	B
59070	TRANSABD AMNIOINFUS INCL US GUID TRANS		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
59072	FETAL UMB CORD OCCL INCL US GUID FETAL		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
59074	FETAL FL DRAIN INCL ULTRASOUND GUIDFETAL		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
59076	FETAL SHNT PLCMT INCL US GUID FETAL		0	999	07/01/2021	12/31/9999	2	O1	220.01	T
59100	HYSTEROTOMY ABDOMINAL		9	60	07/01/2021	12/31/9999	1	O1	3,446.49	T
59120	TRT ECTOPIC PREG TUV/OV SALP-OOPH AB/VAG		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59121	SURGICAL TREATMENT OF ECTOPIC		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59130	SURGICAL TREATMENT OF ECTOPIC		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59136	SURGICAL TREATMENT OF ECTOPIC		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59140	SURGICAL TREATMENT OF ECTOPIC		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59150	LAPAROSCOPIC TREATMENT OF ECTO		9	60	07/01/2021	12/31/9999	1	O1	3,955.23	T
59151	LAP TRTMT ECT PREG; SALP/OOPHR		9	60	07/01/2021	12/31/9999	1	O1	3,955.23	T
59160	D&C AFTER DELIVERY		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59200	INSERT CERV DILATOR		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59300	EPISIOTOMY OR VAGINAL REPAIR,		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59320	CERCLAGE OF CERVIX, DURING PRE		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59325	CERCLAGE OF CERVIX, DURING PRE		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59350	HYSTERORRHAPHY OF RUPTURED UTE		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59400	ROUTINE OBSTETRIC CARE INCLUDI		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59409	VAGINAL DELIVERY ONLY (WITH OR		9	60	07/01/2021	12/31/9999	2	O1	2,050.29	T
59410	VAGINAL DELIVERY ONLY (WITH OR		9	60	07/01/2020	12/31/9999	1	O1	864.46	B
59412	EXTERNAL CEPHALIC VERSION, WIT		9	60	07/01/2021	12/31/9999	2	O1	2,050.29	S
59414	DELIVERY OF PLACENTA (SEPARATE		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59425	ANTEPARTUM CARE ONLY; 4-6 VISI		9	60	07/01/2020	12/31/9999	1	O1	95.90	B
59426	ANTEPARTUM CARE ONLY; 7 OR MOR		9	60	07/01/2020	12/31/9999	1	O1	97.62	B
59430	POSTPARTUM CARE ONLY (SEPARA		9	60	07/01/2020	12/31/9999	1	O1	115.64	B
59510	ROUTINE OBSTETRIC CARE INCLUDI		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59514	CAESAREAN DELIVERY ONLY;		9	60	09/01/2012	12/31/9999	2	O6	0.00	C
59515	CAESAREAN DELIVERY ONLY; INCLU		9	60	09/01/2012	12/31/9999	2	O6	0.00	E
59525	SUBTOTL HYST AFT CESA DELV		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59610	VBAC DELIVERY		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59612	VBAC DELIVERY ONLY		9	60	07/01/2021	12/31/9999	2	O1	2,050.29	T
59614	VBAC CARE AFTER DELIVERY		9	60	07/01/2020	12/31/9999	1	O1	937.78	B
59618	ATTEMPTED VBAC DELIVERY		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59620	ATTEMPTED VBAC DELIVERY ONLY		9	60	09/01/2012	12/31/9999	2	O6	0.00	C
59622	ATTEMPTED VBAC AFTER CARE		9	60	07/01/2020	12/31/9999	1	O1	1,081.00	B
59812	TREATMENT OF INCOMPLETE ABORTI		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59820	TREATMENT OF MISSED ABORTION,		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59821	TREATMENT OF MISSED ABORTION,		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59830	TREATMENT OF SEPTIC ABORTION,		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59840	INDU ABORT, DIL/CURET		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59841	INDU ABORT, DIL/EVACU		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59850	INDUC ABORT INTRA-AMNI INJ INCL HOSP ADM		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59851	INDUC ABORT, 1+ INT-AMN INJ INC HOSP ADM		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59852	INDUC ABORT, 1+ INT-AM INJ INC HOSP ADM		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59855	INDU ABORT, 1+ VAG SUPP W/WO CERV DIL		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59856	INDU ABORT, 1+ VAG SUPP W/WO CERV DIL		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59857	IND ABORT, 1+ VAG SUP W/WO CERV DIL +HYS		9	60	09/01/2012	12/31/9999	1	O6	0.00	C
59866	MULT PREG REDUC (S)		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
59870	UTERINE EVACUATION AND CURETTA		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59871	REMOVE CERCLAGE SUTURE		9	60	07/01/2021	12/31/9999	1	O1	2,050.29	T
59897	FETAL INVAS PX W/US		0	999	07/01/2021	12/31/9999	1	O1	133.12	T
59898	LAPARO PROC, OB CARE/DELIVER		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
59899	UNLISTED PROCEDURE, MATERNIT		9	60	07/01/2021	12/31/9999	1	O1	133.12	T
60000	DRAIN THYROID/TONGUE CYST		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
60100	*BIOPSY THYROID, PERCUTANEOUS		0	999	07/01/2021	12/31/9999	3	O1	486.13	T
60200	EXCISION OF CYST OR ADENOMA		0	999	07/01/2021	12/31/9999	2	O1	3,955.23	T
60210	PARTIAL EXCISION THYROID		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60212	PARTIAL THYROID EXCISION		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60220	TOTAL THYROID LOBECTOMY, UNI		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60225	TOTAL THYROID LOBECTOMY, UNI		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60240	THYROIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60252	THYROIDECTOMY, TOTAL OR SUBT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
60254	THYROIDECTOMY, TOTAL OR SUBT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60260	THYROIDECTOMY, SECONDARY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
60270	REMOVAL OF THYROID		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60271	REMOVAL OF THYROID		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
60280	EXCISION OF THYROGLOSSAL DUC		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60281	EXCISION OF THYROGLOSSAL DUCT		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60300	ASP &/OR INJ THYROID CYST		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
60500	PARATHYROIDECTOMY OR EXPLORA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
60502	PARATHYROIDWCTOMY OR EXPLORATI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
60505	PARATHYROIDECTOMY OR EXPLORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60512	AUTOTRANSPLANT, PARATHYROID		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
60520	THYMECTOMY, PARTIAL OR TOTAL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
60521	REMOVAL THYMUS GLAND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60522	REMOVAL OF THYMUS GLAND		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60540	ADRENALECTOMY, PARTIAL OR COMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60545	ADRENALECTOMY, PARTIAL OR CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60600	EXCISION OF CAROTID BODY TUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60605	EXCISION OF CAROTID BODY TUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60650	LAPAROSCOPY ADRENALECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
60659	LAPARO PROC, ENDOCRINE		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
60699	UNLISTED PROCEDURE, ENDOCRIN		0	999	07/01/2021	12/31/9999	1	O1	3,955.23	T
61000	*SUBDURAL TAP THROUGH FONTANE		0	1	07/01/2021	12/31/9999	1	O1	495.99	T
61001	*SUBDURAL TAP THROUGH FONTANE		0	1	07/01/2021	12/31/9999	1	O1	495.99	T
61020	VENTRICULAR PUNCTURE THROUGH		0	999	07/01/2021	12/31/9999	2	O1	642.83	T
61026	INJECTION INTO BRAIN CANAL		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
61050	CISTERNAL OR LATERAL CERVICAL		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
61055	CISTERNL/LAT CERV PUNCTURE		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
61070	*PUNCTURE OF SHUNT TUBING OR		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
61105	TWIST DRILL HOLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61107	TWIST DRILL HOLE SUBD INTRAC OR VENTR PU		0	999	09/01/2012	12/31/9999	2	O6	0.00	C
61108	TWIST DRILL HOLE FOR SUBDURAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61120	BURR HOLE FOR PUNCTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61140	BURR HOLE(S) OR TREPHINE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61150	BURR HOLE(S) OR TREPHINE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61151	BURR HOLE(S) OR TREPHINE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61154	BURR HOLE(S) WITH EVACUATION A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61156	BURR HOLE(S);		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61210	TWIST DRILL HOLE SUBD INTRAC OR VENTR PU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61215	INSERTION OF SUBCUTANEOUS RESE		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
61250	BURR HOLE(S) OR TREPHINE, SUPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61253	BURR HOLE(S) OR TREPHINE, IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61304	CRANIECTOMY OR CRANIOTOMY, E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61305	CRANIECTOMY OR CRANIOTOMY, E		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61312	CRANIECTOMY OR CRANIOTOMY FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61313	CRANIECTOMY OR CRANIOTOMY FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61314	CRANIECTOMY OR CRANIOTOMY FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61315	CRANIECTOMY OR CRANIOTOMY FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61316	IMPLT CRAN BONE FLAP TO ABDO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61320	CRANIECTOMY OR CRANIOTOMY, D		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61321	CRANIECTOMY OR CRANIOTOMY, D		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61322	DECOMPRESSIVE CRANIOTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61323	DECOMPRESSIVE LOBECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61330	DECOMPRESSION OF ORBIT ONLY, T		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
61333	EXPLORATION OF ORBIT (TRANSC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61340	SUBTEMPORAL DECOMPRESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61343	CRANIECTOMY, SUBOCCIPITAL WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61345	OTHER CRANIAL DECOMPRESSION,		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61450	CRANIECTOMY FOR SECTION, COM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61458	CRANIECTOMY, SUBOCCIPITAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61460	CRANIECTOMY, SUBOCCIPITAL;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61500	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61501	REMOVE INFECTED SKULL BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61510	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61512	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61514	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61516	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61517	IMPLT BRAIN CHEMOTX ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61518	CRANIECTOMY FOR EXCISION OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61519	CRANIECTOMY FOR EXCISION OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61520	CRANIECTOMY FOR EXCISION OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61521	CRANIECTOMY FOR EXCISION OF BR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61522	CRANIECTOMY, INFRATENTORIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61524	CRANIECTOMY, INFRATENTORIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61526	CRANIECTOMY, BONE FLAP CRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61530	CRANIECTOMY, BONE FLAP CRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61531	SUBDURAL IMPLANTATION OF STRIP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61533	CRANIOTOMY WITH ELEVATION OF B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61534	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61535	CRANIOTOMY WITH ELEVATION OF B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61536	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61537	CRANIOT; LOBECT TEMPORL W/O ECOG CRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61538	CRANIOT W/FLAP; LOBECTOMY TEMP LOBECRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61539	CRANIOT W/FLAP;LOBECT-NOT TEMP LOBECRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61540	CRANIOT; LOBECT NO TEMPORL NO ECOG CRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61541	CRANIECTOMY, TREPHINATION, BON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61543	CRANIOTOMY; PART HEMISPHERECTOMY CRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61544	CRANIECTOMY, TREPHINATION, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61545	CRANIECTOMY, TREPHINATION, BON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61546	CRANIOTOMY FOR HYPOPHYSECTOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61548	HYPOPHYSECTOMY OR EXCISION O		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61550	CRANIECTOMY FOR CRANIOSYNOSTOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61552	CRANIECTOMY FOR CRANIOSYNOSTOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61556	CRANIOTOMY FOR CRANIOSYNOSTOSI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61557	CRANIOTOMY FOR CRANIOSYNOSTOSI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61558	EXTENSIVE CRANIECTOMY FOR MULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61559	EXTENSIVE CRANIECTOMY FOR MULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61563	EXCISION, INTRA-AND EXTRACRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
61564	EXCISION, INTRA- AND EXTRACRAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61566	CRANIOT;SELCTV AMYGDALOHIPPOCAMPECTCRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61567	CRANIOT; MX SUBPIAL TRANSECT W/ECOGCRANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61570	CRANIECTOMY OR CRANIOTOMY; WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61571	CRANIECTOMY OR CRANIOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61575	TRANSORAL APPROACH TO SKULL BA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61576	TRANSORAL APPROACH TO SKULL BA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61580	CRANIOFACIAL APPROACH TO ANTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61581	CRANIOFACIAL APPROACH TO ANTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61582	CRANIOFACIAL APPROACH TO ANTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61583	CRANIOFACIAL APPROACH TO ANTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61584	ORBITOCRANIAL APPROACH TO ANTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61585	ORBITOCRANIAL APPROACH TO ANTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61586	RESECT NASOPHARYNX, SKULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61590	INFRATEMPORAL PRE-AURICULAR AP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61591	INFRATEMPORAL POST-AURICULAR A		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61592	ORBITOCRANIAL ZYGOMATIC APPROA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61595	TRANSTEMPORAL APPROACH TO POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61596	TRANSCOCHLEAR APPROACH TO POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61597	TRANSCONDYLAR (FAR LATERAL) AP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61598	TRANSPETROSAL APPROACH TO POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61600	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61601	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61605	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61606	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61607	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61608	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61611	TRANSECT, ARTERY, SINUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61613	OBLITERATION OF CAROTID ANEURY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61615	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61616	RESECTION OR EXCISION OF NEOPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61618	REPAIR DURA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61619	SECONDARY REPAIR OF DURA FOR C		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61623	ENDOVASC TEMPORY VESSEL OCCL		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
61624	TRANSCATH OCCLUSION, CNS		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61626	TRANSCATHETER OCCLUSION OR EMB		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
61630	INTRACRANIAL ANGIOPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61635	INTRACRAN ANGIOPLSTY W/STENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61640	DILATE IC VASOSPASM, INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
61641	DILATE IC VASOSPASM ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
61642	DILATE IC VASOSPASM ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
61645	PERQ ART M-THROMBECT &/NFS		0	999	07/01/2020	12/31/9999	1	O6	0.00	C
61650	EVASC PRLNG ADMN RX AGNT 1ST		0	999	01/01/2016	12/31/9999	1	O6	0.00	C
61651	EVASC PRLNG ADMN RX AGNT ADD		0	999	01/01/2016	12/31/9999	1	O6	0.00	C
61680	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61682	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61684	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61686	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61690	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61692	SURGERY OF INTRACRANIAL ARTERI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61697	BRAIN ANEURYSM REPR, COMPLX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61698	BRAIN ANEURYSM REPR, COMPLX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61700	BRAIN ANEURYSM REPR , SIMPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61702	SURGERY OF INTRACRANIAL ANEU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61703	SURGERY OF INTRACRANIAL ANEU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61705	SURGERY OF ANEURYSM, VASCULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61708	SURGERY OF ANEURYSM, VASCULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61710	SURGERY OF ANEURYSM, VASCULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61711	ANASTOMOSIS, ARTERIAL, EXTRACR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61720	STEREOTACTIC LESION, ANY MET		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
61735	STEREOTACTIC LESION, ANY MET		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61736	LITT ICR 1 TRAJ 1 SMPL LES		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
61737	LITT ICR MLT TRJ MLT/CPLX LS		0	999	01/01/2022	12/31/9999	1	O6	0.00	C
61750	STEREOTACTIC BIOPSY, ASPIRAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61751	BRAIN BIOPSY W/CT/MR GUIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61760	STEREOTACTIC IMPLANTATION OF D		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61770	INCISE SKULL FOR TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
61781	SCAN PROC CRANIAL INTRA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
61782	SCAN PROC CRANIAL EXTRA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
61783	SCAN PROC SPINAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
61790	STEREOTACTIC LESION OF GASSE		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
61791	CREATION OF LESION BY STEREOTA		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
61796	STEREOTAC RADIOSURG 1 SMPL CRAN		0	999	07/01/2020	12/31/9999	1	O1	812.90	B
61797	STEREOTAC RADIOSURG ADD SMPL CRAN		0	999	07/01/2020	12/31/9999	4	O1	176.53	B
61798	STEREOTAC RADIOSURG 1 CMPLX CRAN		0	999	07/01/2020	12/31/9999	1	O1	1,107.87	B
61799	STEREOTAC RADIOSURG ADD CMPLX CRAN		0	999	07/01/2020	12/31/9999	4	O1	244.03	B
61800	APPL STEROTAC HEADFRAM/RADIOSURG		0	999	07/01/2020	12/31/9999	1	O1	122.44	B
61850	TWIST DRILL OR BURR HOLE(S) FO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61860	CRANIECTOMY OR CRANIOTOMY FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61863	TWST DRL BURR CRANIOT NO REC;1 ARAYTWIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61864	TWST DRL BURR CRANIOT NO REC;EA ADDTWIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61867	TWST DRL BURR CRANIOT W/REC;1 ARRAYTWIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61868	TWST DRL BURR CRANIOT W/REC; EA ADDTWIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
61880	REVISION OR REMOVAL OF INTRACR		0	999	07/01/2021	12/31/9999	1	O1	2,559.97	T
61885	INSRT/REDO NEUROSTIM 1 ARRAY		0	999	07/01/2021	12/31/9999	1	O1	16,006.96	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
61886	IMPLANT NEUROSTIM ARRAYS		0	999	07/01/2021	12/31/9999	1	O1	23,013.79	T
61888	REVISION OR REMOVAL OF CRANIAL		0	999	07/01/2021	12/31/9999	1	O1	8,782.20	T
62000	ELEVATION OF DEPRESSED SKULL		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
62005	ELEVATION OF DEPRESSED SKULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62010	ELEVATION OF DEPRESSED SKULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62100	REPAIR BRAIN FLUID LEAKAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62115	REDUCTION OF CRANIOMEGALIC SKU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62117	REDUCTION OF CRANIOMEGALIC SKU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62120	REPAIR OF ENCEPHALOCELE, SKULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62121	CRANIOTOMY WITH REPAIR OF ENCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62140	CRANIOPLASTY FOR SKULL DEFEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62141	CRANIOPLASTY FOR SKULL DEFEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62142	REMOVAL OF BONE FLAP OR PROSTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62143	REPLACEMENT OF BONE FLAP OR PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62145	CRANIOPLASTY FOR SKULL DEFEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62146	CRANIOPLASTY WITH AUTOGRAFT (I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62147	CRANIOPLASTY WITH AUTOGRAFT (I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62148	RETR BONE FLAP TO FIX SKULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62160	NEUROENDOSCOPY ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
62161	DISSECT BRAIN W/SCOPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62162	REMOVE COLLOID CYST W/SCOPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62164	REMOVE BRAIN TUMOR W/SCOPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62165	REMOVE PITUIT TUMOR W/SCOPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62180	VENTRICULOCISTERNOSTOMY (TOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62190	CREATION OF SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62192	CREATION OF SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62194	REPLACEMENT OR IRRIGATION, S		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
62200	VENTRICULOCISTERNOSTOMY, THI		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62201	BRAIN CAVITY SHUNT W/SCOPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62220	CREATION OF SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62223	CREATION OF SHUNT;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62225	REPLACEMENT OR IRRIGATION, V		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
62230	REPLACE/REVISE BRAIN SHUNT		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
62252	CSF SHUNT REPROGRAM		0	999	07/01/2021	12/31/9999	2	O1	212.96	S
62256	REMOVE BRAIN CAVITY SHUNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62258	REMOVAL OF COMPLETE SHUNT SY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
62263	EPIDURAL LYSIS MULT SESSIONS		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62264	EPIDURAL LYSIS ON SINGLE DAY		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62267	PERCUT ASP INTERV DISC/DIAGNOSTIC		0	999	07/01/2021	12/31/9999	2	O1	486.13	T
62268	PERCUTANEOUS ASPIRATION, SPINA		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62269	BIOPSY OF SPINAL CORD, PERCUTA		0	999	07/01/2021	12/31/9999	2	O1	1,099.71	T
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC.		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
62272	SPINAL PUNCTURE, THERAPEUTIC, DRAINAGE		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
62273	TREAT EPIDURAL SPINE LESION		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
62280	TREAT SPINAL CORD LESION		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62281	INJECTION OF NEUROLYTIC SUBSTA		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62282	TREAT SPINAL CANAL LESION		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62284	INJECTION FOR MYELOGRAM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
62287	DECOMPRESSION PROC OF DISC		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
62290	INJECTION PROCEDURE FOR DISKOG		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
62291	INJECT FOR SPINE DISK X-RAY		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
62292	INJECTION PROCEDURE FOR CHEM		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
62294	INJECTION PROCEDURE, ARTERIA		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62302	MYELOGRAPHY LUMBAR INJ CERVICAL		0	999	07/01/2021	12/31/9999	1	O1	558.98	T
62303	MYELOGRAPHY LUMBAR INJ THORACIC		0	999	07/01/2021	12/31/9999	1	O1	558.98	T
62304	MYELOGRAPHY LUMBAR INJ LUMBOSACRAL		0	999	07/01/2021	12/31/9999	1	O1	558.98	T
62305	MYELOGRAPHY LUMBAR INJECTION		0	999	07/01/2021	12/31/9999	1	O1	558.98	T
62320	INJ DIAG/THER W/O GUIDE CERVICAL/THORACI		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62321	INJ DIAG/THER W GUIDE CERVICAL/THORACIC		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62322	INJ DIAG/THER W/O GUIDE LUMBAR/SACRAL		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62323	INJ DIAG/THER W GUIDE LUMBAR/SACRAL		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62324	INJ CERV/THOR W/O IMAG GUID		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62325	INJ CERV/THOR W/ IMAG GUID		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62326	INJ CERV/THOR W/CATH W/O IMAG GUID		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62327	INJ CERV/THOR W/CATH W/IMAG GUID		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
62328	DX LMBR SPI PNXR W/FLUOR/CT		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62329	THER SPI PNXR CSF FLUOR/CT		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
62350	IMPLANT SPINAL CANAL CATH		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
62351	IMPLANT SPINAL CATHETER		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
62355	REMOVE SPINAL CANAL CATHETER		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
62360	INSERT SPINE INFUSION DEVICE		0	999	07/01/2021	12/31/9999	1	O1	13,312.10	T
62361	IMPLANT SPINE INFUSION PUMP		0	999	07/01/2021	12/31/9999	1	O1	13,312.10	T
62362	IMPLANT SPINE INFUSION PUMP		0	999	07/01/2021	12/31/9999	1	O1	13,312.10	T
62365	REMOVE SPINE INFUSION DEVICE		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
62367	ANALYZE SPINE INFUSION PUMP		0	999	07/01/2021	12/31/9999	1	O1	212.96	S
62368	ANALYZE SPINE INFUSION PUMP		0	999	07/01/2021	12/31/9999	1	O1	212.96	S
62369	PROGRAM IMPL INTRATH PUMP W REFILL		0	999	07/01/2021	12/31/9999	1	O1	212.96	S
62370	PROG IMPL INTRATH PUMP W REFILL PHY		0	999	07/01/2021	12/31/9999	1	O1	212.96	S
62380	ENOD DECOMPRESS SPINAL CORD 1 SPACE LUMB		0	999	07/01/2021	12/31/9999	2	O1	4,896.68	T
63001	LAMINECTOMY WITH EXPLORATION A		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63003	LAMINECTOMY FOR DECOMPRESSIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63005	LAMINECTOMY FOR DECOMPRESSIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63011	LAMINECTOMY FOR DECOMPRESSIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63012	LAMINECTOMY WITH REMOVAL OF AB		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63015	LAMINECTOMY WITH EXPLORATION A		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
63016	LAMINECTOMY FOR DECOMPRESSIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63017	LAMINECTOMY FOR DECOMPRESSIO		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63020	LAMINOTOMY (HEMILAMINECTOMY),		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63030	LOW BACK DISK SURGERY		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63035	SPINAL DISK SURGERY ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
63040	LAMINOTOMY, SINGLE CERVICAL		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63042	LAMINOTOMY (HEMILAMINECTOMY)		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63043	LAMINOTOMY, ADDL CERVICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
63044	LAMINOTOMY, ADDL LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
63045	LAMINECTOMY, FACETECTOMY AND F		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63046	LAMINECTOMY, INCLUDING UNILATE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63047	LAMINECTOMY, INCLUDING UNILATE		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63048	REMOVE SPINAL LAMINA ADD-ON		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
63050	CERVICAL LAMINOPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63051	C-LAMINOPLASTY W/GRAFT/PLATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63052	LAM FACETC/FRMT ARTHRD LUM 1		0	999	01/01/2022	12/31/9999	1	O1	0.00	N
63053	LAM FACTC/FRMT ARTHRD LUM EA		0	999	01/01/2022	12/31/9999	4	O1	0.00	N
63055	TRANSPEDICULAR APPROACH WITH D		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63056	DECOMPRESS SPINAL CORD		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63057	DECOMPRESS SPINE CORD ADD-ON		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
63064	COSTOVERTEBRAL APPROACH WITH D		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63066	DECOMPRESS SPINE CORD ADD-ON		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
63075	DISKECTOMY, ANTERIOR, WITH DEC		0	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
63076	NECK SPINE DISK SURGERY		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
63077	DISKECTOMY, ANTERIOR, FOR DECO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63078	SPINE DISK SURGERY, THORAX		0	999	09/01/2012	12/31/9999	10	O6	0.00	C
63081	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63082	REMOVE VERTEBRAL BODY ADD-ON		0	999	09/01/2012	12/31/9999	6	O6	0.00	C
63085	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63086	REMOVE VERTEBRAL BODY ADD-ON		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
63087	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63088	REMOVE VERTEBRAL BODY ADD-ON		0	999	09/01/2012	12/31/9999	6	O6	0.00	C
63090	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63091	REMOVE VERTEBRAL BODY ADD-ON		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
63101	VERT CORPCT SC&/NRV ROOT;THOR 1 SEGVERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63102	VERT CORPCT SC&/NRV ROOT;LUMB 1 SEGVERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63103	VERT CORPCT SC&/NRV ROOT;T/L EA ADDVERT		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
63170	LAMINECTOMY WITH MYELOTOMY (EG		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63172	LAMINECTOMY WITH DRAINAGE OF I		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63173	LAMINECT DRAIN CYST;PERITON/PLEURALLAMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63185	LAMINECTOMY WITH RHIZOTOMY; ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63190	LAMINECTOMY FOR RHIZOTOMY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63191	LAMINECTOMY WITH SECTION OF SP		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63197	LAMINECTOMY FOR CORDOTOMY, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63200	LAMINECTOMY, WITH RELEASE OF T		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63250	LAMINECTOMY FOR EXCISION OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63251	LAMINECTOMY FOR EXCISION OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63252	LAMINECTOMY FOR EXCISION OF OC		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63265	LAMINECTOMY FOR EXCISION OR EV		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
63266	LAMINECTOMY FOR EXCISION OF IN		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
63267	LAMINECTOMY FOR EXCISION OF IN		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
63268	LAMINECTOMY FOR EXCISION OF IN		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
63270	LAMINECTOMY FOR EXCISION OF IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63271	LAMINECTOMY FOR EXCISION OF IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63272	LAMINECTOMY FOR EXCISION OF IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63273	LAMINECTOMY FOR EXCISION OF IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63275	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63276	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63277	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63278	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63280	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63281	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63282	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63283	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63285	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63286	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63287	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63290	LAMINECTOMY FOR BIOPSY/EXCISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63295	REPAIR OF LAMINECTOMY DEFECT		0	999	09/01/2012	12/31/9999	12	O6	0.00	C
63300	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63301	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63302	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63303	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63304	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63305	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63306	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63307	VERTEBRAL CORPECTOMY (VERTEBRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63308	REMOVE VERTEBRAL BODY ADD-ON		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
63600	STEREOTACTIC LESION OF SPINA		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
63610	STEREOTACTIC STIMULATION OF		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
63620	STEROTAC RADIOSURG 1 SPINAL		0	999	07/01/2020	12/31/9999	1	O1	897.79	B
63621	STEROTAC RADIOSURG ADDL SPINAL		0	999	07/01/2020	12/31/9999	2	O1	202.93	B
63650	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	2	O1	4,815.18	T
63655	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	1	O1	16,006.96	T
63661	REMOVE SPINE ELTRD PERQ ARAY		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T

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MISSISSIPPI DIVISION OF MEDICAID

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63662	REMOVE SPINE ELTRD PLATE		0	999	07/01/2021	12/31/9999	1	O1	2,559.97	T
63663	REVISE SPINE ELTRD PERQ ARAY		0	999	07/01/2021	12/31/9999	1	O1	4,815.18	T
63664	REVISE SPINE ELTRD PLATE		0	999	07/01/2021	12/31/9999	1	O1	8,782.20	T
63685	INSRT/REDO SPINE N GENERATOR		0	999	07/01/2021	12/31/9999	1	O1	23,013.79	T
63688	REVISION OR REMOVAL OF IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	2,559.97	T
63700	REPAIR OF MENINGOCELE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63702	REPAIR OF MENINGOCELE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63704	REPAIR OF MYELOMENINGOCELE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63706	REPAIR OF MYELOMENINGOCELE;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63707	REPAIR SPINAL FLUID LEAKAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63709	REPAIR SPINAL FLUID LEAKAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63710	DURAL GRAFT, SPINAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63740	CREATION OF SHUNT, LUMBAR, SUB		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
63741	CREATION OF SHUNT, LUMBAR, SUB		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
63744	REPLACEMENT, IRRIGATION OR R		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
63746	REMOVAL OF ENTIRE LUMBOSUBAR		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	4	O1	204.13	T
64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64408	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64415	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64416	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64417	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64418	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	2	O1	495.99	T
64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	3	O1	642.83	T
64425	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64435	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64445	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64446	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64447	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64448	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64449	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	10	O1	495.99	T
64451	NJX AA&/STRD NRV NRVTG SI JT		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64454	NJX AA&/STRD GNCLR NRV BRNCH		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64455	INJ ANES/STEROID PLAN COM DIG NERVE		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64461	PVB THORACIC SINGLE INJ SITE		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64462	PVB THORACIC 2ND+ INJ SITE		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
64463	PVB THORACIC CONT INFUSION		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64479	INJ FORAMEN EPIDURAL C/T		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64480	INJ FORAMEN EPIDURAL ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64483	INJ FORAMEN EPIDURAL L/S		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64484	INJ FORAMEN EPIDURAL ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64486	TAP BLOCK UNIL BY INJECTION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
64487	TAP BLOCK UNI BY INFUSION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
64488	TAP BLOCK BI INJECTION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
64489	TAP BLOCK BI BY INFUSION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
64490	INJ PARAVERT F JNT C/T 1 LEV		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64491	INJ PARAVERT F JNT C/T 2 LEV		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64492	INJ PARAVERT F JNT C/T 3 LEV		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64493	INJ PARAVERT F JNT L/S 1 LEV		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64494	INJ PARAVERT F JNT L/S 2 LEV		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64495	INJ PARAVERT F JNT L/S 3 LEV		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64505	*INJECTION, ANESTHETIC AGENT;		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64510	*INJECTION, ANESTHETIC AGENT;		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64517	INJ ANES AGT; SUP HYPOGASTR PLEXUS INJEC		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64520	*INJECTION, ANESTHETIC AGENT;		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64530	*INJECTION, ANESTHETIC AGENT;		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64553	PERCUTANEOUS IMPLANTATION OF		0	999	07/01/2021	12/31/9999	1	O1	8,782.20	T
64555	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	2	O1	4,815.18	T
64561	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	1	O1	4,815.18	T
64566	NEUROELTRD STIM POST TIBIAL		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64568	INC FOR VAGUS N ELECT IMPL		0	999	07/01/2021	12/31/9999	1	O1	23,013.79	T
64569	REVISE/REPL VAGUS N ELTRD		0	999	07/01/2021	12/31/9999	1	O1	8,782.20	T
64570	REMOVE VAGUS N ELTRD		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64575	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	2	O1	8,782.20	T
64580	INCISION FOR IMPLANTATION OF		0	999	07/01/2021	12/31/9999	2	O1	16,006.96	T
64581	IMPLANT NEUROELECTRODES		0	999	07/01/2021	12/31/9999	2	O1	4,815.18	T
64582	OPN MPLTJ HPGLSL NSTM ARY PG		0	999	01/01/2022	12/31/9999	1	O1	23,112.35	S
64583	REV/RPLCT HPGLSL NSTM ARY PG		0	999	01/01/2022	12/31/9999	1	O1	8,828.25	S
64584	RMVL HPGLSL NSTIM ARY PG		0	999	01/01/2022	12/31/9999	1	O1	4,477.36	S
64585	REVISION OR REMOVAL OF PERIP		0	999	07/01/2021	12/31/9999	2	O1	2,559.97	T
64590	INS/REPLC PERIPH/GASTRIC NEUROSTIM PULSE		0	999	07/01/2021	12/31/9999	1	O1	16,006.96	T
64595	REV/REM PERIPH/GASTRIC NEUROSTIM PULSE G		0	999	07/01/2021	12/31/9999	1	O1	2,559.97	T
64600	DESTRUCTION BY NEUROLYTIC AG		0	999	07/01/2021	12/31/9999	2	O1	642.83	T
64605	DESTRUCTION BY NEUROLYTIC AG		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64610	DESTRUCTION BY NEUROLYTIC AG		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64611	CHEMODENERV SALIV GLANDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
64612	DESTROY NERVE, FACE MUSCLE		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64615	CHEMODENERV MUSCL MIGRAINE		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64616	CHEMODENERV MUSCLES NECK		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64617	CHEMODENERV MUSCLES LARYNX		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64620	DESTRUCTION BY NEUROLYTIC AG		0	999	07/01/2021	12/31/9999	5	O1	642.83	T
64624	DSTRJ NULYT AGT GNCLR NR		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
64625	RF ABLTJ NRV NRVTG SI JT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64628	TRML DSTRJ IOS BVN 1ST 2 L/S		0	999	01/01/2022	12/31/9999	1	O1	9,681.53	T
64629	TRML DSTRJ IOS BVN EA ADDL		0	999	01/01/2022	12/31/9999	1	O1	0.00	N
64630	INJECTION TREATMENT OF NERVE		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64632	DESTR PLANTAR COMM DIG NERVE		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64633	DESTR PARAVERTEBRAL CERV SNGL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64634	DESTR PARAVERTEBRAL CERV EA ADD		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64635	DESTR PARAVERTEBRAL LUMB SNGL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64636	DESTR PARAVERTEBRAL LUMB EA ADD		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64640	DESTRUCTION BY NEUROLYTIC AG		0	999	07/01/2021	12/31/9999	5	O1	642.83	T
64642	CHEMODENERV ONE EXTR 1-4 MUSCLES		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64643	CHEMODENERV EA ADDL EXTR 1-4 MUSCLES		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
64644	CHEMODENERV ONE EXTR 5+		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64645	CHEMODENERV EA ADDL EXTR 5+ MUSCLES		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
64646	CHEMODENERV TRUNK 1-5 MUSCLES		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64647	CHEMODENERV TRUNK 6+ MUSCLES		0	999	07/01/2021	12/31/9999	1	O1	495.99	T
64650	CHEMODENERV ECCRINE GLANDS		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64653	CHEMODENERV ECCRINE GLANDS		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
64680	DESTRCT W/WO RAD MON; CELIAC PLEXUSDESTR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64681	DESTRUC NEURLYT;SUP HYPOGASTRC PLEXDESTR		0	999	07/01/2021	12/31/9999	1	O1	642.83	T
64702	NEUROLYSIS;		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64704	NEUROLYSIS;		0	999	07/01/2021	12/31/9999	4	O1	1,371.22	T
64708	NEUROLYSIS, MAJOR PERIPHERAL		0	999	07/01/2021	12/31/9999	3	O1	1,371.22	T
64712	NEUROLYSIS, MAJOR PERIPHERAL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64713	NEUROLYSIS, MAJOR PERIPHERAL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64714	NEUROLYSIS, MAJOR PERIPHERAL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64716	NEUROLYSIS AND/OR TRANSPOSIT		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64718	NEUROLYSIS AND/OR TRANSPOSIT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64719	NEUROLYSIS AND/OR TRANSPOSIT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64721	NEUROLYSIS AND/OR TRANSPOSIT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64722	DECOMPRESSION;		0	999	07/01/2021	12/31/9999	4	O1	1,371.22	T
64726	DECOMPRESSION;		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64727	INTERNAL NEUROLYSIS BY DISSE		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64732	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64734	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64736	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64738	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64740	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64742	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64744	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64746	TRANSECTION OR AVULSION OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64755	INCISION OF STOMACH NERVES		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64760	TRANSECTION OR AVULSION OF;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64763	TRANSECTION OR AVULSION OF OBT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64766	TRANSECTION OR AVULSION OF OBT		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64771	TRANSECTION OR AVULSION OF O		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64772	TRANSECTION OR AVULSION OF O		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64774	EXCISION OF NEUROMA;		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64776	EXCISION OF NEUROMA;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64778	DIGIT NERVE SURGERY ADD-ON		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
64782	EXCISION OF NEUROMA;		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64783	LIMB NERVE SURGERY ADD-ON		0	999	07/01/2014	12/31/9999	2	O1	0.00	N
64784	EXCISION OF NEUROMA;		0	999	07/01/2021	12/31/9999	3	O1	1,371.22	T
64786	EXCISION OF NEUROMA;		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64787	INSERTION OF PLASTIC CAP ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64788	EXCISION OF NEUROFIBROMA OR		0	999	07/01/2021	12/31/9999	5	O1	1,371.22	T
64790	EXCISION OF NEUROFIBROMA OR		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64792	EXCISION OF NEUROFIBROMA OR		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64795	BIOPSY OF NERVE		0	999	07/01/2021	12/31/9999	2	O1	1,371.22	T
64802	SYMPATHECTOMY, CERVICAL		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64804	SYMPATHECTOMY, CERVICOTHORACIC		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64809	SYMPATHECTOMY, THORACOLUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64818	SYMPATHECTOMY, LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64820	REMOVE SYMPATHETIC NERVES		0	999	07/01/2021	12/31/9999	4	O1	1,371.22	T
64821	REMOVE SYMPATHETIC NERVES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
64822	REMOVE SYMPATHETIC NERVES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
64823	REMOVE SYMPATHETIC NERVES		0	999	07/01/2021	12/31/9999	1	O1	2,212.24	T
64831	SUTURE OF DIGITAL NERVE, HAN		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64832	REPAIR NERVE ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64834	SUTURE OF ONE NERVE, HAND OR		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64835	SUTURE OF ONE NERVE, HAND OR		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64836	SUTURE OF ONE NERVE, HAND OR		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64837	REPAIR NERVE ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64840	SUTURE OF POSTERIOR TIBIAL N		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64856	SUTURE OF MAJOR PERIPHERAL N		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64857	SUTURE OF MAJOR PERIPHERAL N		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64858	SUTURE OF SCIATIC NERVE		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64859	NERVE SURGERY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64861	SUTURE OF;		0	999	07/01/2021	12/31/9999	1	O1	1,371.22	T
64862	SUTURE OF;		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64864	SUTURE OF FACIAL NERVE;		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64865	SUTURE OF FACIAL NERVE;		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64866	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64868	ANASTOMOSIS;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
64872	SUTURE OF NERVE;		0	999	07/01/2014	12/31/9999	1	O1	0.00	N

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
64874	SUTURE OF NERVE;		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64876	SUTURE OF NERVE;		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64885	NERVE GRAFT (INCLUDES OBTAININ		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64886	NERVE GRAFT (INCLUDES OBTAININ		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64890	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64891	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64892	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64893	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64895	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64896	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64897	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64898	NERVE GRAFT (INCLUDES OBTAIN		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64901	NERVE GRAFT ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64902	NERVE GRAFT ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
64905	NERVE PEDICLE TRANSFER;		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64907	NERVE PEDICLE TRANSFER;		0	999	07/01/2021	12/31/9999	1	O1	4,455.34	T
64910	NERVE REP W/SYN OR VEIN EA NERVE		0	999	07/01/2021	12/31/9999	3	O1	4,455.34	T
64911	NERVE REP W/AUTOG VEIN GRAFT EA NERVE		0	999	07/01/2021	12/31/9999	2	O1	4,455.34	T
64912	NERVE REPAIR, EACH NERVE, 1ST STRAND		0	999	07/01/2021	12/31/9999	3	O1	4,455.34	T
64913	NERVE REPAIR, EACH NERVE, ADDITIONAL STR		0	999	01/01/2018	12/31/9999	3	O1	0.00	N
64999	UNLISTED PROCEDURE, NERVOUS		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
65091	EVISCERATION OCULAR CONTENTS		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65093	EVISCERATION OCULAR CONTENTS		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65101	ENUCLEATION EYE;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65103	ENUCLEATION EYE;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65105	ENUCLEATION EYE;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65110	EXENTERATION ORBIT(DOES NOT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65112	EXENTERATION ORBIT(DOES NOT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65114	EXENTERATION OF ORBIT (DOES NO		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65125	MODIFICATION OF OCULAR IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65130	INSERTION OCULAR IMPLANT SEC		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65135	INSERTION OCULAR IMPLANT SEC		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65140	INSERTION OCULAR IMPLANT SEC		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65150	REINSERTION OCULAR IMPLANT;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65155	REINSERTION OCULAR IMPLANT;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65175	REMOVAL OCULAR IMPLANT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65205	*REMOVAL FOREIGN BODY, EXTERN		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
65210	*REMOVAL FOREIGN BODY, EXTERN		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
65220	*REMOVAL FOREIGN BODY, EXTERN		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
65222	*REMOVAL FOREIGN BODY, EXTERN		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
65235	REMOVE FOREIGN BODY FROM EYE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65260	REMOVAL FOREIGN BODY INTRAOC		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65265	REMOVAL FOREIGN BODY INTRAOC		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65270	*REPAIR LACERATION;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65272	REPAIR LACERATION;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65273	REPAIR LACERATION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
65275	REPAIR LACERATION;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65280	REPAIR LACERATION;		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65285	REPAIR LACERATION;		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65286	REPAIR OF LACERATION CONJUNCTI		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65290	REPAIR WOUND EXTRAOCULAR MUS		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65400	EXCISION LESION CORNEA (KERA		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
65410	*BIOPSY CORNEA		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65420	EXCISION OR TRANSPOSITION PT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65426	EXCISION OR TRANSPOSITION PT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65430	*SCRAPING CORNEA, DIAGNOSTIC,		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
65435	*REMOVAL CORNEAL EPITHELIUM;		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
65436	REMOVAL CORNEAL EPITHELIUM;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65450	DESTRUCTION OF LESION OF CORNE		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
65600	MULTIPLE PUNCTURES OF ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65710	KERATOPLASTY (CORNEAL TRANSPLA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65730	KERATOPLASTY (CORNEAL TRANSPLA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65750	KERATOPLASTY (CORNEAL TRANSPLA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65755	KERTOPLASTY PENETRATING (IN PS		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65756	KERATOPLASTY ENDOTHELIAL		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65757	BACKBENCH CORNEAL ENDOTHELIAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
65760	KERATOMILEUSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
65765	KERATOPHAKIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
65767	EPIKERATOPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
65770	KERATOPROSTHESIS		0	999	07/01/2021	12/31/9999	1	O1	5,733.70	T
65771	RADIAL KERATOTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
65772	CORNEAL RELAXING INCISION FOR		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
65775	CORNEAL WEDGE RESECTION FOR CO		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
65778	COVER EYE W/MEMBRANE		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
65779	COVER EYE W/MEMBRANE STENT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65780	OCULAR RECONST TRANSPLANT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65781	OCULR RECNSTR;LMBL STEM CELL ALLGFTOCULR		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65782	OCULR RECNSTR;LIMBL CONJNCT AUTOGFTOCULR		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
65785	IMPLTJ NTRSTRML CRNL RNG SEG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
65800	PARACENTESIS ANTERIOR CHAMBE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65810	PARACENTESIS ANTERIOR CHAMBE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65815	PARACENTESIS ANTERIOR CHAMBE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65820	GONIOTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65850	TRABECULOTOMY AB EXTERNO		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65855	TRABECULOPLASTY LASER SURG		0	999	07/01/2021	12/31/9999	1	O1	393.82	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
65860	SEVERING ADHESIONS OF ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
65865	SEVERING ADHESIONS ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65870	SEVERING ADHESIONS ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65875	SEVERING ADHESIONS ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65880	SEVERING ADHESIONS ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
65900	REMOVE EYE LESION		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65920	REMOVE IMPLANT OF EYE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
65930	REMOVE BLOOD CLOT FROM EYE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66020	INJECTION TREATMENT OF EYE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66030	*INJECTION, ANTERIOR CHAMBER		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66130	EXCISION LESION SCLERA		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
66150	FISTULIZATION SCLERA FOR GLA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66155	FISTULIZATION SCLERA FOR GLA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66160	FISTULIZATION SCLERA FOR GLA		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66170	FISTULIZATION OF SCLERA FOR GL		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66172	FISTULIZATION OF SCLERA FOR GL		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66174	TRANSLUM DIL EYE CANAL		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66175	TRNSLUM DIL EYE CANAL W/STNT		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66179	AQUEOUS SHUNT EYE W/O GRAFT		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66180	AQUEOUS SHUNT EYE W/GRAFT		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66183	INSERT ANET AQUEOUS DRAIN DEV		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66184	REVISION OF AQUEOUS SHUNT		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66185	REVISE AQUEOUS SHUNT EYE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66225	REPAIR SCLERAL STAPHYLOMA;		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66250	REVISION OR REPAIR OPERATIVE		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
66500	IRIDOTOMY BY STAB INCISION (		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66505	IRIDOTOMY BY STAB INCISION (		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66600	IRIDECTOMY, WITH CORNEOSCLER		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66605	IRIDECTOMY, WITH CORNEOSCLER		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66625	IRIDECTOMY, WITH CORNEOSCLER		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66630	IRIDECTOMY, WITH CORNEOSCLER		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66635	IRIDECTOMY, WITH CORNEOSCLER		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66680	REPAIR OF IRIS, CILIARY BODY		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66682	SUTURE OF IRIS, CILIARY BODY		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66700	CYCLODIATHERMY;		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66710	CILIARY TRANSSLERAL THERAPY		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
66711	INJECTION(S), ANESTHETIC AGENT(S) AND/OR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	S
66720	CYCLOCRYOTHERAPY;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
66740	CYCLODIALYSIS;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
66761	REVISION OF IRIS		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
66762	IRIDOPLASTY BY PHOTOCOAGULATIO		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
66770	DESTRUCTION OF CYST OR LESIO		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
66820	DISCISSION OF SECONDARY MEMBRA		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66821	DISCISSION OF SECONDARY MEMBRA		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
66825	REPOSITIONING OF INTRAOCULAR L		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66830	REMOVAL OF SECONDARY MEMBRANOU		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66840	REMOVAL OF LENS MATERIAL;		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66850	REMOVAL OF LENS MATERIAL;		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66852	REMOVAL OF LENS MATERIAL; PARS		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66920	REMOVAL OF LENS MATERIAL; INTR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66930	EXTRACTION LENS WITH OR WITH		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66940	REMOVAL OF LENS MATERIAL; EXTR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66983	INTRACAP CATARACT EXTRACTION W		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSE		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66985	INSERTION OF INTRAOCULAR LENS		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66986	EXCHANGE OF INTRAOCULAR LENS		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
66987	CATARACT SURGERY, COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66988	CATARACT SURGERY		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
66989	XCPSL CTRC RMVL CPLX INSJ 1+		0	999	01/01/2022	12/31/9999	1	O1	4,250.50	S
66990	OPHTHALMIC ENDOSCOPE ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
66991	XCAPSL CTRC RMVL INSJ 1+		0	999	01/01/2022	12/31/9999	1	O1	4,250.50	S
66999	UNLISTED PROCEDURE, ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67005	REMOVAL OF VITREOUS, ANTERIO		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67010	REMOVAL OF VITREOUS, ANTERIOR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67015	ASPIRATION OR RELEASE OF VIT		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67025	INJECTION OF VITREOUS SUBSTITU		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67027	IMPLANT EYE DRUG SYSTEM		0	999	07/01/2021	12/31/9999	1	O1	11,731.31	T
67028	INTRAVITREAL INJECTION OF A PH		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
67030	DISCISSION OF VITREOUS STRAN		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67031	SEVERING OF VITREOUS STRANDS,		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67036	VITRECTOMY, MECHANICAL, PARS P		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67039	VITRECTOMY, MECHANICAL, WITH F		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67040	VITRECTOMY, MECHANICAL, PARS P		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67041	VIT FOR MACULAR PUCKER		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67042	VIT FOR MACULAR HOLE		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67043	VIT FOR MEMBRANE DISSECT		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67101	REPAIR RETINAL DETACH CRYOTHERAPY		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67105	REP RETINAL DETACH PHOTOCOAGULATION		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67107	REPAIR DETACHED RETINA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67108	REPAIR DETACHED RETINA		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67110	REPAIR OF RETINAL DETACHMENT,		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67113	REPAIR RETINAL DETACH CPLX		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67115	RELEASE OF ENCIRCLING MATERIAL		0	999	07/01/2021	12/31/9999	1	O1	3,062.10	T
67120	REMOVAL IMPLANTED MATERIAL,		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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67121	REMOVAL OF IMPLANTED MATERIAL,		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67141	PROPHYLAXIS OF RETINAL DETACHM		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67145	PROPHYLAXIS OF RETINAL DETACHM		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67208	TREATMENT OF RETINAL LESION		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67210	TREATMENT OF RETINAL LESION		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67218	DESTRUCTION OF LOCALIZED LES		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67220	TREATMENT OF CHOROID LESION		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67221	OCULAR PHOTODYNAMIC THER		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67225	EYE PHOTODYNAMIC THER ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67227	DSTRJ EXTENSIVE RETINOPATHY		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67228	TREATMENT X10SV RETINOPATHY		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67229	TR RETINAL LES PRETERM INF		0	999	07/01/2021	12/31/9999	1	O1	393.82	T
67250	SCLERAL REINFORCEMENT (SEPAR		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67255	SCLERAL REINFORCEMENT (SEPAR		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67299	UNLISTED PROCEDURE, POSTERIO		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
67311	REVISE EYE MUSCLE		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67312	STRABISMUS SURGERY, RECESSION		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67314	STRABISMUS SURGERY, RECESSION		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67316	STRABISMUS SURGERY, RECESSION		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67318	REVISE EYE MUSCLE(S)		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67320	REVISE EYE MUSCLE(S) ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67331	EYE SURGERY FOLLOW-UP ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67332	REREVISE EYE MUSCLES ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67334	REVISE EYE MUSCLE W/SUTURE		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67335	EYE SUTURE DURING SURGERY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67340	REVISE EYE MUSCLE ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
67343	RELEASE OF EXTENSIVE SCAR TISS		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67345	CHEMODENERVATION OF EXTRAOCULA		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67346	BIOP EXTRAOCULAR MUS		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67399	UNLISTED PROC EXTRAOCULAR MUSCLE		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67400	ORBITOTOMY WITHOUT BONE FLAP (		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67405	ORBITOTOMY WITHOUT BONE FLAP		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67412	ORBITOTOMY WITHOUT BONE FLAP		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67413	ORBITOTOMY WITHOUT BONE FLAP		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67414	ORBITOTOMY WITHOUT BONE FLAP (		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67415	FINE NEEDLE ASPIRATION OF ORBI		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67420	ORBITOTOMY WITH BONE FLAP OR W		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67430	ORBITOTOMY WITH BONE FLAP, L		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67440	ORBITOTOMY WITH BONE FLAP OR W		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67445	ORBITOTOMY WITH BONE FLAP OR W		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67450	ORBITOTOMY WITH BONE FLAP, L		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67500	*RETROBULBAR INJECTION;		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67505	RETROBULBAR INJECTION;		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67515	INJECT/TREAT EYE SOCKET		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67550	ORBITAL IMPLANT (IMPLANT OUT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67560	ORBITAL IMPLANT (IMPLANT OUT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67570	OPTIC NERVE DECOMPRESSION (EG,		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67599	UNLISTED PROCEDURE, ORBIT		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67700	*BLEPHAROTOMY, DRAINAGE ABSCE		0	999	07/01/2021	12/31/9999	2	O1	204.22	T
67710	*SEVERING TARSORRHAPHY		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
67715	*CANTHOTOMY (SEPARATE PROCEDU		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67800	EXCISION CHALAZION;		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67801	EXCISION CHALAZION;		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
67805	EXCISION CHALAZION;		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67808	EXCISION CHALAZION;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67810	*BIOPSY EYELID		0	999	07/01/2021	12/31/9999	2	O1	204.22	T
67820	*CORRECTION TRICHIASIS;		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
67825	*CORRECTION TRICHIASIS;		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
67830	CORRECTION TRICHIASIS;		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
67835	CORRECTION TRICHIASIS;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67840	*EXCISION OF LESION OF EYELID		0	999	07/01/2021	12/31/9999	3	O1	632.73	T
67850	*DESTRUCTION OF LESION OF LID		0	999	07/01/2021	12/31/9999	3	O1	632.73	T
67875	TEMPORARY CLOSURE OF EYELIDS B		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
67880	CONSTRUCTION INTERMARGINAL A		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67882	CONSTRUCTION INTERMARGINAL A		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67900	REPAIR OF BROW PTOSIS (SUPRACI		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67901	REPAIR EYELID DEFECT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67902	REPAIR EYELID DEFECT		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67903	REPAIR OF BLEPHAROPTOSIS; (TAR		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67904	REPAIR OF BLEPHAROPTOSIS; (TAR		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67906	REPAIR OF BLEPHAROPTOSIS; SUPE		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67908	REPAIR OF BLEPHAROPTOSIS; CONJ		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67909	REDUCTION OF OVERCORRECTION OF		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67911	CORRECTION OF LID RETRACTION		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67912	CORR LAGOPHTHALMOS IMPL UP EYELD CORR		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67914	REPAIR ECTROPION;		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67915	REPAIR ECTROPION;		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67916	REPAIR ECTROPION; EXC TARSAL WEDGE REPAI		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67917	REPAIR OF ECTROPION; EXTENSIVE REPAI		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67921	REPAIR ENTROPION;		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67922	REPAIR ENTROPION;		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67923	REPAIR ENTROPION; EXC TARSAL WEDGE REPAI		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67924	REPAIR OF ENTROPION; EXTENSIVE REPAI		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67930	SUTURE RECENT WOUND, EYELID,		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67935	SUTURE RECENT WOUND, EYELID,		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
67938	REMOVAL EMBEDDED FOREIGN BOD		0	999	07/01/2021	12/31/9999	2	O1	204.22	T
67950	CANTHOPLASTY (RECONSTRUCTION		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67961	EXCISION AND REPAIR EYELID,		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67966	EXCISION AND REPAIR EYELID,		0	999	07/01/2021	12/31/9999	2	O1	1,565.04	T
67971	RECONSTRUCTION EYELID FULL T		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67973	RECONSTRUCTION EYELID FULL T		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67974	RECONSTRUCTION EYELID FULL T		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
67975	RECONSTRUCTION EYELID FULL T		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
67999	UNLISTED PROCEDURE, EYELIDS		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68020	INCISION CONJUNCTIVA, DRAINA		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
68040	EXPRESSION CONJUNCTIVAL FOLL		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68100	BIOPSY CONJUNCTIVA		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68110	EXCISION LESION CONJUNCTIVA;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68115	EXCISION LESION CONJUNCTIVA;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68130	EXCISION LESION CONJUNCTIVA;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68135	*DESTRUCTION LESION CONJUNCTI		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68200	*SUBCONJUNCTIVAL INJECTION		0	999	07/01/2021	12/31/9999	1	O1	211.21	T
68320	CONJUNCTIVOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68325	CONJUNCTIVOPLASTY;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68326	CONJUNCTIVOPLASTY, RECONSTRU		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68328	CONJUNCTIVOPLASTY, RECONSTRU		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68330	REPAIR SYMBLEPHARON;		0	999	07/01/2021	12/31/9999	1	O1	1,625.07	T
68335	REPAIR SYMBLEPHARON;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68340	REPAIR SYMBLEPHARON;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68360	CONJUNCTIVAL FLAP;		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68362	CONJUNCTIVAL FLAP;		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68371	HARV CONJUNCT ALLOGFT LIVING DONR HARVE		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
68399	UNLISTED PROCEDURE, CONJUNCT		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68400	INCISION, DRAINAGE LACRIMAL		0	999	07/01/2021	12/31/9999	1	O1	632.73	T
68420	INCISION, DRAINAGE LACRIMAL		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68440	*SNIP INCISION LACRIMAL PUNCT		0	999	07/01/2021	12/31/9999	2	O1	204.22	T
68500	EXCISION OF LACRIMAL GLAND (		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68505	EXCISION OF LACRIMAL GLAND (		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68510	BIOPSY LACRIMAL GLAND		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68520	EXCISION OF LACRIMAL SAC (DA		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68525	BIOPSY OF LACRIMAL SAC		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68530	REMOVAL OF FOREIGN BODY OR D		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68540	EXCISION OF LACRIMAL GLAND T		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68550	EXCISION OF LACRIMAL GLAND T		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68700	PLASTIC REPAIR CANALICULI		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68705	CORRECTION EVERTED PUNCTUM,		0	999	07/01/2021	12/31/9999	2	O1	204.22	T
68720	DACRYOCYSTORHINOSTOMY (FISTU		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68745	CONJUNCTIVORHINOSTOMY (FISTU		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68750	CONJUNCTIVORHINOSTOMY (FISTU		0	999	07/01/2021	12/31/9999	1	O1	2,583.53	T
68760	CLOSURE OF THE LACRIMAL PUNCTU		0	999	07/01/2021	12/31/9999	4	O1	204.22	T
68761	CLOSURE OF THE LACRIMAL PUNCTU		0	999	07/01/2021	12/31/9999	4	O1	204.22	T
68770	CLOSURE LACRIMAL FISTULA (SE		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68801	DILATE TEAR DUCT OPENING		0	999	07/01/2021	12/31/9999	4	O1	211.21	T
68810	PROBE NASOLACRIMAL DUCT		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68811	PROBE NASOLACRIMAL DUCT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68815	PROBE NASOLACRIMAL DUCT		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68816	PROBE NL DUCT W/BALLOON		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	T
68840	*PROBING LACRIMAL CANALICULI,		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
68841	INSJ RX ELUT IMPLT LAC CANAL		0	999	01/01/2022	12/31/9999	1	O1	250.35	S
68850	*INJECTION CONTRAST MEDIUM FO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
68899	UNLISTED PROCEDURE, LACRIMAL		0	999	07/01/2021	12/31/9999	1	O1	204.22	T
69000	*DRAINAGE EXTERNAL EAR, ABSCE		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
69005	DRAINAGE EXTERNAL EAR, ABSCE		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
69020	*DRAINAGE EXTERNAL AUDITORY C		0	999	07/01/2021	12/31/9999	1	O1	486.13	T
69090	EAR PIERCING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
69100	BIOPSY EXTERNAL EAR		0	999	07/01/2021	12/31/9999	3	O1	165.39	T
69105	BIOPSY EXTERNAL AUDITORY CAN		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69110	EXCISION EXTERNAL EAR;		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
69120	EXCISION EXTERNAL EAR;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69140	EXCISION EXOSTOSIS(ES), EXTE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69145	EXCISION SOFT TISSUE LESION,		0	999	07/01/2021	12/31/9999	1	O1	1,852.39	T
69150	RADICAL EXCISION EXTERNAL AU		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69155	RADICAL EXCISION EXTERNAL AU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
69200	REMOVAL FOREIGN BODY FROM EX		0	999	07/01/2021	12/31/9999	1	O1	87.50	T
69205	REMOVAL FOREIGN BODY FROM EX		0	999	07/01/2021	12/31/9999	1	O1	1,099.71	T
69209	REMOVE IMPACTED EAR WAX UNI		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
69210	REMOVAL IMPACTED CERUMEN (SE		0	999	07/01/2021	12/31/9999	1	O1	43.50	T
69220	DEBRIDEMENT, MASTOIDECTOMY CAV		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
69222	DEBRIDEMENT, MASTOIDECTOMY CAV		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
69300	OTOPLASTY PROTRUDING EAR, WI		5	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69310	REBUILD OUTER EAR CANAL		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69320	RECONSTRUCTION EXTERNAL AUDI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69399	UNLISTED PROCEDURE, EXTERNAL		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
69420	*MYRINGOTOMY INCLUDING ASPIRA		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
69421	MYRINGOTOMY INCLUDING ASPIRATI		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69424	REMOVE VENTILATING TUBE		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69433	TYMPANOSTOMY (REQUIRING INSERT		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
69436	TYMPANOSTOMY (REQUIRING INSERT		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69440	MIDDLE EAR EXPLORATION THROU		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69450	TYMPANOLYSIS, TRANSCANAL		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
69501	TRANSMASTOID ANTROTOMY ("SI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69502	MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69505	MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69511	MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69530	PETROUS APICECTOMY INCLUDING		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69535	RESECTION TEMPORAL BONE, EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
69540	EXCISION AURAL POLYP		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69550	EXCISION AURAL GLOMUS TUMOR;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69552	EXCISION AURAL GLOMUS TUMOR;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69554	EXCISION AURAL GLOMUS TUMOR;		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
69601	REVISION MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69602	REVISION MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69603	REVISION MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69604	REVISION MASTOIDECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69610	TYMPANIC MEMB REPR W/WO SITE PREP TYMPA		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69620	MYRINGOPLASTY (SURGERY CONFI		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69631	TYMPANOPLASTY WITHOUT MASTOI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69632	TYMPANOPLASTY WITHOUT MASTOI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69633	TYMPANOPLASTY WITHOUT MASTOI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69635	TYMPANOPLASTY WITH ANTROTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69636	TYMPANOPLASTY WITH ANTROTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69637	TYMPANOPLASTY WITH ANTROTOMY		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69641	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69642	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69643	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69644	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69645	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69646	TYMPANOPLASTY WITH MASTOIDEC		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69650	STAPES MOBILIZATION		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69660	STAPEDECTOMY OR STAPEDOTOMY WI		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69661	STAPEDECTOMY WITH REESTABLIS		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69662	REVISION OF STAPEDECTOMY OR ST		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69666	REPAIR OVAL WINDOW FISTULA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69667	REPAIR ROUND WINDOW FISTULA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69670	MASTOID OBLITERATION (SEPARA		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69676	TYMPANIC NEURECTOMY		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69700	CLOSURE POSTAURICULAR FISTUL		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69705	NPS SURG DILAT EUST TUBE UNI		0	999	01/01/2021	12/31/9999	1	O1	3,975.25	T
69706	NPS SURG DILAT EUST TUBE BI		0	999	01/01/2021	12/31/9999	1	O1	3,975.25	T
69710	IMPLANTATION OR REPLACEMENT OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
69711	REMOVAL OR REPAIR OF ELECTROMA		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69714	IMPLANT TEMPLE BONE W/STIMUL		5	999	07/01/2021	12/31/9999	1	O1	9,625.20	T
69716	IMPLTJ OI IMPLT SKL TC ESP		0	999	01/01/2022	12/31/9999	1	O1	9,681.53	S
69717	TEMPLE BONE IMPLANT REVISION		5	999	07/01/2021	12/31/9999	1	O1	4,896.68	T
69719	REVJ/RPLCMT OI IMPLT TC ESP		0	999	01/01/2022	12/31/9999	1	O1	9,681.53	S
69720	DECOMPRESSION FACIAL NERVE,		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69725	DECOMPRESSION FACIAL NERVE,		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69726	RMVL OI IMPLT SKL PERQ ESP		0	999	01/01/2022	12/31/9999	1	O1	2,223.54	S
69727	RMVL OI IMPLT SKL TC ESP		0	999	01/01/2022	12/31/9999	1	O1	2,223.54	S
69740	SUTURE FACIAL NERVE, INTRATE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69745	SUTURE FACIAL NERVE, INTRATE		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69799	UNLISTED PROCEDURE, MIDDLE E		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
69801	INCISE INNER EAR		0	999	07/01/2021	12/31/9999	1	O1	1,057.34	T
69805	ENDOLYMPHATIC SAC OPERATION;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69806	ENDOLYMPHATIC SAC OPERATION;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69905	LABYRINTHECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69910	LABYRINTHECTOMY;		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69915	VESTIBULAR NERVE SECTION, TR		0	999	07/01/2021	12/31/9999	1	O1	2,138.76	T
69930	COCHLEAR DEVICE IMPLANTATION,		0	999	07/01/2021	12/31/9999	1	O1	26,908.52	T
69949	UNLISTED PROCEDURE, INNER EA		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
69950	VESTIBULAR NERVE SECTION, TR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
69955	TOTAL FACIAL NERVE DECOMPRES		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69960	DECOMPRESSION INTERNAL AUDIT		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69970	REMOVAL OF TUMOR		0	999	07/01/2021	12/31/9999	1	O1	3,975.25	T
69979	UNLISTED PROCEDURE, TEMPORAL		0	999	07/01/2021	12/31/9999	1	O1	165.39	T
69990	MICROSURGERY ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
70010	CONTRAST X-RAY OF BRAIN		0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70015	CONTRAST X-RAY OF BRAIN		0	999	07/01/2021	12/31/9999	1	O1	558.98	S
70030	X-RAY EYE FOR FOREIGN BODY		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
70100	X-RAY EXAM OF JAW		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
70110	X-RAY EXAM OF JAW		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
70120	X-RAY EXAM OF MASTOIDS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70130	X-RAY EXAM OF MASTOIDS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70134	X-RAY EXAM OF MIDDLE EAR		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
70140	X-RAY EXAM OF FACIAL BONES		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
70150	X-RAY EXAM OF FACIAL BONES		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70160	X-RAY EXAM OF NASAL BONES		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70170	X-RAY EXAM OF TEAR DUCT		0	999	07/01/2021	12/31/9999	2	O1	179.87	S
70190	X-RAY EXAM OF EYE SOCKETS		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70200	X-RAY EXAM OF EYE SOCKETS		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
70210	X-RAY EXAM OF SINUSES		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70220	X-RAY EXAM OF SINUSES		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70240	X-RAY EXAM, PITUITARY SADDLE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70250	RAD EXAM SKULL; LESS THAN 4 VIEWS RADIO		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
70260	RAD EXAM SKULL; CMPL MINI 4 VIEWS RADIO		0	999	07/01/2021	12/31/9999	1	O1	85.17	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
70300	X-RAY EXAM OF TEETH		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70310	X-RAY EXAM OF TEETH		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70320	FULL MOUTH X-RAY OF TEETH		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70328	X-RAY EXAM OF JAW JOINT		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70330	X-RAY EXAM OF JAW JOINTS		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70332	X-RAY EXAM OF JAW JOINT		0	999	07/01/2021	12/31/9999	2	O1	179.87	S
70336	MAGNETIC IMAGE, JAW JOINT	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70350	X-RAY HEAD FOR ORTHODONTIA		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70355	PANORAMIC X-RAY OF JAWS		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70360	X-RAY EXAM OF NECK		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
70370	THROAT X-RAY & FLUOROSCOPY		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
70371	SPEECH EVALUATION, COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70380	X-RAY EXAM OF SALIVARY GLAND		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
70390	X-RAY EXAM OF SALIVARY DUCT		0	999	07/01/2021	12/31/9999	2	O1	179.87	S
70450	CT HEAD/BRAIN W/O DYE	Y	0	999	07/01/2021	12/31/9999	3	O1	85.17	S
70460	CT HEAD/BRAIN W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70470	CT HEAD/BRAIN W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
70480	CT ORBIT/EAR/FOSSA W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70481	CT ORBIT/EAR/FOSSA W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70482	CT ORBIT/EAR/FOSSA W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70486	CT MAXILLOFACIAL W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70487	CT MAXILLOFACIAL W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70488	CT MAXILLOFACIAL W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70490	CT SOFT TISSUE NECK W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
70491	CT SOFT TISSUE NECK W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70492	CT SFT TSUE NCK W/O & W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70496	CT HEAD W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
70498	CT NECK W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
70540	MRI ORBIT FACE &/OR NECK WO CONTRAST	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70542	MRI ORBIT/FACE/NECK W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70543	MRI ORBT/FAC/NCK W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70544	MR ANGIOGRAPHY HEAD W/O DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	179.87	S
70545	MR ANGIOGRAPHY HEAD W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70546	MR ANGIOGRAPH HEAD W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70547	MR ANGIOGRAPHY NECK W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70548	MR ANGIOGRAPHY NECK W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70549	MR ANGIOGRAPH NECK W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
70551	MRI BRAIN W/O DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	179.87	S
70552	MRI BRAIN W/DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
70553	MRI BRAIN W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
70554	MRI BRAIN FUNC INCL REP BODY PART MOVEME	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70555	MRI BRAIN FUNC INCL REP BODY PART MOVEME	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
70557	MRI BRAIN DUR INTRACRAN; NO CONTRSTMRI B		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
70558	MRI BRAIN DUR INTRACRAN; W/CONTRST MRI B		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
70559	MRI BRAIN; NO CONTRST FLWED CONTRSTMRI B		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
71045	RADIOLOGIC EXAM, CHEST; SINGLE		0	999	07/01/2021	12/31/9999	4	O1	63.23	S
71046	RADIOLOGIC EXAM, CHEST; 2		0	999	07/01/2021	12/31/9999	3	O1	63.23	S
71047	RADIOLOGIC EXAM, CHEST; 3		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
71048	RADIOLOGIC EXAM, CHEST; 4 PLUS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
71100	X-RAY EXAM OF RIBS		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
71101	X-RAY EXAM OF RIBS/CHEST		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
71110	X-RAY EXAM OF RIBS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
71111	X-RAY EXAM OF RIBS/ CHEST		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
71120	X-RAY EXAM OF BREASTBONE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
71130	X-RAY EXAM OF BREASTBONE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
71250	CT THORAX W/O DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	85.17	S
71260	CT THORAX W/DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
71270	CT THORAX W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
71271	CT THORAX LUNG CANCER SCR C-	Y	55	80	01/01/2021	12/31/9999	1	O1	63.23	S
71275	CT CHEST W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
71550	MRI CHEST W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
71551	MRI CHEST W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	558.98	S
71552	MRI CHEST W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
71555	MRI ANGIO CHEST W OR W/O DYE	Y	0	999	07/01/2020	12/31/9999	1	O1	306.42	B
72020	X-RAY EXAM OF SPINE		0	999	07/01/2021	12/31/9999	4	O1	63.23	S
72040	X-RAY EXAM OF NECK SPINE		0	999	07/01/2021	12/31/9999	3	O1	63.23	S
72050	X-RAY EXAM OF NECK SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72052	X-RAY EXAM OF NECK SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72070	X-RAY EXAM OF THORACIC SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72072	X-RAY EXAM OF THORACIC SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72074	X-RAY EXAM OF THORACIC SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72080	X-RAY EXAM THORACOLMB 2/> VW		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
72081	X-RAY EXAM ENTIRE SPI 1 VW		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
72082	X-RAY EXAM ENTIRE SPI 2/3 VW		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72083	X-RAY EXAM ENTIRE SPI 4/5 VW		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72084	X-RAY EXAM ENTIRE SPI 6/> VW		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72100	X-RAY EXAM OF LOWER SPINE		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
72110	X-RAY EXAM OF LOWER SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72114	X-RAY EXAM OF LOWER SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72120	X-RAY EXAM OF LOWER SPINE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72125	CT NECK SPINE W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72126	CT NECK SPINE W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
72127	CT NECK SPINE W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
72128	CT CHEST SPINE W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
72129	CT CHEST SPINE W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
73700	CT LOWER EXTREMITY W/O DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	85.17	S
73701	CT LOWER EXTREMITY W/DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
73702	CT LWR EXTREMITY W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
73706	CT LOWER EXTREMITY W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	2	O1	139.56	S
73718	MRI LOWER EXTREMITY W/O DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	179.87	S
73719	MRI LOWER EXTREMITY W/DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
73720	MRI LWR EXTREMITY W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
73721	MRI JOINT OF LWR EXTRE W/O D	Y	0	999	07/01/2021	12/31/9999	3	O1	179.87	S
73722	MRI JOINT OF LWR EXTR W/DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	558.98	S
73723	MRI JOINT LWR EXTR W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
73725	MR ANG LWR EXT W OR W/O DYE	Y	0	999	07/01/2020	12/31/9999	2	O1	308.41	B
74018	RADIOLOGIC EXAM, AB, 1 VIEW		0	999	07/01/2021	12/31/9999	3	O1	63.23	S
74019	RADIOLOGIC EXAM, AB 2 VIEWS		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
74021	RADIOLOGIC EXAM, AB 3 PLUS		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
74022	RADIOLOGIC EXAMINATION, COMPLETE ACUTE A		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
74150	CT ABDOMEN W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
74160	CT ABDOMEN W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74170	CT ABDOMEN W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74174	CTO ANGIO ABDOMEN PELVIS	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
74175	CT ABDOMEN W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74176	CT ANGIO ABD & PELVIS	Y	0	999	07/01/2021	12/31/9999	2	O1	179.87	S
74177	CT ANGIO ABD&PELV W/CONTRAST	Y	0	999	07/01/2021	12/31/9999	2	O1	287.72	S
74178	CT ANGIO ABD & PELV 1+ REGNS	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
74181	MRI ABDOMEN W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
74182	MRI ABDOMEN W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
74183	MRI ABDOMEN W/O&W DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
74185	MRI ANGIO, ABDOM W OR W/O DY	Y	0	999	07/01/2020	12/31/9999	1	O1	309.16	B
74190	X-RAY EXAM OF PERITONEUM		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
74210	RADIOLOGIC EXAMINATION, PHARYNX AND/OR C		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74220	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLU		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74221	X-RAY XM ESOPHAGUS 2CNTRST		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74230	RADIOLOGIC EXAMINATION, SWALLOWING FUNCT		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74235	REMOVE ESOPHAGUS OBSTRUCTION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74240	RADIOLOGIC EXAMINATION, UPPER GASTROINTE		0	999	07/01/2021	12/31/9999	2	O1	139.56	S
74246	RADIOLOGIC EXAMINATION, UPPER GASTROINTE		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74248	X-RAY SM INT F-THRU STD		0	999	01/01/2020	12/31/9999	1	O1	0.00	N
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74261	CT COLONOGRAPHY, W/O DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	85.17	S
74262	CT COLONOGRAPHY, W/DYE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74263	CT COLONOGRAPHY, SCREEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
74270	RADIOLOGIC EXAMINATION, COLON		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74280	RADIOLOGIC EXAMINATION, COLON		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74283	CONTRAST X-RAY EXAM OF COLON		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74290	CONTRAST X-RAY, GALLBLADDER		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74300	X-RAY BILE DUCTS/PANCREAS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74301	X-RAYS AT SURGERY ADD-ON		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
74328	XRAY BILE DUCT ENDOSCOPY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74329	X-RAY FOR PANCREAS ENDOSCOPY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74330	X-RAY BILE/PANC ENDOSCOPY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74340	X-RAY GUIDE FOR GI TUBE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74355	X-RAY GUIDE, INTESTINAL TUBE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74360	X-RAY GUIDE, GI DILATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
74363	X-RAY, BILE DUCT DILATION		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
74400	CONTRST X-RAY, URINARY TRACT		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74410	CONTRST X-RAY, URINARY TRACT		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74415	CONTRST X-RAY, URINARY TRACT		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
74420	CONTRST X-RAY, URINARY TRACT		0	999	07/01/2021	12/31/9999	2	O1	287.72	S
74425	CONTRST X-RAY, URINARY TRACT		0	999	07/01/2021	12/31/9999	2	O1	287.72	S
74430	CONTRAST X-RAY, BLADDER		0	999	07/01/2021	12/31/9999	1	O1	287.72	S
74440	X-RAY, MALE GENITAL TRACT		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
74445	X-RAY EXAM OF PENIS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
74450	X-RAY, URETHRA/BLADDER		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
74455	X-RAY, URETHRA/BLADDER		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
74470	X-RAY EXAM OF KIDNEY LESION		0	999	07/01/2021	12/31/9999	2	O1	377.42	S
74485	X-RAY GUIDE, GU DILATION		0	999	07/01/2021	12/31/9999	2	O1	1,401.39	S
74710	X-RAY MEASUREMENT OF PELVIS		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
74712	MRI FETAL SNGL/1ST GESTATION	Y	9	60	07/01/2021	12/31/9999	1	O1	179.87	S
74713	MRI FETAL EA ADDL GESTATION	Y	9	60	01/01/2016	12/31/9999	1	O1	0.00	N
74740	X-RAY, FEMALE GENITAL TRACT		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
74742	X-RAY, FALLOPIAN TUBE		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
74775	X-RAY EXAM OF PERINEUM		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
75557	CARDIA MRI FOR MORPH	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
75559	CARDIAC MRI W/STRESS IMG	Y	0	999	07/01/2021	12/31/9999	1	O1	377.42	S
75561	CARDIA MRI FOR MORPH W & W/O CONTR	Y	0	999	07/01/2021	12/31/9999	1	O1	287.72	S
75563	CARDIAC MRI W/STRESS IMG W & W/O CONTR	Y	0	999	07/01/2021	12/31/9999	1	O1	558.98	S
75565	CARD MRI VEL FLW MAP ADD-ON	Y	0	999	09/01/2012	12/31/9999	1	O1	0.00	N
75571	CT HRT W/O DYE W/CA TEST		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
75572	CT HRT W/3D IMAGE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
75573	CT HRT W/3D IMAGE, CONGEN	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
75574	CT ANGIO HRT W/3D IMAGE	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
75600	CONTRAST X-RAY EXAM OF AORTA		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75605	CONTRAST X-RAY EXAM OF AORTA		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	S
75625	CONTRAST X-RAY EXAM OF AORTA		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75630	X-RAY AORTA, LEG ARTERIES		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
75635	CT ABD AORTA & BILAT ILIOFEM W/CONTR	Y	0	999	07/01/2021	12/31/9999	1	O1	139.56	S
75705	ARTERY X-RAYS, SPINE		0	999	07/01/2021	12/31/9999	20	O1	3,728.52	S
75710	ARTERY X-RAYS, ARM/LEG		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	S
75716	ARTERY X-RAYS, ARMS/LEGS		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75726	ARTERY X-RAYS, ABDOMEN		0	999	07/01/2021	12/31/9999	3	O1	3,728.52	S
75731	ARTERY X-RAYS, ADRENAL GLAND		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75733	ARTERY X-RAYS, ADRENALS		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75736	ARTERY X-RAYS, PELVIS		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	S
75741	ARTERY X-RAYS, LUNG		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75743	ARTERY X-RAYS, LUNGS		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75746	ARTERY X-RAYS, LUNG		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75756	ARTERY X-RAYS, CHEST		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	S
75774	ARTERY X-RAY, EACH VESSEL		0	999	09/01/2012	12/31/9999	3	O1	0.00	N
75801	LYMPH VESSEL X-RAY, ARM/LEG		0	999	07/01/2021	12/31/9999	1	O1	423.33	S
75803	LYMPH VESSEL X-RAY,ARMS/LEGS		0	999	07/01/2021	12/31/9999	1	O1	1,099.04	S
75805	LYMPH VESSEL X-RAY, TRUNK		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75807	LYMPH VESSEL X-RAY, TRUNK		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75809	NONVASCULAR SHUNT, X-RAY		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
75810	VEIN X-RAY, SPLEEN/LIVER		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75820	VEIN X-RAY, ARM/LEG		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
75822	VEIN X-RAY, ARMS/LEGS		0	999	07/01/2021	12/31/9999	1	O1	1,099.04	S
75825	VEIN X-RAY, TRUNK		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75827	VEIN X-RAY, CHEST		0	999	07/01/2021	12/31/9999	1	O1	1,099.04	S
75831	VEIN X-RAY, KIDNEY		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75833	VEIN X-RAY, KIDNEYS		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75840	VEIN X-RAY, ADRENAL GLAND		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75842	VEIN X-RAY, ADRENAL GLANDS		0	999	07/01/2021	12/31/9999	1	O1	3,728.52	S
75860	VENGRPH VNUS SINUS/JUG CATH RAD S&IVENOG		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	S
75870	VEIN X-RAY, SKULL		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75872	VEIN X-RAY, SKULL		0	999	07/01/2021	12/31/9999	1	O1	423.33	S
75880	VEIN X-RAY, EYE SOCKET		0	999	07/01/2021	12/31/9999	1	O1	423.33	S
75885	VEIN X-RAY, LIVER		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75887	VEIN X-RAY, LIVER		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75889	VEIN X-RAY, LIVER		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75891	VEIN X-RAY, LIVER		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	S
75893	VENOUS SAMPLING BY CATHETER		0	999	07/01/2021	12/31/9999	2	O1	3,728.52	S
75894	X-RAYS, TRANSCATH THERAPY		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
75898	FOLLOW-UP ANGIOGRAPHY		0	999	07/01/2021	12/31/9999	2	O1	2,236.67	S
75901	REMOVE CVA DEVICE OBSTRUCT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
75902	REMOVE CVA LUMEN OBSTRUCT		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
75956	XRAY, ENDOVASC THOR AO REPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
75957	XRAY, ENDOVASC THOR AO REPR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
75958	XRAY, PLACE PROX EXT THOR AO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
75959	XRAY, PLACE DIST EXT THOR AO		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
75970	VASCULAR BIOPSY		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
75984	CHG PERCUT TUBE/DRAIN CATH		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
75989	ABSCESS DRAINAGE UNDER X-RAY		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
76000	FLUOROSCOPE EXAMINATION		0	999	07/01/2021	12/31/9999	3	O1	179.87	S
76010	X-RAY, NOSE TO RECTUM		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
76080	X-RAY EXAM OF FISTULA		0	999	07/01/2021	12/31/9999	3	O1	377.42	S
76098	X-RAY EXAM, BREAST SPECIMEN		0	999	07/01/2021	12/31/9999	3	O1	377.42	S
76100	X-RAY EXAM OF BODY SECTION		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76120	CINE/VIDEO X-RAYS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76125	CINE/ VIDEO X-RAYS ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76140	X-RAY CONSULTATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
76145	MED PHYSIC DOS EVAL RAD EXPS		0	999	01/01/2021	12/31/9999	1	O1	99.16	S
76376	3D RENDER W/O POSTPROCESS		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
76377	3D RENDERING W/POSTPROCESS		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
76380	CAT SCAN FOLLOW-UP STUDY	Y	0	999	07/01/2021	12/31/9999	2	O1	63.23	S
76390	MR SPECTROSCOPY	Y	0	999	07/01/2021	12/31/9999	1	O1	63.23	S
76391	MR ELASTOGRAPHY	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
76496	FLUOROSCOPIC PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
76497	CT PROCEDURE	Y	0	999	07/01/2021	12/31/9999	1	O1	63.23	S
76498	MRI PROCEDURE	Y	0	999	07/01/2021	12/31/9999	1	O1	63.23	S
76499	RADIOGRAPHIC PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
76506	ECHOENCEPHALOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76510	OPHTH US, B & QUANTA		0	999	07/01/2021	12/31/9999	2	O1	87.50	S
76511	OPHTH US, QUANT A ONLY		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76512	OPHTH US, B W/NON-QUANT A		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76513	ECHO EXAM OF EYE, WATER BATH		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76514	ECHO OPTHALM CORNEAL PACHY UNI/BI		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
76516	ECHO EXAM OF EYE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76519	ECHO EXAM OF EYE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76529	ECHO EXAM OF EYE		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
76536	ULTRASOUND HEAD AND NECK REAL TIME		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76604	ULTRASOUND CHEST REAL TIME		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76641	ULTRASOUND BREAST COMPLETE		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76642	ULTRASOUND BREAST LIMITED		0	999	07/01/2021	12/31/9999	2	O1	63.23	S
76700	ULTRASOUND ABDOMINAL REAL TIME COMPLETE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76705	US EXAM, ABDOM, LIMITED		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76706	ULTRASOUND; ABDOMINAL AROTA		65	999	07/01/2021	12/31/9999	1	O1	85.17	S
76770	ULTRASOUND RETROPERITONEAL REAL TIME COM		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76775	US EXAM ABDO BACK WALL, LIM		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76776	ULTRASOUND TRANSPL KIDNEY REAL TIME		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76800	US EXAM, SPINAL CANAL		0	999	07/01/2021	12/31/9999	1	O1	85.17	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
76801	OB US < 14 WKS, SINGLE FETUS		9	60	07/01/2021	12/31/9999	1	O1	85.17	S
76802	OB US < 14 WKS, ADDL FETUS		9	60	07/01/2020	12/31/9999	2	O1	0.00	N
76805	OB US >/= 14 WKS, SNGL FETUS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76810	OB US >/= 14 WKS, ADDL FETUS		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
76811	OB US, DETAILED, SNGL FETUS		9	60	07/01/2021	12/31/9999	1	O1	179.87	S
76812	OB US, DETAILED, ADDL FETUS		9	60	07/01/2020	12/31/9999	2	O1	0.00	N
76813	ULTRASOUND PREG UTERUS 1ST TRIMES SNGL G		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76814	ULTRASOUND PREG UTERUS EA ADDL GEST		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
76815	OB US, LIMITED, FETUS(S)		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76816	OB US, FOLLOW-UP, PER FETUS		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76817	TRANSVAGINAL US, OBSTETRIC		9	60	07/01/2021	12/31/9999	1	O1	85.17	S
76818	FETAL BIOPHY PROFILE W/NST		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76819	FETAL BIOPHYS PROFIL W/O NST		9	60	07/01/2021	12/31/9999	3	O1	85.17	S
76820	UMBILICAL ARTERY ECHO		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76821	MIDDLE CEREBRAL ARTERY ECHO		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76825	ECHO EXAM OF FETAL HEART		0	999	07/01/2021	12/31/9999	3	O1	377.42	S
76826	ECHO EXAM OF FETAL HEART		0	999	07/01/2021	12/31/9999	3	O1	179.87	S
76827	ECHO EXAM OF FETAL HEART		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76828	ECHO EXAM OF FETAL HEART		0	999	07/01/2021	12/31/9999	3	O1	85.17	S
76830	US EXAM, TRANSVAGINAL		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76831	SIS INCL COLOR DOPPLER WHEN PRFRMEDSIS I		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
76856	ULTRASOUND PELVIC (NON-OB) REAL TIME COM		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76857	US EXAM, PELVIC, LIMITED		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76870	US EXAM, SCROTUM		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76872	ULTRASOUND TRANSRECTAL; ULTRA		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76873	US TRNSREC; PROSTATE TX PLAN-SP US TR		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76881	US XTR NON-VASC COMPLETE		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76882	US XTR NON-VASC LMTD		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
76885	US EXAM INFANT HIPS, DYNAMIC		0	1	07/01/2021	12/31/9999	1	O1	63.23	S
76886	US EXAM INFANT HIPS, STATIC		0	1	07/01/2021	12/31/9999	1	O1	63.23	S
76932	ECHO GUIDE FOR HEART BIOPSY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76936	ECHO GUIDE FOR ARTERY REPAIR		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
76937	US GUID VASC ACSS SITE PERM REC&RPTUS GU		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
76940	ULTRASOUND GUID PARENCHYMAL TISS ABL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76941	ECHO GUIDE FOR TRANSFUSION		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
76942	ECHO GUIDE FOR BIOPSY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76945	ECHO GUIDE, VILLUS SAMPLING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76946	ECHO GUIDE FOR AMNIOCENTESIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76948	ECHO GUIDE, OVA ASPIRATION		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
76965	ECHO GUIDANCE RADIOTHERAPY		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
76975	GI ENDOSCOPIC ULTRASOUND		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
76977	US BONE DENSITY MEASURE		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
76978	US TRGT DYN MBUBB 1ST LES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
76979	US TRGT DYN MBUBB EA ADDL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
76981	USE PARENCHYMA		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
76982	USE 1ST TARGET LESION		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
76983	USE EA ADDL TARGET LESION		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
76998	ULTRASONIC GUID INTRAOP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
76999	ECHO EXAMINATION PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
77001	FLUOR GUID CV ACCESS DEV PLACEMENT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77002	FLUOR GUID NEEDLE PLACEMENT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77003	FLUOROGUIDE FOR SPINE INJECT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77011	CT GUID STEROTAC LOCAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77012	CT GUID NEEDLE PLACE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77013	CT GUID PARENCHYMAL TISS ABL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77014	CT GUID PLACE RAD THPY FLDS		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
77021	MR GUID NEEDLE PLACE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77022	MR GUID PARENCHYMAL TISS ABL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77046	MRI BREAST C- UNILATERAL	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
77047	MRI BREAST C- BILATERAL	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
77048	MRI BREAST C-+ W/CAD UNI	Y	0	999	07/01/2020	12/31/9999	1	O1	311.01	B
77049	MRI BREAST C-+ W/CAD BI	Y	0	999	07/01/2020	12/31/9999	1	O1	318.82	B
77053	MAMMARY DUCTOGRAM SINGLE		0	999	07/01/2021	12/31/9999	2	O1	179.87	S
77054	MAMMARY DUCTOGRAM MULTIPLE		0	999	07/01/2021	12/31/9999	2	O1	179.87	S
77061	TOMOSYNTHESIS UNILATERAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
77062	TOMOSYNTHESIS BILATERAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
77063	SCREEN TOMOSYNTHESIS BILAT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
77065	DIAGNOSTIC MAMMOGRAPHY CAD UNILATERAL		0	999	07/01/2020	12/31/9999	1	O1	107.66	A
77066	DIAGNOSTIC MAMMOGRAPHY CAD BILATERAL		0	999	07/01/2020	12/31/9999	1	O1	135.66	A
77067	SCREEN MAMMOGRAPHY 2 VIEW CAD BILATERAL		0	999	07/01/2020	12/31/9999	1	O1	109.68	A
77071	JOINT RADIOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
77072	BONE AGE STUDIES		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77073	BONE LENGTH STUDIES		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77074	RAD EXAM OSSEOUS LIMITED		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77075	RAD EXAM OSSEOUS COMPL		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77076	RAD EXAM OSSEOUS INFANT		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77077	JOINT SURVEY SINGLE 2+		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77078	CT BONE MINERAL DENISTY AXIAL	Y	0	999	07/01/2021	12/31/9999	1	O1	63.23	S
77080	DXA BONE DENS AXIAL		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
77081	DXA BONE DENS APPEND		0	999	07/01/2021	12/31/9999	1	O1	63.23	S
77084	MRI BONE MAR BLOOD SPLY	Y	0	999	07/01/2021	12/31/9999	1	O1	179.87	S
77085	DXA VERTEBRAL FRAC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
77086	VERTEBRAL FRAC ASSESSMNT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
77089	TBS DXA CAL W/I&R FX RISK		0	999	01/01/2022	12/31/9999	1	O1	32.29	M
77090	TBS TECHL PREP&TRANSMIS DATA		0	999	01/01/2022	12/31/9999	1	O1	63.51	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
77091	TBS TECHL CALCULATION ONLY		0	999	01/01/2022	12/31/9999	1	O1	63.51	S
77092	TBS I&R FX RSK QHP		0	999	01/01/2022	12/31/9999	1	O1	8.80	M
77261	RADIATION THERAPY PLANNING		0	999	07/01/2020	12/31/9999	1	O1	60.89	B
77262	RADIATION THERAPY PLANNING		0	999	07/01/2020	12/31/9999	1	O1	92.42	B
77263	RADIATION THERAPY PLANNING		0	999	07/01/2020	12/31/9999	1	O1	144.23	B
77280	SET RADIATION THERAPY FIELD		0	999	07/01/2021	12/31/9999	2	O1	99.16	S
77285	SET RADIATION THERAPY FIELD		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77290	SET RADIATION THERAPY FIELD		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77293	RESPIRATORY MOTION MGMT SIM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
77295	SET RADIATION THERAPY FIELD		0	999	07/01/2021	12/31/9999	1	O1	986.52	S
77299	RADIATION THERAPY PLANNING		0	999	07/01/2021	12/31/9999	1	O1	99.16	S
77300	RADIATION THERAPY DOSE PLAN		0	999	07/01/2021	12/31/9999	10	O1	99.16	S
77301	RADIOLTHERAPY DOS PLAN, IMRT		0	999	07/01/2021	12/31/9999	1	O1	986.52	S
77306	TELETHERAPY ISODOSE SMPL		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77307	TELETHERAPY ISODOSE CPLX		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77316	BRACHYTHER SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77317	BRACHYTHER INTERMEDIATE		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77318	BRACHYTHER COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77321	RADIATION THERAPY PORT PLAN		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77331	SPECIAL RADIATION DOSIMETRY		0	999	07/01/2021	12/31/9999	3	O1	99.16	S
77332	RADIATION TREATMENT AID(S)		0	999	07/01/2021	12/31/9999	4	O1	99.16	S
77333	RADIATION TREATMENT AID(S)		0	999	07/01/2021	12/31/9999	2	O1	99.16	S
77334	RADIATION TREATMENT AID(S)		0	999	07/01/2021	12/31/9999	10	O1	264.71	S
77336	RADIATION PHYSICS CONSULT		0	999	07/01/2021	12/31/9999	1	O1	99.16	S
77338	DESIGN MLC DEVICE FOR IMRT		0	999	07/01/2021	12/31/9999	1	O1	264.71	S
77370	RADIATION PHYSICS CONSULT		0	999	07/01/2021	12/31/9999	1	O1	99.16	S
77371	SRS, MULTISOURCE		0	999	07/01/2021	12/31/9999	1	O1	6,075.18	S
77372	RAD TRT DEL CRANIAL-LINEAR ACC		0	999	07/01/2021	12/31/9999	1	O1	6,075.18	S
77373	STEREOT BODY RAD DEL PER FRAC		0	999	07/01/2021	12/31/9999	1	O1	1,355.09	S
77385	IMRT SIMPLE		0	999	07/01/2021	12/31/9999	2	O1	424.06	S
77386	IMRT COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	424.06	S
77387	RAD TRMT DEL		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
77399	EXTERNAL RADIATION DOSIMETRY		0	999	07/01/2021	12/31/9999	1	O1	99.16	S
77401	RAD TRMT DEL PER DAY		0	999	07/01/2021	12/31/9999	1	O1	94.22	S
77402	RAD TRMT DEL SIMPLE		0	999	07/01/2021	12/31/9999	2	O1	94.22	S
77407	RAD TRMT DEL INTERMED		0	999	07/01/2021	12/31/9999	2	O1	188.90	S
77412	RAD TRMT DEL COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	188.90	S
77417	RADIOLOGY PORT IMAGES(S)		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
77423	NEUTRON BEAM TX, COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77424	INTRAOP RAD TRT X-RAY, SNGL SESS		0	999	07/01/2021	12/31/9999	1	O1	6,075.18	S
77425	INTRAOP RAD TRT ELECTRN SNGL SESS		0	999	07/01/2021	12/31/9999	1	O1	6,075.18	S
77427	RADIATION TX MANAGEMENT, X5		0	999	07/01/2020	12/31/9999	1	O1	32.38	B
77431	RADIATION THERAPY MANAGEMENT		0	999	07/01/2020	12/31/9999	1	O1	89.72	B
77432	STERO RAD TRT CRANIAL LESIONS		0	999	07/01/2020	12/31/9999	1	O1	363.38	B
77435	STEREOT BODY RAD MGMT PER COURSE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
77469	INTRAOP RAD TRT HEPAT SNGL SESS		0	999	07/01/2020	12/31/9999	1	O1	271.22	B
77470	SPECIAL RADIATION TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77499	RADIATION THERAPY MANAGEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
77520	PROTON TRMT, SIMPLE W/O COMP		0	999	07/01/2021	12/31/9999	2	O1	424.06	S
77522	PROTON TRMT, SIMPLE W/COMP		9	60	07/01/2021	12/31/9999	2	O1	1,014.45	S
77523	PROTON TRMT, INTERMEDIATE		0	999	07/01/2021	12/31/9999	2	O1	1,014.45	S
77525	PROTON TREATMENT, COMPLEX		0	999	07/01/2021	12/31/9999	2	O1	1,014.45	S
77600	HYPERTHERMIA TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	188.90	S
77605	HYPERTHERMIA TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	553.73	S
77610	HYPERTHERMIA TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77615	HYPERTHERMIA TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77620	HYPERTHERMIA TREATMENT		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77750	INFUSE RADIOACTIVE MATERIALS		0	999	07/01/2021	12/31/9999	1	O1	188.90	S
77761	APPLY INTRCAV RADIAT SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77762	APPLY INTRCAV RADIAT INTERM		0	999	07/01/2021	12/31/9999	1	O1	424.06	S
77763	APPLY INTRCAV RADIAT COMPL		0	999	07/01/2021	12/31/9999	1	O1	553.73	S
77767	HDR RDNCL SKN SURF BRACHYTX		0	999	07/01/2021	12/31/9999	2	O1	188.90	S
77768	HDR RDNCL SKN SURF BRACHYTX		0	999	07/01/2021	12/31/9999	2	O1	188.90	S
77770	HDR RDNCL NTRSTL/ICAV BRCHTX		0	999	07/01/2021	12/31/9999	2	O1	553.73	S
77771	HDR RDNCL NTRSTL/ICAV BRCHTX		0	999	07/01/2021	12/31/9999	2	O1	553.73	S
77772	HDR RDNCL NTRSTL/ICAV BRCHTX		0	999	07/01/2021	12/31/9999	2	O1	553.73	S
77778	APPLY INTERSTIT RADIAT COMPL		0	999	07/01/2021	12/31/9999	1	O1	553.73	S
77789	LOW DOSE RATE RADIONUCLIDE		0	999	07/01/2021	12/31/9999	2	O1	94.22	S
77790	RADIATION HANDLING		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
77799	RADIUM/RADIOISOTOPE THERAPY		0	999	07/01/2021	12/31/9999	1	O1	94.22	S
78012	THYROID UPTAKE MEASUREMENT		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78013	THYROID IMAGING W/BLOOD FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78014	THYROID IMAGING W/BLOOD FLOW SINGL/MULTI		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78015	THYROID MET IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78016	THYROID MET IMAGING/STUDIES		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78018	THYROID MET IMAGING, BODY		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78020	THYROID MET UPTAKE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
78070	PARATHYROID NUCLEAR IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78071	PARATHYRD PLANAF W/WO SUBTR		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78072	PARATHYRD PLANAR W/SPECT & CT		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78075	ADRENAL NUCLEAR IMAGING		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78099	ENDOCRINE NUCLEAR PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78102	BONE MARROW IMAGING, LTD		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78103	BONE MARROW IMAGING, MULT		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78104	BONE MARROW IMAGING, BODY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
78110	PLASMA VOLUME, SINGLE		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78111	PLASMA VOLUME, MULTIPLE		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78120	RED CELL MASS, SINGLE		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78121	RED CELL MASS, MULTIPLE		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78122	BLOOD VOLUME		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78130	RED CELL SURVIVAL STUDY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78140	RED CELL SEQUESTRATION		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78185	SPLEEN IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78191	PLATELET SURVIVAL		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78195	LYMPH SYSTEM IMAGING		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78199	BLOOD/LYMPH NUCLEAR EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78201	LIVER IMAGING		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78202	LIVER IMAGING WITH FLOW		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78215	LIVER AND SPLEEN IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78216	LIVER & SPLEEN IMAGE/FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78226	HEPATOBILIARY SYS IMAG		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78227	HEPATOBILIARY SYS IMAG QUANTATV		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78230	SALIVARY GLAND IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78231	SERIAL SALIVARY IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78232	SALIVARY GLAND FUNCTION EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78258	ESOPHAGEAL MOTILITY STUDY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78261	GASTRIC MUCOSA IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78262	GASTROESOPHAGEAL REFLUX EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78264	GASTRIC EMPTYING IMAGING STUDY;		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78265	GASTRIC EMPTYING IMAG STUDY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78266	GASTRIC EMPTYING IMAG STUDY		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78267	BREATH TST ATTAIN/ANAL C-14		0	999	07/01/2019	12/31/9999	1	O1	9.95	A
78268	BREATH TEST ANALYSIS, C-14		0	999	07/01/2019	12/31/9999	1	O1	84.97	A
78278	ACUTE GI BLOOD LOSS IMAGING		0	999	07/01/2021	12/31/9999	2	O1	294.75	S
78282	GI PROTEIN LOSS EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78290	MECKELS DIVERT EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78291	LEVEEN/SHUNT PATENCY EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78299	GI NUCLEAR PROCEDURE		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78300	BONE IMAGING, LIMITED AREA		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78305	BONE IMAGING, MULTIPLE AREAS		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78306	BONE IMAGING, WHOLE BODY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78315	BONE IMAGING, 3 PHASE		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78350	BONE MINERAL, SINGLE PHOTON		0	999	07/01/2013	12/31/9999	10	O6	0.00	E
78351	BONE MINERAL, DUAL PHOTON		0	999	07/01/2013	12/31/9999	10	O6	0.00	E
78399	MUSCULOSKELETAL NUCLEAR EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78414	NON-IMAGING HEART FUNCTION		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78428	CARDIAC SHUNT IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78429	MYOCRD IMG PET 1 STD W/CT	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78430	MYOCRD IMG PET RST/STRS W/CT	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78431	MYOCRD IMG PET RST&STRS CT	Y	0	999	07/01/2020	12/31/9999	1	O1	2,250.50	S
78432	MYOCRD IMG PET 2RTRACER	Y	0	999	07/01/2020	12/31/9999	1	O1	2,750.50	S
78433	MYOCRD IMG PET 2RTRACER CT	Y	0	999	07/01/2020	12/31/9999	1	O1	2,750.50	S
78434	AQMBF PET REST & RX STRESS	Y	0	999	01/01/2020	12/31/9999	1	O1	0.00	N
78445	VASCULAR FLOW IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78451	HT MUSCLE IMAGE SPECT, SING	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78452	HT MUSCLE IMAGE SPECT, MULT	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78453	HT MUSCLE IMAGE,PLANAR,SING	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78454	HT MUSC IMAGE, PLANAR, MULT	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78456	ACUTE VENOUS THROMBUS IMAGE		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78457	VENOUS THROMBOSIS IMAGING		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78458	VEN THROMBOSIS IMAGES, BILAT		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78459	MYOCARDIAL IMAGING, PET EVALUATION	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78466	HEART INFARCT IMAGE	Y	0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78468	HEART INFARCT IMAGE (EF)	Y	0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78469	HEART INFARCT IMAGE (3D)		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78472	GATED HEART, PLANAR, SINGLE	Y	0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78473	GATED HEART, MULTIPLE	Y	0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78481	HEART FIRST PASS, SINGLE	Y	0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78483	HEART FIRST PASS, MULTIPLE	Y	0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78491	MYOCARDIAL IMAGING, PET PERFUSION	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78492	MYOCARDIAL IMAGING, PET PERFUSION	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78494	HEART IMAGE, SPECT	Y	0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78496	HEART FIRST PASS ADD-ON	Y	0	999	09/01/2012	12/31/9999	1	O1	0.00	N
78499	CARDIOVASCULAR NUCLEAR EXAM	Y	0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78579	PULMON VENT IMAG		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78580	LUNG PERFUSION IMAGING		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78582	PULMON VENTPERF IMAG		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78597	QUANTIT DIFF PULMON PERF		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78598	QUANTIT DIFF PULMON PERF & VENT		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78599	RESPIRATORY NUCLEAR EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78600	BRAIN IMG >4 STATIC VIEWS		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78601	BRAIN IMG >4 STATIC VIEWS W/VAS FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78605	BRAIN IMG MIN 4 STATIC VIEWS		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78606	BRAIN IMG MIN 4 STATIC VIEWS W/VAS FLOW		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78608	BRAIN IMAGING (PET)	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78609	BRAIN IMAGING (PET)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
78610	BRAIN FLOW IMAGING ONLY		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78630	CEREBROSPINAL FLUID SCAN		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78635	CSF VENTRICULOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78645	CSF SHUNT EVALUATION		0	999	07/01/2021	12/31/9999	1	O1	382.51	S

Mississippi Division of Medicaid
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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
78650	CSF LEAKAGE IMAGING		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78660	NUCLEAR EXAM OF TEAR FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78699	NERVOUS SYSTEM NUCLEAR EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78700	KIDNEY IMAGING MORPHOLOGY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78701	KIDNEY IMAGING WITH FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78707	KIDNEY IMAG ; SNGL STUDY WO PHARM		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78708	KIDNEY IMAG; SNGL STUDY W PHARM		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78709	KIDNEY IMAG; MULTI STUD W/WO PHARM		0	999	07/01/2021	12/31/9999	1	O1	382.51	S
78725	KIDNEY FUNCTION STUDY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78730	URIN BLADDER RES STUDY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
78740	URETERAL REFLUX STUDY		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78761	TESTIC IMAG W VASC FLOW		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78799	GENITOURINARY NUCLEAR EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78808	INJ RADIOPHARM PROBE STUDY IV		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
78811	PET LIMITED AREA	Y	0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78812	PET SKULL BASE-MIDTHIGH	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78813	PET WHOLE BODY	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78814	PET CONC CT LIMITED AREA	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78815	PET CONC CT SKULL BASE-MIDTHIGH	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78816	PET CONC CT WHOLE BODY	Y	0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78830	RP LOCLZJ TUM SPECT W/CT 1		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78831	RP LOCLZJ TUM SPECT 2 AREAS		0	999	07/01/2021	12/31/9999	1	O1	1,020.72	S
78832	RP LOCLZJ TUM SPECT W/CT 2		0	999	07/01/2021	12/31/9999	1	O1	1,157.03	S
78835	RP QUAN MEAS SINGLE AREA		0	999	01/01/2020	12/31/9999	1	O1	0.00	N
78999	NUCLEAR DIAGNOSTIC EXAM		0	999	07/01/2021	12/31/9999	1	O1	294.75	S
79005	NUCLEAR RX, ORAL ADMIN		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79101	NUCLEAR RX, IV ADMIN		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79200	NUCLEAR RX, INTRACAV ADMIN		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79300	NUCLR RX, INTERSTIT COLLOID		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79403	RADOPHARM TX MA IV INFUSION RADOP		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79440	NUCLEAR RX, INTRA-ARTICULAR		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79445	NUCLEAR RX, INTRA-ARTERIAL		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
79999	NUCLEAR MEDICINE THERAPY		0	999	07/01/2021	12/31/9999	1	O1	195.11	S
80047	BASIC MET PANEL (CALCIUM IONIZED)		0	999	07/01/2020	12/31/9999	2	O1	12.36	A
80048	BASIC MET PANEL (CALCIUM TOT)		0	999	07/01/2020	12/31/9999	2	O1	7.61	A
80050	GENERAL HEALTH PANEL GENER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
80051	ELECTROLYTE PANEL		0	999	07/01/2020	12/31/9999	4	O1	6.31	A
80053	COMPREHEN METABOLIC PANEL		0	999	07/01/2020	12/31/9999	1	O1	9.50	A
80055	OBSTETRIC PANEL		9	60	07/01/2020	12/31/9999	1	O1	43.03	A
80061	LIPID PANEL THIS PANEL MUST IN		0	999	07/01/2020	12/31/9999	1	O1	12.05	A
80069	RENAL FUNCTION PANEL		0	999	07/01/2020	12/31/9999	1	O1	7.81	A
80074	ACUTE HEPATITIS PANEL ACUTE		0	999	07/01/2020	12/31/9999	1	O1	42.87	A
80076	HEPATIC FUNCTION PANEL		0	999	07/01/2020	12/31/9999	1	O1	7.35	A
80081	OBSTETRIC PANEL		9	60	07/01/2020	12/31/9999	1	O1	67.37	A
80143	DRUG ASSAY ACETAMINOPHEN		0	999	01/01/2021	12/31/9999	2	O1	16.78	A
80145	ADALIMUMAB		0	999	01/01/2020	12/31/9999	1	O1	34.71	A
80150	AMIKACIN		0	999	07/01/2020	12/31/9999	2	O1	13.57	A
80151	DRUG ASSAY AMIODARONE		0	999	01/01/2021	12/31/9999	1	O1	16.78	A
80155	CAFFINE DRUG ASSAY		0	999	07/01/2019	12/31/9999	1	O1	34.71	A
80156	ASSAY, CARBAMAZEPINE, TOTAL		0	999	07/01/2020	12/31/9999	2	O1	13.11	A
80157	ASSAY, CARBAMAZEPINE, FREE		0	999	07/01/2020	12/31/9999	2	O1	11.93	A
80158	CYCLOSPORINE		0	999	07/01/2020	12/31/9999	2	O1	16.25	A
80159	CLOZAPINE DRUG ASSAY		0	999	07/01/2020	12/31/9999	2	O1	18.14	A
80161	ASY CARBAMAZEPIN 10,11-EPXID		0	999	01/01/2021	12/31/9999	1	O1	16.78	A
80162	DIGOXIN; TOTAL		0	999	07/01/2020	12/31/9999	2	O1	11.95	A
80163	DIGOXIN; FREE		0	999	07/01/2020	12/31/9999	1	O1	11.95	A
80164	VALPROIC ACID; TOTAL		0	999	07/01/2020	12/31/9999	2	O1	12.19	A
80165	VALPROIC ACID; FREE		0	999	07/01/2020	12/31/9999	1	O1	12.19	A
80167	DRUG ASSAY FELBAMATE		0	999	01/01/2021	12/31/9999	1	O1	16.78	A
80168	ETHOSUXIMIDE		0	999	07/01/2020	12/31/9999	2	O1	14.71	A
80169	EVEROLIMUS DRUG ASSAY		0	999	07/01/2020	12/31/9999	2	O1	12.36	A
80170	GENTAMICIN		0	999	07/01/2020	12/31/9999	2	O1	14.74	A
80171	GABAPENTIN		0	999	07/01/2019	12/31/9999	1	O1	19.50	A
80173	ASSAY OF HALOPERIDOL		0	999	07/01/2020	12/31/9999	2	O1	14.20	A
80175	LAMOTRIGINE DRUG ASSAY		0	999	07/01/2020	12/31/9999	1	O1	11.93	A
80176	LIDOCAINE		0	999	07/01/2020	12/31/9999	1	O1	13.22	A
80177	LEVETIRACETAM DRUG ASSAY		0	999	07/01/2020	12/31/9999	1	O1	11.93	A
80178	LITHIUM		0	999	07/01/2020	12/31/9999	2	O1	5.95	A
80179	DRUG ASSAY SALICYLATE		0	999	01/01/2021	12/31/9999	2	O1	16.78	A
80180	MYCHOPHENOLATE DRUG ASSAY		0	999	07/01/2020	12/31/9999	1	O1	16.25	A
80181	DRUG ASSAY FLECAINIDE		0	999	01/01/2021	12/31/9999	1	O1	16.78	A
80183	OXCARBAZEPINE DRUG ASSAY		0	999	07/01/2020	12/31/9999	1	O1	11.93	A
80184	PHENOBARBITAL		0	999	07/01/2020	12/31/9999	2	O1	13.77	A
80185	PHENYTOIN; TOTAL		0	999	07/01/2020	12/31/9999	2	O1	11.93	A
80186	PHENYTOIN; FREE		0	999	07/01/2020	12/31/9999	2	O1	12.38	A
80187	POSACONAZOLE		0	999	01/01/2020	12/31/9999	1	O1	24.40	A
80188	PRIMIDONE		0	999	07/01/2020	12/31/9999	2	O1	14.93	A
80189	DRUG ASSAY ITRACONZAOLE		0	999	01/01/2021	12/31/9999	1	O1	24.40	A
80190	PROCAINAMIDE;		0	999	07/01/2020	12/31/9999	2	O1	54.00	A
80192	PROCAINAMIDE; WITH METABOLITES		0	999	07/01/2020	12/31/9999	2	O1	15.08	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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80193	DRUG ASSAY LEFLUNOMIDE		0	999	01/01/2021	12/31/9999	1	O1	34.71	A
80194	QUINIDINE		0	999	07/01/2020	12/31/9999	2	O1	13.14	A
80195	ASSAY OF SIROLIMUS		0	999	07/01/2020	12/31/9999	2	O1	12.36	A
80197	ASSAY FOR TACROLIMUS		0	999	07/01/2020	12/31/9999	2	O1	12.36	A
80198	THEOPHYLLINE		0	999	07/01/2020	12/31/9999	2	O1	12.73	A
80199	TIAGABINE DRUG ASSAY		0	999	07/01/2019	12/31/9999	1	O1	24.40	A
80200	ASSAY OF TOBRAMYCIN		0	999	07/01/2020	12/31/9999	2	O1	14.52	A
80201	ASSAY FOR TOPIRAMATE		0	999	07/01/2020	12/31/9999	2	O1	10.73	A
80202	VANCOMYCIN		0	999	07/01/2020	12/31/9999	2	O1	12.19	A
80203	ZONISAMIDE DRUG ASSAY		0	999	07/01/2020	12/31/9999	1	O1	11.93	A
80204	DRUG ASSAY METHOTREXATE		0	999	01/01/2021	12/31/9999	1	O1	34.71	A
80210	DRUG ASSAY RUFINAMIDE		0	999	01/01/2021	12/31/9999	1	O1	24.40	A
80220	DRUG ASY HYDROXYCHLOROQUINE		0	999	01/01/2022	12/31/9999	1	O1	16.77	A
80230	INFLIXIMAB		0	999	01/01/2020	12/31/9999	1	O1	34.71	A
80235	LACOSAMIDE		0	999	01/01/2020	12/31/9999	1	O1	24.40	A
80280	VEDOLIZUMAB		0	999	01/01/2020	12/31/9999	1	O1	34.71	A
80285	VORICONAZOLE		0	999	07/01/2020	12/31/9999	1	O1	24.40	A
80299	QUANT THERAP DRUG NES		0	999	07/01/2019	12/31/9999	3	O1	16.78	A
80305	DRUG TEST, ANY# CLASSES, DIRECT OPTICAL		0	999	07/01/2019	12/31/9999	1	O1	11.34	A
80306	DRUG TEST, ANY# CLASSES; ASSIST DIR OPTI		0	999	07/01/2019	12/31/9999	1	O1	15.43	A
80307	DRUG TEST, ANY# CLASSES, INSTRUMENT		0	999	07/01/2020	12/31/9999	1	O1	55.93	A
80320	ALCOHOLS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80321	ALCOHOL BIOMARKERS 1-2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80322	ALCOHOL BIOMARKERS 3+		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80324	AMPHETAMINES; 1 OR 2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80325	AMPHETAMINES; 3 OR 4		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80326	AMPHETAMINES; 5 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80327	ANABOLIC STEROIDS; 1 OR 2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80328	ANABOLIC STEROIDS; 3 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80329	ANALGESCIS, NON-OPIOID; 1 OR 2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80330	ANALGESCIS, NON-OPIOID; 3-5		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80331	ANALGESCIS, NON-OPIOID; 6 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 O		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 O		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80339	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80340	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80341	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80345	BARBITURATES		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80346	BENZODIAZEPINES1-12		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80347	BENZODIAZEPINES; 13 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80348	BUPRENORPHINE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80349	CANNABIONOIDS, NATURAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80350	CANNABIONOIDS, SYNTHETIC; 1-3		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80351	CANNABIONOIDS, SYNTHETIC; 4-6		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80352	CANNABIONOIDS, SYNTHETIC; 7 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80353	COCAINE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80354	FENTANYL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80355	GABAPENTIN, NON-BLOOD		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80356	HEROIN METABOLITE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80357	KETAMINE OR NORKETAMINE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80358	METHADONE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, M		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80360	METHYLPHENIDATE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80361	OPIATES, 1 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80362	OPIODS AND OPIATE ANALOGS; 1 OR 2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80363	OPIODS AND OPIATE ANALOGS; 3 OR 4		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80364	OPIODS AND OPIATE ANALOGS; 5 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80365	OXYCODONE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80366	PREGABALIN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80367	PROPOXYPHENE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80371	STIMULANTS, SYNTHETIC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80372	TAPENTADOL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80373	TRAMADOL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80374	STEROISOMER (ENANTIOMER) ANALYSIS, SINGL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
80400	ACTH STIMULATION PANEL; FOR AD		0	999	07/01/2020	12/31/9999	1	O1	29.36	A
80402	ACTH STIMULATION PANEL; FOR 21		0	999	07/01/2020	12/31/9999	1	O1	78.26	A
80406	ACTH STIMULATION PANEL; FOR 3		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
80408	ALDOSTERONE SUPPRESSION EVALUA		0	999	07/01/2020	12/31/9999	1	O1	112.95	A
80410	CALCIUM-PENTAGASTRIN STIMULATI		0	999	07/01/2020	12/31/9999	1	O1	72.33	A
80412	CORTICOTROPIC RELEASING HORMON		0	999	07/01/2020	12/31/9999	1	O1	721.46	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
80414	CHORIONIC GONADOTROPHIN STIMUL		0	999	07/01/2020	12/31/9999	1	O1	46.48	A
80415	CHORIONIC GONADOTROPHIN STIMUL		0	999	07/01/2020	12/31/9999	1	O1	50.30	A
80416	RENIN STIMULATION PANEL		0	999	07/01/2019	12/31/9999	1	O1	188.39	A
80417	RENIN STIMULATION PANEL		0	999	07/01/2020	12/31/9999	1	O1	39.59	A
80418	COMBINED RAPID ANTERIOR PITUIT		0	999	07/01/2020	12/31/9999	1	O1	521.53	A
80420	DEXAMETHASONE SUPPRESSION PANE		0	999	07/01/2020	12/31/9999	1	O1	145.69	A
80422	GLUCAGON TOLERANCE PANEL; FOR		0	999	07/01/2020	12/31/9999	1	O1	41.46	A
80424	GLUCAGON TOLERANCE PANEL; FOR		0	999	07/01/2020	12/31/9999	1	O1	45.45	A
80426	GONADOTROPIN RELEASING HORMONE		0	999	07/01/2020	12/31/9999	1	O1	133.57	A
80428	GROWTH HORMONE STIMULATION PAN		0	999	07/01/2020	12/31/9999	1	O1	60.03	A
80430	GROWTH HORMONE SUPPRESSION PAN		0	999	07/01/2020	12/31/9999	1	O1	116.40	A
80432	INSULIN-INDUCED C-PEPTIDE SUPP		0	999	07/01/2020	12/31/9999	1	O1	149.05	A
80434	INSULIN TOLERANCE PANEL; FOR A		0	999	07/01/2020	12/31/9999	1	O1	256.53	A
80435	INSULIN TOLERANCE PANEL; FOR G		0	999	07/01/2020	12/31/9999	1	O1	92.70	A
80436	METYRAPONE PANEL		0	999	07/01/2020	12/31/9999	1	O1	82.04	A
80438	THYROTROPIN RELEASING HORMONE		0	999	07/01/2020	12/31/9999	1	O1	45.37	A
80439	THYROTROPIN RELEASING HORMONE		0	999	07/01/2020	12/31/9999	1	O1	60.49	A
80503	PATH CLIN CONSLTJ SF 5-20		0	999	01/01/2022	12/31/9999	1	O1	39.02	S
80504	PATH CLIN CONSLTJ MOD 21-40		0	999	01/01/2022	12/31/9999	1	O1	117.10	S
80505	PATH CLIN CONSLTJ HIGH 41-60		0	999	01/01/2022	12/31/9999	1	O1	117.10	S
80506	PATH CLIN CONSLTJ PROLNG SVC		0	999	01/01/2022	12/31/9999	1	O1	0.00	N
81000	URINALYSIS, BY DIP STICK OR TA		0	999	07/01/2020	12/31/9999	2	O1	3.62	A
81001	URINALYSIS, AUTO, W/SCOPE		0	999	07/01/2020	12/31/9999	2	O1	2.85	A
81002	URINALYSIS, BY DIP STICK OR TA		0	999	07/01/2020	12/31/9999	2	O1	3.13	A
81003	URINALYSIS, BY DIP STICK OR TA		0	999	07/01/2020	12/31/9999	2	O1	2.03	A
81005	URINALYSIS; QUALITATIVE OR SEM		0	999	07/01/2020	12/31/9999	2	O1	1.95	A
81007	URINE SCREEN FOR BACTERIA		0	999	07/01/2019	12/31/9999	1	O1	26.98	A
81015	URINALYSIS;		0	999	07/01/2020	12/31/9999	2	O1	2.75	A
81020	URINALYSIS;		0	999	07/01/2019	12/31/9999	1	O1	4.23	A
81025	URINE PREGNANCY TEST, BY VISUA		9	60	07/01/2019	12/31/9999	1	O1	7.75	A
81050	VOLUME MEASUREMENT FOR TIMED C		0	999	07/01/2020	12/31/9999	2	O1	3.28	A
81099	UNLISTED URINALYSIS PROCEDUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81105	HPA-1 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81106	HPA-2 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81107	HPA-3 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81108	HPA-4 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81109	HPA-5 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81110	HPA-6 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81111	HPA-9 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81112	HPA-15 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81120	IDH,1 COM VARIANTS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81121	IDH2, COM VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	266.21	A
81161	ARTHODESIS PRESACRAL L5-S1	Y	0	24	07/01/2019	12/31/9999	1	O1	251.10	A
81162	BRCA1&2 SEQ & FULL DUP/DEL	Y	18	80	07/01/2020	12/31/9999	1	O1	1,642.39	A
81163	BRCA1&2 GENE FULL SEQ ALYS	Y	18	80	07/01/2021	12/31/9999	1	O1	421.20	A
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	Y	18	80	07/01/2019	12/31/9999	1	O1	525.81	A
81165	BRCA1 GENE FULL SEQ ALYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81166	BRCA1 GENE FULL DUP/DEL ALYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81167	BRCA2 GENE FULL DUP/DEL ALYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81168	CCND1/IGH TRANSLOCATION ALYS	Y	0	999	01/01/2021	12/31/9999	1	O1	186.58	A
81170	ABL1 GENE	Y	40	80	07/01/2019	12/31/9999	1	O1	270.00	A
81171	AFF2 GENE DETC ABNOR ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81172	AFF2 GENE CHARAC ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81173	AR GENE FULL GENE SEQUENCE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81174	AR GENE KNOWN FAMIL VARIANT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81175	ASXL1 GENE ANA; FULL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81176	ASXL1 GENE ANA; TARGETED		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81177	ATN1 GENE DETC ABNOR ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81178	ATXN1 GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81179	ATXN2 GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81180	ATXN3 GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81181	ATXN7 GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81182	ATXN8OS GEN DETC ABNOR ALLEL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81183	ATXN10 GENE DETC ABNOR ALLEL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81184	CACNA1A GEN DETC ABNOR ALLEL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81185	CACNA1A GENE FULL GENE SEQ		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81186	CACNA1A GEN KNOWN FAMIL VRNT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81187	CNBP GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81188	CSTB GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81189	CSTB GENE FULL GENE SEQUENCE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81190	CSTB GENE KNOWN FAMIL VRNT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81191	NTRK1 TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	186.58	A
81192	NTRK2 TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	186.58	A
81193	NTRK3 TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	186.58	A
81194	NTRK TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	466.45	A
81200	ASPA	Y	0	999	07/01/2019	12/31/9999	1	O1	42.53	A
81201	APC GENE FULL SEQUENCE	Y	0	999	07/01/2019	12/31/9999	1	O1	702.00	A
81202	APC GENE KNOWN FAM VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	252.00	A
81203	APC GENE DUP/DELET VARIANTS	Y	0	39	07/01/2019	12/31/9999	1	O1	180.00	A
81204	AR GENE CHARAC ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81205	BCKDHB	Y	0	999	07/01/2019	12/31/9999	1	O1	85.49	A
81206	BCR/ABL1 (T(9;22)) MAJOR	Y	0	999	07/01/2020	12/31/9999	1	O1	147.56	A
81207	BCR/ABL1 (T(9;22)) MINOR	Y	0	999	07/01/2020	12/31/9999	1	O1	130.36	A
81208	BCR/ABL1 (T(9;22)) OTHER	Y	0	999	07/01/2019	12/31/9999	1	O1	193.16	A
81209	BLM	Y	0	999	07/01/2019	12/31/9999	1	O1	35.38	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
81210	BRAF GENE ANALYSIS, V600 VARIANT(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81212	BRCA1, BRCA2 VARIANTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81215	BRCA1 KNOWN FAMILIAL VARIANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81216	BRCA2 FULL SEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81217	BRCA2 KNOWN FAMILIAL VARIANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81218	CEBPA GENE FULL SEQUENCE	Y	0	80	07/01/2020	12/31/9999	1	O1	217.71	A
81219	CALR GENE COM VARIANTS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81220	CFTR COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	500.94	A
81221	CFTR KNOWN FAMILIAL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	87.50	A
81222	CFTR DUPL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	391.56	A
81223	CFTR FULL GENE SEQ	Y	0	999	07/01/2019	12/31/9999	1	O1	449.10	A
81224	CFTR GENE ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	151.88	A
81225	CYP2C19 COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	262.22	A
81226	CYP2D6 COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	405.82	A
81227	CYP2C9 COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	157.33	A
81228	CYTOGENOMIC MICROARRAY ANALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81229	CYTOGENOMIC MICROARRAY ANALYSIS	Y	0	20	07/01/2019	12/31/9999	1	O1	1,044.00	A
81230	CYP3A4 GENE ANA		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81231	CYP3A5 GENE ANA		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81232	DPYD GENE ANA		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81233	BTK GENE COMMON VARIANTS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81234	DMPK GENE DETC ABNOR ALLELE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81235	EGFR GENE COM VARIANTS	Y	0	999	07/01/2020	12/31/9999	1	O1	292.12	A
81236	EZH2 GENE FULL GENE SEQUENCE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81237	EZH2 GENE COMMON VARIANTS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81238	F9 FULL GENE SEQ		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81239	DMPK GENE CHARAC ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81240	F2 A VARIANT	Y	0	999	07/01/2019	12/31/9999	1	O1	59.12	A
81241	F5 LEIDEN VARIANT	Y	0	999	07/01/2019	12/31/9999	1	O1	66.03	A
81242	FANCC	Y	0	999	07/01/2019	12/31/9999	1	O1	32.96	A
81243	FMR1 ALLELES	Y	0	20	07/01/2019	12/31/9999	1	O1	51.34	A
81244	FMR1	Y	0	20	07/01/2019	12/31/9999	1	O1	40.40	A
81245	FLT3 GENE ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	148.96	A
81246	FLT3 GENE ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	74.70	A
81247	G6PD GENE ANA, COMMON		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81248	G6PD GENE ANA, FAMILIAL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81249	G6PD GENE ANA, FULL GENE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81250	G6PC	Y	0	999	07/01/2019	12/31/9999	1	O1	52.64	A
81251	GBA	Y	0	999	07/01/2019	12/31/9999	1	O1	42.53	A
81252	GJB2 GENE FULL SEQUENCE	Y	0	43	07/01/2019	12/31/9999	1	O1	91.01	A
81253	GJB2 GENE KNOWN VARIANTS	Y	0	43	07/01/2019	12/31/9999	1	O1	55.37	A
81254	GJB6 GENE COM VARIANTS	Y	0	43	07/01/2019	12/31/9999	1	O1	31.50	A
81255	HEXA	Y	0	43	07/01/2019	12/31/9999	1	O1	46.31	A
81256	HFE	Y	0	999	07/01/2020	12/31/9999	1	O1	58.82	A
81257	HBA1/HBA2	Y	0	999	07/01/2019	12/31/9999	1	O1	92.03	A
81258	HBA1/HBA2; FAMILIAL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81259	HBA1/HBA2; FULL GENE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81260	IKBKAP	Y	0	999	07/01/2019	12/31/9999	1	O1	35.38	A
81261	IGH@ AMPLIFIED	Y	0	999	07/01/2020	12/31/9999	1	O1	178.19	A
81262	IGH@ DIRECT PROBE	Y	0	999	07/01/2019	12/31/9999	1	O1	61.70	A
81263	IGH@ VARIABLE	Y	0	999	07/01/2020	12/31/9999	1	O1	265.07	A
81264	IGK@	Y	0	999	07/01/2019	12/31/9999	1	O1	155.46	A
81265	STR MARKERS SPECIMEN	Y	0	999	07/01/2020	12/31/9999	1	O1	209.76	A
81266	STR MARKERS SPECIMEN EA ADD	Y	0	999	07/01/2020	12/31/9999	2	O1	274.33	A
81267	CHIMERISM W/O CELL	Y	0	999	07/01/2020	12/31/9999	1	O1	186.71	A
81268	CHIMERISM ANAL W/CELL SELECT	Y	0	999	07/01/2020	12/31/9999	4	O1	234.71	A
81269	HBA1/HBA2; DUP/DEL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81270	JAK2	Y	0	999	07/01/2020	12/31/9999	1	O1	82.49	A
81271	HTT GENE DETC ABNOR ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81272	KIT GENE TARGETED SEQ ANALYS	Y	18	80	07/01/2019	12/31/9999	1	O1	296.56	A
81273	KIT GENE ANALYS D816 VARIANT	Y	18	80	07/01/2019	12/31/9999	1	O1	112.38	A
81274	HTT GENE CHARAC ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81275	KRAS GENE ANALYSIS; VARIANTS IN EXON 2	Y	0	999	07/01/2019	12/31/9999	1	O1	173.93	A
81276	KRAS GENE ADDL VARIANTS	Y	18	80	07/01/2019	12/31/9999	1	O1	173.93	A
81277	CYTOGENOMIC NEO MICRORA ALYS		0	999	01/01/2020	12/31/9999	1	O1	1,044.00	A
81278	NTRK1 TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	186.58	A
81279	NTRK2 TRANSLOCATION ANALYSIS	Y	0	999	01/01/2021	12/31/9999	1	O1	166.68	A
81283	IFNL3 GENE ANA	Y	0	999	07/01/2019	12/31/9999	1	O1	66.03	A
81284	FXN GENE DETC ABNOR ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81285	FXN GENE CHARAC ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81286	FXN GENE FULL GENE SEQUENCE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81287	MGMT GENE PRMTR MTHYLTN ALYS	Y	0	999	07/01/2019	12/31/9999	1	O1	112.18	A
81288	MLH1 GENE ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	173.09	A
81289	FXN GENE KNOWN FAMIL VARIANT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81290	MCOLN1	Y	0	999	07/01/2019	12/31/9999	1	O1	35.38	A
81291	MTHFR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81292	MLH1 FULL SEQ	Y	0	999	07/01/2019	12/31/9999	1	O1	607.86	A
81293	MLH1 KNOW FAM VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	297.90	A
81294	MLH1 DUPL/DEL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	182.16	A
81295	MSH2 FULL SEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81296	MSH2 KNOWN FAM VARIANTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81297	MSH2 DUP/DEL VARIANTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81298	MSH6 FULL SEQ	Y	0	999	07/01/2019	12/31/9999	1	O1	577.67	A
81299	MSH6 KNOWN FAM VARIANTS	Y	0	49	07/01/2019	12/31/9999	1	O1	277.20	A
81300	MSH6 DUP/DEL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	214.20	A

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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81301	MICROSATELLITE INSTABILITY	Y	0	999	07/01/2019	12/31/9999	1	O1	313.70	A
81302	MECP2 FULLSEQ ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	475.08	A
81303	MECP2 KNOWN FAM VARIANT	Y	0	999	07/01/2019	12/31/9999	1	O1	108.00	A
81304	MECP2 DUP/DEL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	135.00	A
81305	MYD88 GENE P.LEU265PRO VRNT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81306	NUDT15 GENE COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	262.22	A
81307	PALB2 GENE FULL GENE SEQ		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81308	PALB2 GENE KNOWN FAMIL VRNT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81309	PIK3CA GENE TRGT SEQ ALYS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81310	NPM1 EXON 12VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	221.87	A
81311	NRAS GENE VARIANTS EXON 2&3	Y	18	80	07/01/2019	12/31/9999	1	O1	266.21	A
81312	PABPN1 GENE DETC ABNOR ALLEL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81313	PCA3/KLK3 RATIO	Y	50	75	07/01/2019	12/31/9999	1	O1	229.55	A
81314	PDGFRA GENE	Y	18	80	07/01/2019	12/31/9999	1	O1	296.56	A
81315	PML/RARALPHA COMMON	Y	0	999	07/01/2020	12/31/9999	1	O1	186.58	A
81316	PML/RARALPHA SINGLE	Y	0	999	07/01/2020	12/31/9999	1	O1	186.58	A
81317	PMS2 FULL SEQ	Y	0	999	07/01/2019	12/31/9999	1	O1	608.85	A
81318	PMS2 KNOWN FAM VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	297.90	A
81319	PMS2 DUP/DEL VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	183.15	A
81320	PLCG2 GENE COMMON VARIANTS	Y	0	999	07/01/2019	12/31/9999	1	O1	262.22	A
81321	PTEN GENE FULL SEQUENCE	Y	0	999	07/01/2019	12/31/9999	1	O1	540.00	A
81322	PTEN GEN KNOWN FAM VARIANT	Y	0	999	07/01/2020	12/31/9999	1	O1	41.94	A
81323	PTEN GENE DUOP/DELET VARIANT	Y	0	999	07/01/2019	12/31/9999	1	O1	270.00	A
81324	PMP22 GENE DUP/DELET	Y	0	39	07/01/2019	12/31/9999	1	O1	682.52	A
81325	PMP22 GENE FULL SEQUENCE	Y	0	39	07/01/2019	12/31/9999	1	O1	692.62	A
81326	PMP22 GENE KNOWN FAM VARIANT	Y	0	39	07/01/2020	12/31/9999	1	O1	41.94	A
81327	PMP22 TOOTH SEPT9 METHYLATION ANALYSIS		0	999	07/01/2019	12/31/9999	1	O1	172.80	A
81328	SLCO1B1, GENE ANA		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81329	SMN1 GENE DOS/DELETION ALYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81330	SMPD1	Y	0	999	07/01/2019	12/31/9999	1	O1	42.30	A
81331	SNRPN/UBE3A	Y	0	20	07/01/2019	12/31/9999	1	O1	45.96	A
81332	SERPINA1	Y	0	999	07/01/2020	12/31/9999	1	O1	39.29	A
81333	TGFBI GENE COMMON VARIANTS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81334	RUNX1 GENE ANA	Y	0	999	07/01/2019	12/31/9999	1	O1	296.56	A
81335	TPMT, GENE ANA	Y	0	999	07/01/2019	12/31/9999	1	O1	157.33	A
81336	SMN1 GENE FULL GENE SEQUENCE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81337	SMN1 GEN NOWN FAMIL SEQ VRNT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81338	MPL GENE COMMON VARIANTS	Y	0	999	01/01/2021	12/31/9999	1	O1	165.30	A
81339	MPL GENE SEQ ALYS EXON 10	Y	0	999	01/01/2021	12/31/9999	1	O1	166.68	A
81340	TRB@ CLONAL POPULATION	Y	0	999	07/01/2020	12/31/9999	1	O1	188.03	A
81341	TRB@ DIRECT PROBE	Y	0	999	07/01/2020	12/31/9999	1	O1	44.63	A
81342	TRG@ EVAL ABNORMAL	Y	0	999	07/01/2020	12/31/9999	1	O1	181.35	A
81343	PPP2R2B GEN DETC ABNOR ALLEL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81344	TBP GENE DETC ABNOR ALLELES		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81345	TERT GENE TARGETED SEQ ALYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81346	TYMS, GENE ANA	Y	0	999	07/01/2019	12/31/9999	1	O1	157.33	A
81347	SF3B1 GENE COMMON VARIANTS	Y	0	999	01/01/2021	12/31/9999	1	O1	173.93	A
81348	SRSF2 GENE COMMON VARIANTS	Y	0	999	01/01/2021	12/31/9999	1	O1	157.86	A
81349	CYTOG ALYS CHRML ABNR LW-PS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FA	Y	0	999	07/01/2019	12/31/9999	1	O1	210.60	A
81351	TP53 GENE FULL GENE SEQUENCE	Y	0	999	01/01/2021	12/31/9999	1	O1	577.67	A
81352	TP53 GENE TRGT SEQUENCE ALYS	Y	0	999	01/01/2021	12/31/9999	1	O1	296.56	A
81353	TP53 GENE KNOWN FAMIL VRNT	Y	0	999	01/01/2021	12/31/9999	1	O1	277.20	A
81355	VKORC1 GENE ANALYSIS	Y	0	999	07/01/2019	12/31/9999	1	O1	79.38	A
81357	U2AF1 GENE COMMON VARIANTS	Y	0	999	01/01/2021	12/31/9999	1	O1	173.93	A
81360	ZRSR2 GENE COMMON VARIANTS	Y	0	999	01/01/2021	12/31/9999	1	O1	173.93	A
81361	HBB, COMMON	Y	0	999	07/01/2019	12/31/9999	1	O1	157.33	A
81362	HBB; KNOWN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81363	HBB; DUP/DEL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81364	HBB; FULL GENE SEQ		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81370	HLA HLA-A, -B,-C, -DRB1/3/4/5, AND -DQB	Y	0	999	07/01/2020	12/31/9999	1	O1	361.91	A
81371	HLA-A, -B,AND -DRB1/3/4/5	Y	0	999	07/01/2019	12/31/9999	1	O1	364.07	A
81372	HLA CMPLT HLA-A, -B, AND -C	Y	0	999	07/01/2019	12/31/9999	1	O1	363.23	A
81373	HLAONE LOCUS HLA-A, -B, OR -C EA	Y	0	999	07/01/2019	12/31/9999	2	O1	114.69	A
81374	HLA CLASS I LOW RES ONE EA	Y	0	999	07/01/2020	12/31/9999	1	O1	66.90	A
81375	HLA DRB1/3/4/5AND -DQB1	Y	0	999	07/01/2020	12/31/9999	2	O1	198.67	A
81376	HLA ONE LOC DRB1/3/4/5 -DQB1,-DQA1 -DPB	Y	0	999	07/01/2020	12/31/9999	5	O1	110.00	A
81377	HLA CLASS II LOW RES EA	Y	0	999	07/01/2020	12/31/9999	2	O1	85.27	A
81378	HLA HIGH RES HLA-A, -B, -C, AND -DRB1	Y	0	999	07/01/2020	12/31/9999	1	O1	311.01	A
81379	HLA HIGH RES CMPL HLA-A -B -C	Y	0	999	07/01/2020	12/31/9999	1	O1	301.84	A
81380	HLA ONE LOCHLA-A, -B, OR -C), EA	Y	0	999	07/01/2020	12/31/9999	2	O1	159.53	A
81381	HLA CLASS I TYPING, HIGH RES EA	Y	0	999	07/01/2020	12/31/9999	3	O1	152.91	A
81382	HLA-DRB1, -DRB3, -DRB4, -DRB5,-DQB1, -D	Y	0	999	07/01/2020	12/31/9999	6	O1	111.31	A
81383	HLA CLASS II TYPING, HIGH RES EA	Y	0	999	07/01/2020	12/31/9999	2	O1	98.22	A
81400	MOLECULAR PATHOLOGY LEVEL 1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81401	MOLECULAR PATHOLOGY LEVEL 2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81402	MOLECULAR PATHOLOGY LEVER 3		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81403	MOLECULAR PATHOLOGY LEVEL 4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81405	MOLECULAR PATHOLOGY LEVEL 6		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81408	MOLECULAR PATH LEVEL 9		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
81410	AORTIC DYSFUNCTION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81411	AORTIC DYSFUNCTION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
81412	ASHKENAZI JEWISH ASSOC DIS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81413	CARDIAC ION CHANNELOPATHIES	Y	0	999	07/01/2020	12/31/9999	1	O1	526.41	A
81414	CRDIC ION CHANNELOPATHIES	Y	0	999	07/01/2020	12/31/9999	1	O1	526.41	A
81415	EXOME SEQUENCE ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81416	EXOME SEQUENCE ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81417	EXOME SEQUENCE ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81419	EPILEPSY GEN SEQ ALYS PANEL	Y	0	999	01/01/2021	12/31/9999	1	O1	2,203.70	A
81420	FETAL CHROM ANEUPLOIDY	Y	0	999	07/01/2019	12/31/9999	1	O1	683.15	A
81422	FETAL CHROMOSOMAL MICRODELETION	Y	0	999	07/01/2019	12/31/9999	1	O1	683.15	A
81425	GENOME SEQ ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81426	GENOME SEQ ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81427	GENOME SEQ ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81430	HEARING LOSS GENOMIC SEQ		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81431	HEARING LOSS GENOMIC SEQ		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81432	HRDTRY BRST CA-RLATD DSORDRS		18	80	01/01/2016	12/31/9999	1	O6	0.00	E
81433	HRDTRY BRST CA-RLATD DSORDRS		18	80	01/01/2016	12/31/9999	1	O6	0.00	E
81434	HEREDITARY RETINAL DISORDERS	Y	18	80	07/01/2019	12/31/9999	1	O1	538.12	A
81435	HEREDITARY COLON CA DSORDRS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81436	HEREDITARY COLON CA DSORDRS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81437	HEREDTRY NURONDCRN TUM DSRDR		18	80	01/01/2016	12/31/9999	1	O6	0.00	E
81438	HEREDTRY NURONDCRN TUM DSRDR		18	80	01/01/2016	12/31/9999	1	O6	0.00	E
81439	HEREDITARYCARDIOMYOPATHY GNMC SEQ PANEL	Y	0	999	07/01/2020	12/31/9999	1	O1	526.41	A
81440	MITOCHONDR GENE PANEL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81442	NOONAN SPECTRUM DISORDERS	Y	0	18	07/01/2019	12/31/9999	1	O1	1,929.24	A
81443	GENETIC TSTG SEVERE INH COND		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81445	TARGETED GENOMIC SEQ ANALYS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81448	HEREDITARY PERI NEURO		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81450	TARGETED GENOMIC SEQ ANALYS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81455	TARGETED GENOMIC SEQ ANALYS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81460	WHOLE MITOCHONDRIAL GENOME		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81465	WHOLE MITOCHONDRIAL GENOME		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81470	XLID GENOMIC SEQUENCE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81471	XLID GENOMIC DUPLICATION		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
81479	UNLISTED MOLECULAR PATHOLOGY PROC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81490	AUTOIMMUNE RHEUMATOID ARTHR		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81493	COR ARTERY DISEASE MRNA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81500	ONCO (OVAR) TWO PROTEINS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81503	ONCO (OVAR) FIVE PROTEINS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81504	ONCOLOGY PROF >2000 GENES	Y	0	999	07/01/2019	12/31/9999	1	O1	468.00	A
81506	ENDO ASSAY SEVEN ANAL		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81507	FETAL ANEUPLOIDY	Y	0	999	07/01/2019	12/31/9999	1	O1	715.50	A
81508	FTL CGEN ABNOR TWO PROTEINS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81509	FTL CGEN ABNOR 3 PROTEINS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81510	FTL CGEN ABNOR THREE ANAL		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81511	FTL CGEN ABNOR FOUR ANAL		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81512	FTL CGEN ABNOR FIVE ANAL		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
81513	NFCT DS BV RNA VAG FLU ALG		0	999	01/01/2021	12/31/9999	1	O1	128.37	A
81514	NFCT DS BV&VAGINITIS DNA ALG		0	999	01/01/2021	12/31/9999	1	O1	236.69	A
81518	ONC BRST MRNA 11 GENES	Y	18	80	07/01/2019	12/31/9999	1	O1	3,485.70	A
81519	ONOCOLOGY (BREAST), MRNA	Y	0	999	07/01/2019	12/31/9999	1	O1	3,485.70	A
81520	ONCOLOGY, GENE EXPR, 58 GENES		0	999	01/01/2018	12/31/9999	2	O6	0.00	E
81521	ONCOLOGY, MICROARRAY GENE EXPR, 70 GENES		0	999	01/01/2018	12/31/9999	2	O6	0.00	E
81522	ONC BREAST MRNA 12 GENES		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81523	ONC BRST MRNA 70 CNT 31 GENE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
81525	ONCOLOGY COLON MRNA		18	80	01/01/2016	12/31/9999	1	O6	0.00	E
81528	ONCOLOGY COLORECTAL SCR	Y	50	80	07/01/2019	12/31/9999	1	O1	457.98	A
81529	ONC CUTAN MLNMA MRNA 31 GENE	Y	0	999	01/01/2021	12/31/9999	1	O1	6,473.70	A
81535	ONCOLOGY GYNECOLOGIC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81536	ONCOLOGY GYNECOLOGIC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81538	ONCOLOGY LUNG	Y	40	80	07/01/2019	12/31/9999	1	O1	2,583.90	A
81539	ONCLGY, BIOCHEM ASSY OF 4 PRTNS,	Y	0	999	07/01/2019	12/31/9999	1	O1	684.00	A
81540	ONCOLOGY TUM UNKNOWN ORIGIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81541	ONCOLOGY, GENE EXPR, 46 GENES		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81542	ONC PROSTATE MRNA 22 CNT GEN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81546	ONC THYR MRNA 10,196 GEN ALG	Y	0	999	01/01/2021	12/31/9999	1	O1	3,240.00	A
81551	ONCOLOGY, PRO METH PROFILE, 3 GENES		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
81552	ONC UVEAL MLNMA MRNA 15 GENE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
81554	PULM DS IPF MRNA 190 GEN ALG	Y	0	999	01/01/2021	12/31/9999	1	O1	4,950.00	A
81560	TRNSPLJ PD LVR&BWL CD154+CLL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
81595	CARDIOLOGY HRT TRNSPL MRNA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
81596	NFCT DS CHRNC HCV 6 ASSAYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
81599	UNLISTED MULTIANALYTE ASSAY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
82009	ACETONE OR OTHER KETONE BODIES		0	999	07/01/2020	12/31/9999	3	O1	4.07	A
82010	ACETONE;		0	999	07/01/2020	12/31/9999	3	O1	7.35	A
82013	ACETYLCHOLINESTERASE		0	999	07/01/2020	12/31/9999	1	O1	11.06	A
82016	ACYLCARNITINES, QUAL		0	999	07/01/2020	12/31/9999	1	O1	14.84	A
82017	ACYLCARNITINES, QUANT		0	999	07/01/2020	12/31/9999	1	O1	15.18	A
82024	ADRENOCORTICOTROPIC HORMONE (A		0	999	07/01/2020	12/31/9999	4	O1	34.76	A
82030	ADENOSINE; 5'-MONOPHOSPHATE, C		0	999	07/01/2020	12/31/9999	1	O1	23.22	A
82040	ALBUMIN;		0	999	07/01/2020	12/31/9999	1	O1	4.46	A
82042	ASSAY OF URINE ALBUMIN		0	999	07/01/2020	12/31/9999	2	O1	7.00	A
82043	ALBUMIN; URINE, MICROALBUMIN,		0	999	07/01/2020	12/31/9999	1	O1	5.20	A
82044	ALBUMIN; URINE, MICROALBUMIN,		0	999	07/01/2019	12/31/9999	1	O1	5.61	A
82045	ALBUMIN, ISCHEMIA MODIFIED		0	999	07/01/2020	12/31/9999	1	O1	30.55	A
82075	ALCOHOL (ETHANOL); BREATH		0	999	07/01/2020	12/31/9999	2	O1	27.00	A

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
82077	ASSAY SPEC XCP UR&BREATH IA		0	999	01/01/2021	12/31/9999	1	O1	17.27	A
82085	ALDOLASE		0	999	07/01/2020	12/31/9999	1	O1	8.74	A
82088	ALDOSTERONE;		0	999	07/01/2020	12/31/9999	2	O1	36.68	A
82103	ALPHA-1-ANTITRYPSIN; TOTAL		0	999	07/01/2020	12/31/9999	1	O1	12.10	A
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE		0	999	07/01/2020	12/31/9999	1	O1	13.01	A
82105	ALPHA-FETOPROTEIN; SERUM		0	999	07/01/2020	12/31/9999	1	O1	15.09	A
82106	ALPHA-FETOPROTEIN; AMNIOTIC FL		9	60	07/01/2020	12/31/9999	2	O1	15.30	A
82107	ALPHA-FETOPROTEIN AFP-L3		0	999	07/01/2020	12/31/9999	1	O1	57.97	A
82108	ALUMINUM		0	999	07/01/2020	12/31/9999	1	O1	22.93	A
82120	AMINES, VAGINAL FLUID QUAL		0	999	07/01/2019	12/31/9999	1	O1	5.39	A
82127	AMINO ACID, SINGLE QUAL		0	999	07/01/2020	12/31/9999	1	O1	12.76	A
82128	AMINO ACIDS, MULT QUAL		0	999	07/01/2020	12/31/9999	2	O1	12.48	A
82131	AMINO ACIDS, SINGLE QUANT		0	999	07/01/2020	12/31/9999	2	O1	20.68	A
82135	AMINOLEVULINIC ACID, DELTA (		0	999	07/01/2020	12/31/9999	1	O1	14.81	A
82136	AMINO ACIDS, QUANT, 2-5		0	999	07/01/2019	12/31/9999	2	O1	17.65	A
82139	AMINO ACIDS, QUAN, 6 OR MORE		0	999	07/01/2020	12/31/9999	2	O1	15.18	A
82140	AMMONIA		0	999	07/01/2020	12/31/9999	2	O1	13.11	A
82143	AMNIOTIC FLUID SCAN (SPECTROPH		9	60	07/01/2020	12/31/9999	2	O1	8.42	A
82150	AMYLASE		0	999	07/01/2020	12/31/9999	4	O1	5.83	A
82154	ANDROSTANEDIOL GLUCURONIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
82157	ANDROSTENEDIONE		0	999	07/01/2020	12/31/9999	1	O1	26.35	A
82160	ANDROSTERONE		0	999	07/01/2020	12/31/9999	1	O1	23.00	A
82163	ANGIOTENSIN II		0	999	07/01/2020	12/31/9999	1	O1	18.47	A
82164	ANGIOTENSIN I - CONVERTING ENZ		0	999	07/01/2020	12/31/9999	1	O1	13.14	A
82172	APOLIPOPROTEIN, EACH		0	999	07/01/2020	12/31/9999	2	O1	18.98	A
82175	ARSENIC		0	999	07/01/2020	12/31/9999	2	O1	17.07	A
82180	ASCORBIC ACID (VITAMIN C), B		0	999	07/01/2020	12/31/9999	1	O1	8.90	A
82190	ATOMIC ABSORPTION SPECTROSCOPY		0	999	07/01/2020	12/31/9999	2	O1	14.31	A
82232	BETA-2 MICROGLOBULIN		0	999	07/01/2020	12/31/9999	2	O1	14.56	A
82239	BILE ACIDS; TOTAL		0	999	07/01/2020	12/31/9999	1	O1	15.41	A
82240	BILE ACIDS; CHOLYLGLYCINE		0	999	07/01/2020	12/31/9999	1	O1	23.92	A
82247	BILIRUBIN, TOTAL		0	999	07/01/2020	12/31/9999	2	O1	4.52	A
82248	BILIRUBIN, DIRECT		0	999	07/01/2020	12/31/9999	2	O1	4.52	A
82252	BILIRUBIN;		0	999	07/01/2020	12/31/9999	1	O1	4.10	A
82261	ASSAY OF BIOTINIDASE		0	999	07/01/2020	12/31/9999	1	O1	15.18	A
82270	OCCULT BLOOD, OTHER SOURCES		0	999	07/01/2019	12/31/9999	1	O1	3.94	A
82271	OCCULT BLOOD, FECES, SINGLE		0	999	07/01/2020	12/31/9999	3	O1	4.79	A
82272	BLOOD OCCULT BY PEROXIDASE		0	999	07/01/2019	12/31/9999	1	O1	3.81	A
82274	ASSAY TEST FOR BLOOD, FECAL		0	999	07/01/2020	12/31/9999	1	O1	14.33	A
82286	BRADYKININ		0	999	07/01/2020	12/31/9999	1	O1	4.64	A
82300	CADMIUM		0	999	07/01/2020	12/31/9999	1	O1	21.28	A
82306	VITAMIN D, 25 HYDROXY		0	999	07/01/2020	12/31/9999	1	O1	26.64	A
82308	CALCITONIN		0	999	07/01/2020	12/31/9999	1	O1	24.11	A
82310	CALCIUM; TOTAL		0	999	07/01/2020	12/31/9999	4	O1	4.64	A
82330	CALCIUM; IONIZED		0	999	07/01/2020	12/31/9999	4	O1	12.31	A
82331	CALCIUM, BLOOD;		0	999	07/01/2019	12/31/9999	1	O1	12.01	A
82340	CALCIUM; URINE QUANTITATIVE, T		0	999	07/01/2020	12/31/9999	1	O1	5.43	A
82355	CALCULUS ANALYSIS, QUAL		0	999	07/01/2020	12/31/9999	2	O1	10.42	A
82360	CALCULUS (STONE); QUANTITATIVE		0	999	07/01/2020	12/31/9999	2	O1	11.58	A
82365	CALCULUS (STONE), QUANTITATI		0	999	07/01/2020	12/31/9999	2	O1	11.61	A
82370	CALCULUS (STONE), QUANTITATI		0	999	07/01/2020	12/31/9999	2	O1	11.27	A
82373	ASSAY, C-D TRANSFER MEASURE		0	999	07/01/2020	12/31/9999	1	O1	16.25	A
82374	CARBON DIOXIDE (BICARBONATE)		0	999	07/01/2020	12/31/9999	2	O1	4.39	A
82375	CARBON MONOXIDE, (CARBOXYHEM		0	999	07/01/2020	12/31/9999	4	O1	11.09	A
82376	CARBON MONOXIDE, (CARBOXYHEM		0	999	07/01/2020	12/31/9999	2	O1	12.66	A
82378	CARCINOEMBRYONIC ANTIGEN (CEA)		0	999	07/01/2020	12/31/9999	1	O1	17.06	A
82379	ASSAY OF CARNITINE		0	999	07/01/2020	12/31/9999	1	O1	15.18	A
82380	CAROTENE		0	999	07/01/2020	12/31/9999	1	O1	8.30	A
82382	CATECHOLAMINES; TOTAL URINE		0	999	07/01/2019	12/31/9999	1	O1	24.57	A
82383	CATECHOLAMINES (DOPAMINE, NO		0	999	07/01/2019	12/31/9999	1	O1	26.17	A
82384	CATECHOLAMINES (DOPAMINE, NO		0	999	07/01/2020	12/31/9999	2	O1	22.73	A
82387	CATHEPSIN-D		0	999	07/01/2020	12/31/9999	1	O1	16.25	A
82390	CERULOPLASMIN		0	999	07/01/2020	12/31/9999	1	O1	9.67	A
82397	CHEMILUMINESCENT ASSAY		0	999	07/01/2020	12/31/9999	4	O1	12.71	A
82415	CHLORAMPHENICOL		0	999	07/01/2020	12/31/9999	1	O1	11.40	A
82435	CHLORIDE; BLOOD		0	999	07/01/2020	12/31/9999	2	O1	4.14	A
82436	CHLORIDE; URINE		0	999	07/01/2019	12/31/9999	1	O1	5.18	A
82438	CHLORIDE; OTHER SOURCE		0	999	07/01/2020	12/31/9999	1	O1	4.50	A
82441	CHLORINATED HYDROCARBONS, SC		0	999	07/01/2020	12/31/9999	1	O1	5.41	A
82465	ASSAY, BLD/SERUM CHOLESTEROL		0	999	07/01/2020	12/31/9999	1	O1	3.92	A
82480	CHOLINESTERASE;		0	999	07/01/2020	12/31/9999	2	O1	7.08	A
82482	CHOLINESTERASE;		0	999	07/01/2019	12/31/9999	1	O1	8.83	A
82485	CHONDROITIN B SULFATE, QUANT		0	999	07/01/2020	12/31/9999	1	O1	18.59	A
82495	CHROMIUM		0	999	07/01/2020	12/31/9999	1	O1	18.25	A
82507	CITRIC ACID		0	999	07/01/2020	12/31/9999	1	O1	25.02	A
82523	COLLAGEN CROSSLINKS		0	999	07/01/2020	12/31/9999	1	O1	16.81	A
82525	COPPER		0	999	07/01/2020	12/31/9999	2	O1	11.17	A
82528	CORTICOSTERONE		0	999	07/01/2020	12/31/9999	1	O1	20.27	A
82530	CORTISOL; FREE		0	999	07/01/2020	12/31/9999	4	O1	15.04	A
82533	CORTISOL; TOTAL		0	999	07/01/2020	12/31/9999	5	O1	14.67	A
82540	CREATINE		0	999	07/01/2020	12/31/9999	1	O1	4.18	A
82542	COL CHROMOTOGRAPHY QUAL/QUAN		0	999	07/01/2020	12/31/9999	6	O1	21.68	A
82550	CREATINE KINASE (CK), (CPK); T		0	999	07/01/2020	12/31/9999	3	O1	5.86	A
82552	CREATINE PHOSPHOKINASE (CPK)		0	999	07/01/2020	12/31/9999	3	O1	12.05	A
82553	CREATINE KINASE (CK), (CPK); M		0	999	07/01/2020	12/31/9999	3	O1	10.40	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
82554	CREATINE KINASE (CK), (CPK); I		0	999	07/01/2020	12/31/9999	2	O1	10.68	A
82565	CREATININE; BLOOD		0	999	07/01/2020	12/31/9999	2	O1	4.61	A
82570	CREATININE; OTHER SOURCE		0	999	07/01/2020	12/31/9999	3	O1	4.66	A
82575	CREATININE;		0	999	07/01/2020	12/31/9999	1	O1	8.51	A
82585	CRYOFIBRINOGEN		0	999	07/01/2019	12/31/9999	1	O1	12.73	A
82595	ASSAY OF CRYOGLOBULIN		0	999	07/01/2020	12/31/9999	1	O1	5.82	A
82600	CYANIDE		0	999	07/01/2020	12/31/9999	1	O1	17.46	A
82607	CYANOCOBALAMIN (VITAMIN B-12);		0	999	07/01/2020	12/31/9999	1	O1	13.57	A
82608	CYANOCOBALAMIN (VITAMIN B-12);		0	999	07/01/2020	12/31/9999	1	O1	12.89	A
82610	CYSTATIN C		0	999	07/01/2019	12/31/9999	1	O1	16.67	A
82615	CYSTINE AND HOMOCYSTINE, URI		0	999	07/01/2019	12/31/9999	1	O1	8.60	A
82626	DEHYDROEPIANDROSTERONE (DHEA)		0	999	07/01/2020	12/31/9999	1	O1	22.74	A
82627	DEHYDROEPIANDROSTERONE-SULFATE		0	999	07/01/2020	12/31/9999	1	O1	20.01	A
82633	DESOXYCORTICOSTERONE, 11-		0	999	07/01/2020	12/31/9999	1	O1	27.88	A
82634	DEOXYCORTISOL, 11-		0	999	07/01/2020	12/31/9999	1	O1	26.35	A
82638	DIBUCAINE NUMBER		0	999	07/01/2020	12/31/9999	1	O1	11.03	A
82642	DIHYDROTESTOSTERONE	Y	0	999	07/01/2020	12/31/9999	1	O1	26.35	A
82652	VIT D 1, 25-DIHYDROXY		0	999	07/01/2020	12/31/9999	1	O1	34.65	A
82653	EL-1 FECAL QUANTITATIVE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
82656	PANCREATIC ELASTASE, FECAL		0	999	07/01/2020	12/31/9999	1	O1	10.38	A
82657	ENZYME CELL ACTIVITY		0	999	07/01/2019	12/31/9999	2	O1	19.95	A
82658	ENZYME CELL ACTIVITY, RA		0	999	07/01/2019	12/31/9999	2	O1	39.63	A
82664	ELECTROPHORETIC TECHNIQUE, N		0	999	07/01/2020	12/31/9999	2	O1	55.35	A
82668	ERYTHROPOIETIN		0	999	07/01/2020	12/31/9999	1	O1	16.91	A
82670	ESTRADIOL		0	999	07/01/2020	12/31/9999	2	O1	25.15	A
82671	ESTROGENS;		0	999	07/01/2020	12/31/9999	1	O1	29.07	A
82672	ESTROGENS;		0	999	07/01/2020	12/31/9999	1	O1	19.53	A
82677	ESTRIOL		0	999	07/01/2020	12/31/9999	1	O1	21.76	A
82679	ESTRONE		0	999	07/01/2020	12/31/9999	1	O1	22.46	A
82681	ASSAY DIR MEAS FR ESTRADIOL		0	999	01/01/2021	12/31/9999	1	O1	25.15	A
82693	ETHYLENE GLYCOL		0	999	07/01/2020	12/31/9999	2	O1	13.41	A
82696	ETIOCHOLANOLONE		0	999	07/01/2019	12/31/9999	1	O1	23.62	A
82705	FAT OR LIPIDS, FECES; QUALITAT		0	999	07/01/2020	12/31/9999	1	O1	4.59	A
82710	FAT OR LIPIDS, FECES; QUANTITA		0	999	07/01/2020	12/31/9999	1	O1	15.12	A
82715	FAT DIFFERENTIAL, FECES, QUANT		0	999	07/01/2020	12/31/9999	3	O1	20.67	A
82725	FATTY ACIDS, NONESTERIFIED		0	999	07/01/2019	12/31/9999	1	O1	16.89	A
82726	LONG CHAIN FATTY ACIDS		0	999	07/01/2020	12/31/9999	1	O1	17.78	A
82728	FERRITIN		0	999	07/01/2020	12/31/9999	1	O1	12.27	A
82731	ASSAY OF FETAL FIBRONECTIN		0	999	07/01/2020	12/31/9999	1	O1	57.97	A
82735	FLUORIDE		0	999	07/01/2020	12/31/9999	1	O1	16.69	A
82746	FOLIC ACID; SERUM		0	999	07/01/2020	12/31/9999	1	O1	13.23	A
82747	FOLIC ACID; RBC		0	999	07/01/2020	12/31/9999	1	O1	15.89	A
82757	FRUCTOSE, SEMEN		14	999	07/01/2020	12/31/9999	1	O1	15.61	A
82759	GALACTOKINASE, RBC		0	999	07/01/2020	12/31/9999	1	O1	19.33	A
82760	GALACTOSE		0	999	07/01/2020	12/31/9999	1	O1	10.08	A
82775	GALACTOSE-1-PHOSPHATE URIDYL		0	999	07/01/2020	12/31/9999	1	O1	18.96	A
82776	GALACTOSE-1-PHOSPHATE URIDYL		0	999	07/01/2019	12/31/9999	1	O1	10.57	A
82777	GALECTIN-3		0	999	07/01/2019	12/31/9999	1	O1	39.83	A
82784	ASSAY, IGA/IGD/IGG/IGM EACH		0	999	07/01/2020	12/31/9999	6	O1	8.37	A
82785	ASSAY OF IGE		0	999	07/01/2020	12/31/9999	1	O1	14.81	A
82787	IGG 1, 2, 3 OR 4, EACH		0	999	07/01/2020	12/31/9999	4	O1	7.22	A
82800	GASES, BLOOD; PH ONLY		0	999	07/01/2020	12/31/9999	2	O1	9.90	A
82803	GASES, BLOOD, ANY COMBINATION		0	999	07/01/2019	12/31/9999	1	O1	23.46	A
82805	GASES, BLOOD, ANY COMBINATION		0	999	07/01/2020	12/31/9999	3	O1	70.89	A
82810	GASES, BLOOD, O2 SATURATION ON		0	999	07/01/2020	12/31/9999	4	O1	8.79	A
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO		0	999	07/01/2019	12/31/9999	1	O1	12.01	A
82930	GASTRIC ANALY W/PH EA SPEC		0	999	07/01/2020	12/31/9999	1	O1	6.04	A
82938	GASTRIN AFTER SECRETIN STIMULA		0	999	07/01/2020	12/31/9999	1	O1	15.92	A
82941	GASTRIN		0	999	07/01/2020	12/31/9999	1	O1	15.87	A
82943	GLUCAGON		0	999	07/01/2020	12/31/9999	1	O1	12.86	A
82945	GLUCOSE OTHER FLUID		0	999	07/01/2020	12/31/9999	4	O1	3.54	A
82946	GLUCAGON TOLERANCE TEST		0	999	07/01/2019	12/31/9999	1	O1	15.99	A
82947	ASSAY, GLUCOSE, BLOOD QUANT		0	999	07/01/2020	12/31/9999	5	O1	3.54	A
82948	GLUCOSE; BLOOD, REAGENT STRIP		0	999	07/01/2019	12/31/9999	1	O1	4.54	A
82950	GLUCOSE;		0	999	07/01/2020	12/31/9999	3	O1	4.28	A
82951	GLUCOSE;		0	999	07/01/2020	12/31/9999	1	O1	11.58	A
82952	GLUCOSE;		0	999	07/01/2020	12/31/9999	3	O1	3.53	A
82955	GLUCOSE-6-PHOSPHATE DEHYDROGEN		0	999	07/01/2020	12/31/9999	1	O1	8.73	A
82960	GLUCOSE-6-PHOSPHATE DEHYDROG		0	999	07/01/2020	12/31/9999	1	O1	5.45	A
82962	GLUCOSE, BLOOD, BY GLUCOSE MON		0	999	07/01/2019	12/31/9999	1	O1	2.95	A
82963	GLUCOSIDASE, BETA		0	999	07/01/2020	12/31/9999	1	O1	19.33	A
82965	GLUTAMATE DEHYDROGENASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
82977	GLUTAMYLTRANSFERASE, GAMMA (GG		0	999	07/01/2020	12/31/9999	1	O1	6.48	A
82978	GLUTATHIONE		0	999	07/01/2020	12/31/9999	1	O1	13.91	A
82979	GLUTATHIONE REDUCTASE, RBC		0	999	07/01/2020	12/31/9999	1	O1	8.50	A
82985	GLYCATED PROTEIN		0	999	07/01/2019	12/31/9999	1	O1	15.08	A
83001	GONADOTROPIN; FOLLICLE STIMULA		0	999	07/01/2020	12/31/9999	1	O1	16.72	A
83002	GONADOTROPIN; LUTEINIZING HORM		0	999	07/01/2020	12/31/9999	1	O1	16.67	A
83003	GROWTH HORMONE, HUMAN (HGH) (S		0	999	07/01/2020	12/31/9999	5	O1	15.00	A
83006	GROWTH STIM GENE 2		0	999	07/01/2019	12/31/9999	1	O1	68.04	A
83009	H PYLORI (C-13), BLOOD		0	999	07/01/2020	12/31/9999	1	O1	60.62	A
83010	HAPTOGLOBIN; QUANTITATIVE		0	999	07/01/2020	12/31/9999	1	O1	11.32	A
83012	HAPTOGLOBIN; PHENOTYPES		0	999	07/01/2019	12/31/9999	1	O1	24.20	A
83013	H PYLORI (C-13), BREATH		0	999	07/01/2020	12/31/9999	1	O1	60.62	A
83014	H PYLORI DRUG ADMIN		0	999	07/01/2020	12/31/9999	1	O1	7.07	A

Mississippi Division of Medicaid
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83015	HEAVY METAL QUALITATIVE ANY # ANALYTES		0	999	07/01/2020	12/31/9999	1	O1	18.85	A
83018	HEAVY METAL QUANTITATIVE EA NOS		0	999	07/01/2020	12/31/9999	4	O1	19.76	A
83020	HEMOGLOBIN ELECTROPHORESIS		0	999	07/01/2020	12/31/9999	2	O1	11.58	A
83021	HEMOGLOBIN CHROMOTOGRAPHY		0	999	07/01/2020	12/31/9999	2	O1	16.25	A
83026	HEMOGLOBIN; BY COPPER SULFATE		0	999	07/01/2019	12/31/9999	1	O1	3.61	A
83030	HEMOGLOBIN;		0	999	07/01/2019	12/31/9999	1	O1	9.67	A
83033	FETAL HEMOGLOBIN ASSAY, QUAL		0	999	07/01/2019	12/31/9999	1	O1	7.20	A
83036	GLYCOSYLATED HEMOGLOBIN TEST		0	999	07/01/2020	12/31/9999	1	O1	8.74	A
83037	GLYCOSYLATED HB, HOME DEVICE		0	999	07/01/2020	12/31/9999	1	O1	8.74	A
83045	HEMOGLOBIN;		0	999	07/01/2019	12/31/9999	1	O1	5.84	A
83050	HEMOGLOBIN;		0	999	07/01/2020	12/31/9999	2	O1	7.38	A
83051	HEMOGLOBIN;		0	999	07/01/2020	12/31/9999	1	O1	6.58	A
83060	HEMOGLOBIN;		0	999	07/01/2020	12/31/9999	1	O1	7.92	A
83065	HEMOGLOBIN;		0	999	07/01/2019	12/31/9999	1	O1	8.10	A
83068	HEMOGLOBIN;		0	999	07/01/2019	12/31/9999	1	O1	8.52	A
83069	HEMOGLOBIN; URINE		0	999	07/01/2020	12/31/9999	1	O1	3.56	A
83070	HEMOSIDERIN; QUALITATIVE		0	999	07/01/2020	12/31/9999	1	O1	4.28	A
83080	ASSAY OF B HEXOSAMINIDASE		0	999	07/01/2020	12/31/9999	2	O1	15.18	A
83088	HISTAMINE		0	999	07/01/2020	12/31/9999	1	O1	26.58	A
83090	ASSAY OF HOMOCYSTINE		0	999	07/01/2020	12/31/9999	2	O1	16.13	A
83150	HOMOVANILLIC ACID (HVA)		0	999	07/01/2019	12/31/9999	1	O1	20.17	A
83491	HYDROXYCORTICOSTEROIDS, 17- (1		0	999	07/01/2020	12/31/9999	1	O1	16.11	A
83497	HYDROXYINDOLACETIC ACID, 5-(HI		0	999	07/01/2020	12/31/9999	1	O1	11.61	A
83498	HYDROXYPROGESTERONE, 17-D		0	999	07/01/2020	12/31/9999	2	O1	24.45	A
83500	HYDROXYPROLINE; FREE		0	999	07/01/2020	12/31/9999	1	O1	20.39	A
83505	HYDROXYPROLINE; TOTAL		0	999	07/01/2020	12/31/9999	1	O1	21.87	A
83516	IMMUNOASSAY, NONANTIBODY		0	999	07/01/2020	12/31/9999	5	O1	10.38	A
83518	IMMUNOASSAY, DIPSTICK		0	999	07/01/2020	12/31/9999	1	O1	8.68	A
83519	RIA NONANTIBODY		0	999	07/01/2020	12/31/9999	5	O1	16.56	A
83520	IMMUNOASSAY QUANT NOS NONAB		0	999	07/01/2020	12/31/9999	9	O1	15.54	A
83521	IG LIGHT CHAINS FREE EACH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
83525	INSULIN; TOTAL		0	999	07/01/2020	12/31/9999	4	O1	10.29	A
83527	INSULIN; FREE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
83528	INTRINSIC FACTOR		0	999	07/01/2019	12/31/9999	1	O1	17.84	A
83529	ASAY OF INTERLEUKIN-6 (IL-6)		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
83540	IRON		0	999	07/01/2020	12/31/9999	2	O1	5.82	A
83550	IRON BINDING CAPACITY		0	999	07/01/2020	12/31/9999	1	O1	7.87	A
83570	ISOCITRIC DEHYDROGENASE (IDH)		0	999	07/01/2020	12/31/9999	1	O1	7.97	A
83582	KETOGENIC STEROIDS; FRACTIONAT		0	999	07/01/2020	12/31/9999	1	O1	13.92	A
83586	KETOSTEROIDS, 17- (17-KS); TOT		0	999	07/01/2020	12/31/9999	1	O1	11.52	A
83593	KETOSTEROIDS, 17- (17-KS); FRA		0	999	07/01/2020	12/31/9999	1	O1	25.65	A
83605	LACTATE (LACTIC ACID)		0	999	07/01/2020	12/31/9999	2	O1	10.41	A
83615	LACTATE DEHYDROGENASE (LD), (L		0	999	07/01/2020	12/31/9999	3	O1	5.44	A
83625	LACTATE DEHYDROGENASE (LD), (L		0	999	07/01/2020	12/31/9999	1	O1	11.51	A
83630	LACTOFERRIN, FECAL (QUAL)		0	999	07/01/2020	12/31/9999	1	O1	17.73	A
83631	LACTOFERRIN, F ECAL (QUANT)		0	999	07/01/2020	12/31/9999	1	O1	17.67	A
83632	LACTOGEN, HUMAN PLACENTAL (HPL		9	60	07/01/2020	12/31/9999	1	O1	18.20	A
83633	LACTOSE, URINE; QUALITATIVE		0	999	07/01/2019	12/31/9999	1	O1	10.13	A
83655	LEAD		0	999	07/01/2020	12/31/9999	2	O1	10.90	A
83661	L/S RATIO, FETAL LUNG		9	60	07/01/2020	12/31/9999	3	O1	19.79	A
83662	LECITHIN-SPHINGOMYELIN RATIO (		0	999	07/01/2020	12/31/9999	4	O1	17.02	A
83663	FLUORO POLARIZE, FETAL LUNG		0	999	07/01/2020	12/31/9999	3	O1	17.02	A
83664	LAMELLAR BDY, FETAL LUNG		0	999	07/01/2020	12/31/9999	3	O1	17.39	A
83670	LEUCINE AMINOPEPTIDASE (LAP)		0	999	07/01/2020	12/31/9999	1	O1	8.83	A
83690	LIPASE		0	999	07/01/2020	12/31/9999	2	O1	6.20	A
83695	ASSAY OF LIPOPROTEIN(A)		0	999	07/01/2020	12/31/9999	1	O1	12.89	A
83698	LIPOPROT-ASSOC PHOSPHOLIPASE		0	999	07/01/2019	12/31/9999	1	O1	41.68	A
83700	LIPOPRO BLD, E LECTROPHORETIC		0	999	07/01/2020	12/31/9999	1	O1	10.13	A
83701	LIPOPROTEIN BLD, HR FRACTION		0	999	07/01/2019	12/31/9999	1	O1	30.47	A
83704	LIPOPROTEIN BLOOD QUANTITATION		0	999	07/01/2020	12/31/9999	1	O1	30.77	A
83718	LIPOPROTEIN, DIRECT MEASUREMEN		0	999	07/01/2020	12/31/9999	1	O1	7.37	A
83719	BLOOD LIPOPROTEIN ASSAY		0	999	07/01/2020	12/31/9999	1	O1	11.48	A
83721	BLOOD LIPOPROTEIN ASSAY		0	999	07/01/2020	12/31/9999	1	O1	9.45	A
83722	LIPOPRTN DIR MEAS SD LDL CHL	Y	0	999	07/01/2020	12/31/9999	1	O1	30.77	A
83727	LUTEINIZING RELEASING FACTOR (		0	999	07/01/2020	12/31/9999	1	O1	15.47	A
83735	MAGNESIUM		0	999	07/01/2020	12/31/9999	4	O1	6.03	A
83775	MALATE DEHYDROGENASE		0	999	07/01/2020	12/31/9999	1	O1	6.63	A
83785	MANGANESE		0	999	07/01/2020	12/31/9999	1	O1	23.99	A
83789	MASS SPECTROMETRY QUAL/QUAN		0	999	07/01/2019	12/31/9999	2	O1	21.70	A
83825	MERCURY, QUANTITATIVE		0	999	07/01/2020	12/31/9999	2	O1	14.63	A
83835	METANEPHRINES		0	999	07/01/2020	12/31/9999	2	O1	15.25	A
83857	METHEMALBUMIN		0	999	07/01/2020	12/31/9999	1	O1	9.67	A
83861	MICROFLUID ANALY TEARS		0	999	07/01/2019	12/31/9999	2	O1	20.23	A
83864	MUCOPOLYSACCHARIDES, ACID; QUA		0	999	07/01/2019	12/31/9999	1	O1	25.65	A
83872	MUCIN, SYNOVIAL FLUID (ROPES		0	999	07/01/2020	12/31/9999	2	O1	5.27	A
83873	ASSAY OF CSF PROTEIN		0	999	07/01/2020	12/31/9999	1	O1	15.48	A
83874	MYOGLOBIN		0	999	07/01/2020	12/31/9999	4	O1	11.63	A
83876	MYELOPEROXIDAS (MPO)		0	999	07/01/2019	12/31/9999	1	O1	45.77	A
83880	NATRIURETIC PEPTIDE		0	999	07/01/2019	12/31/9999	1	O1	35.33	A
83883	NEPHELOMETRY, EACH ANALYTE NOT		0	999	07/01/2020	12/31/9999	4	O1	12.24	A
83885	NICKEL		0	999	07/01/2020	12/31/9999	2	O1	22.06	A
83915	NUCLEOTIDASE 5'-		0	999	07/01/2020	12/31/9999	1	O1	10.04	A
83916	OLIGOCLONAL BANDS		0	999	07/01/2020	12/31/9999	2	O1	24.65	A
83918	ORGANIC ACIDS, TOTAL, QUANT		0	999	07/01/2020	12/31/9999	2	O1	21.24	A
83919	ORGANIC ACIDS, QUAL, EACH		0	999	07/01/2020	12/31/9999	1	O1	14.81	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
83921	ORGANIC ACID, SINGLE, QUANT		0	999	07/01/2020	12/31/9999	2	O1	19.09	A
83930	OSMOLALITY;		0	999	07/01/2020	12/31/9999	2	O1	5.95	A
83935	OSMOLALITY;		0	999	07/01/2020	12/31/9999	2	O1	6.14	A
83937	OSTEOCALCIN (BONE G1A PROTEIN)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
83945	OXALATE		0	999	07/01/2020	12/31/9999	2	O1	13.01	A
83950	ONCOPROTEIN, HER-2/NEU		0	999	07/01/2020	12/31/9999	1	O1	57.97	A
83951	ONCOPROTEIN		0	999	07/01/2020	12/31/9999	1	O1	57.97	A
83970	PARATHORMONE (PARATHYROID HORM		0	999	07/01/2020	12/31/9999	4	O1	37.15	A
83986	ASSAY PH BODY FLUID NOS		0	999	07/01/2020	12/31/9999	2	O1	3.22	A
83987	EXHALED BREATH CONDENSATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
83992	PHENCYCLIDINE (PCP)		0	999	07/01/2020	12/31/9999	2	O1	15.12	B
83993	CALPROTECTIN, FECAL		0	999	07/01/2020	12/31/9999	1	O1	17.67	A
84030	PHENYLALANINE (PKU), BLOOD		0	999	07/01/2020	12/31/9999	1	O1	4.95	A
84035	PHENYLKETONES, QUALITATIVE		0	999	07/01/2020	12/31/9999	1	O1	3.58	A
84060	PHOSPHATASE, ACID; TOTAL		0	999	07/01/2020	12/31/9999	1	O1	6.88	A
84066	PHOSPHATASE, ACID; PROSTATIC		0	999	07/01/2020	12/31/9999	1	O1	8.69	A
84075	PHOSPHATASE, ALKALINE;		0	999	07/01/2020	12/31/9999	2	O1	4.66	A
84078	PHOSPHATASE, ALKALINE, BLOOD		0	999	07/01/2019	12/31/9999	1	O1	7.43	A
84080	PHOSPHATASE, ALKALINE; ISOENZY		0	999	07/01/2020	12/31/9999	1	O1	13.30	A
84081	PHOSPHATIDYLGYCEROL		0	999	07/01/2020	12/31/9999	1	O1	14.87	A
84085	PHOSPHOGLUCONATE, 6-, DEHYDR		0	999	07/01/2020	12/31/9999	1	O1	8.50	A
84087	PHOSPHOHEXOSE ISOMERASE		0	999	07/01/2020	12/31/9999	1	O1	9.66	A
84100	PHOSPHORUS INORGANIC (PHOSPHAT		0	999	07/01/2020	12/31/9999	2	O1	4.27	A
84105	PHOSPHORUS (PHOSPHATE);		0	999	07/01/2019	12/31/9999	1	O1	5.20	A
84106	PORPHOBILINOGEN, URINE;		0	999	07/01/2019	12/31/9999	1	O1	5.24	A
84110	PORPHOBILINOGEN, URINE;		0	999	07/01/2020	12/31/9999	1	O1	7.60	A
84112	PLACENTA ALPHA MICRO IG C/V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84119	PORPHYRINS, URINE; QUALITATIVE		0	999	07/01/2019	12/31/9999	1	O1	12.02	A
84120	PORPHYRINS, URINE; QUANTITATIO		0	999	07/01/2020	12/31/9999	1	O1	13.24	A
84126	PORPHYRINS, FECES; QUANTITATIV		0	999	07/01/2019	12/31/9999	1	O1	35.20	A
84132	POTASSIUM; SERUM		0	999	07/01/2020	12/31/9999	3	O1	4.28	A
84133	POTASSIUM;		0	999	07/01/2020	12/31/9999	2	O1	4.26	A
84134	PREALBUMIN		0	999	07/01/2020	12/31/9999	1	O1	13.13	A
84135	PREGNANEDIOL		0	999	07/01/2019	12/31/9999	1	O1	19.14	A
84138	PREGNANETRIOL		0	999	07/01/2019	12/31/9999	1	O1	18.95	A
84140	PREGNENOLONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84143	17-HYDROXYPREGNENOLONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84144	PROGESTERONE		0	999	07/01/2020	12/31/9999	1	O1	18.77	A
84145	PROCALCITONIN (PCT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84146	PROLACTIN		0	999	07/01/2020	12/31/9999	3	O1	17.44	A
84150	PROSTAGLANDIN, EACH		0	999	07/01/2020	12/31/9999	2	O1	37.59	A
84152	ASSAY OF PSA, COMPLEXED		0	999	07/01/2020	12/31/9999	1	O1	16.55	A
84153	PSA TOTAL		0	999	07/01/2020	12/31/9999	1	O1	16.55	A
84154	ASSAY OF PSA, FREE		0	999	07/01/2020	12/31/9999	1	O1	16.55	A
84155	PROTEIN TOT NO REFRACTOMETRY; SERUMPROTE		0	999	07/01/2020	12/31/9999	1	O1	3.30	A
84156	PROT TOTAL NO REFRACTOMETRY; URINE PROTE		0	999	07/01/2020	12/31/9999	1	O1	3.30	A
84157	PROT TOT NO REFRACTOMETRY; OTH SRC PROTE		0	999	07/01/2020	12/31/9999	2	O1	3.60	A
84160	PROTEIN TOT REFRACTOMETRY ANY SRC PROTE		0	999	07/01/2020	12/31/9999	2	O1	5.05	A
84163	PAPPA, SERUM		0	60	07/01/2020	12/31/9999	1	O1	13.55	A
84165	PROTEIN E-PHORESIS, SERUM		0	999	07/01/2020	12/31/9999	1	O1	9.67	A
84166	PROTEIN E-PHORESIS/URINE/CSF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84181	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE		0	999	07/01/2020	12/31/9999	3	O1	15.33	A
84182	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;		0	999	07/01/2020	12/31/9999	6	O1	26.29	A
84202	PROTOPORPHYRIN, RBC;		0	999	07/01/2020	12/31/9999	1	O1	12.92	A
84203	PROTOPORPHYRIN, RBC;		0	999	07/01/2019	12/31/9999	1	O1	8.77	A
84206	PROINSULIN		0	999	07/01/2019	12/31/9999	1	O1	24.02	A
84207	PYRIDOXAL PHOSPHATE (VITAMIN B		0	999	07/01/2020	12/31/9999	1	O1	25.29	A
84210	PYRUVATE		0	999	07/01/2019	12/31/9999	1	O1	13.03	A
84220	PYRUVATE KINASE		0	999	07/01/2020	12/31/9999	1	O1	8.50	A
84228	QUININE		0	999	07/01/2020	12/31/9999	1	O1	10.47	A
84233	RECEPTOR ASSAY; ESTROGEN		0	999	07/01/2019	12/31/9999	1	O1	79.09	A
84234	RECEPTOR ASSAY;		0	999	07/01/2020	12/31/9999	1	O1	58.39	A
84235	RECEPTOR ASSAY;		0	999	07/01/2019	12/31/9999	1	O1	64.11	A
84238	ASSAY, NONENDOCRINE RECEPTOR		0	999	07/01/2020	12/31/9999	3	O1	32.91	A
84244	RENIN		0	999	07/01/2020	12/31/9999	2	O1	19.79	A
84252	RIBOFLAVIN (VITAMIN B-2)		0	999	07/01/2020	12/31/9999	1	O1	18.22	A
84255	SELENIUM		0	999	07/01/2020	12/31/9999	2	O1	22.98	A
84260	SEROTONIN		0	999	07/01/2020	12/31/9999	1	O1	27.88	A
84270	SEX HORMONE BINDING GLOBULIN (		0	999	07/01/2020	12/31/9999	1	O1	19.56	A
84275	SIALIC ACID		0	999	07/01/2020	12/31/9999	1	O1	12.10	A
84285	SILICA		0	999	07/01/2020	12/31/9999	1	O1	22.69	A
84295	SODIUM; SERUM		0	999	07/01/2020	12/31/9999	2	O1	4.33	A
84300	SODIUM;		0	999	07/01/2020	12/31/9999	2	O1	4.55	A
84302	ASSAY OF SWEAT SODIUM		0	999	07/01/2020	12/31/9999	1	O1	4.37	A
84305	SOMATOMEDIN		0	999	07/01/2020	12/31/9999	1	O1	19.13	A
84307	SOMATOSTATIN		0	999	07/01/2020	12/31/9999	1	O1	16.45	A
84311	SPECTROPHOTOMETRY, ANALYTE NOT		0	999	07/01/2020	12/31/9999	2	O1	7.29	A
84315	SPECIFIC GRAVITY (EXCEPT URI		0	999	07/01/2019	12/31/9999	1	O1	2.95	A
84375	SUGARS, CHROMATOGRAPHIC, TLC O		0	999	07/01/2019	12/31/9999	1	O1	35.10	A
84376	SUGARS, SINGLE, QUAL		0	999	07/01/2020	12/31/9999	1	O1	4.95	A
84377	SUGARS; MX QUALITATIVE EA SPECIMEN SUGAR		0	999	07/01/2020	12/31/9999	1	O1	4.95	A
84378	SUGARS SINGLE QUANT		0	999	07/01/2020	12/31/9999	2	O1	10.38	A
84379	SUGARS MULTIPLE QUANT		0	999	07/01/2020	12/31/9999	1	O1	10.38	A
84392	SULFATE, URINE		0	999	07/01/2019	12/31/9999	1	O1	4.94	A
84402	TESTOSTERONE; FREE		0	999	07/01/2020	12/31/9999	1	O1	22.92	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
84403	TESTOSTERONE; TOTAL		0	999	07/01/2020	12/31/9999	2	O1	23.23	A
84410	TESTOSTERONE FREE DIRECT MEASURE		0	999	07/01/2020	12/31/9999	1	O1	46.15	A
84425	THIAMINE (VITAMIN B-1)		0	999	07/01/2020	12/31/9999	1	O1	19.11	A
84430	THIOCYANATE		0	999	07/01/2020	12/31/9999	1	O1	10.47	A
84431	THROMBOXANE, URINE		0	999	07/01/2019	12/31/9999	1	O1	31.60	A
84432	THYROGLOBULIN		0	999	07/01/2020	12/31/9999	1	O1	14.45	A
84436	THYROXINE; TOTAL		0	999	07/01/2020	12/31/9999	1	O1	6.18	A
84437	THYROXINE; REQUIRING ELUTION (		0	999	07/01/2020	12/31/9999	1	O1	5.82	A
84439	THYROXINE; FREE		0	999	07/01/2020	12/31/9999	1	O1	8.12	A
84442	THYROXINE BINDING GLOBULIN (		0	999	07/01/2020	12/31/9999	1	O1	13.30	A
84443	THYROID STIMULATING HORMONE (T		0	999	07/01/2020	12/31/9999	4	O1	15.12	A
84445	ASSAY OF TSI		0	999	07/01/2020	12/31/9999	1	O1	45.77	A
84446	TOCOPHEROL ALPHA (VITAMIN E)		0	999	07/01/2020	12/31/9999	1	O1	12.76	A
84449	TRANSCORTIN (CORTISOL BINDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84450	TRANSFERASE; ASPARTATE AMINO (		0	999	07/01/2020	12/31/9999	1	O1	4.66	A
84460	TRANSFERASE; ALANINE AMINO (AL		0	999	07/01/2020	12/31/9999	1	O1	4.77	A
84466	TRANSFERRIN		0	999	07/01/2020	12/31/9999	1	O1	11.48	A
84478	TRIGLYCERIDES		0	999	07/01/2020	12/31/9999	1	O1	5.17	A
84479	ASSAY THYROID (T-3 OR T-4)		0	999	07/01/2020	12/31/9999	1	O1	5.82	A
84480	ASSAY TRIIODOTHYRONINE (T-3)		0	999	07/01/2020	12/31/9999	1	O1	12.76	A
84481	TRIDOTHYRONINE (T-3); FREE		0	999	07/01/2020	12/31/9999	1	O1	15.25	A
84482	TRIDOTHYRONINE (T-3); REVERSE		0	999	07/01/2020	12/31/9999	1	O1	14.18	A
84484	TROPONIN, QUANT		0	999	07/01/2020	12/31/9999	4	O1	11.22	A
84485	TRYPSIN, DUODENAL FLUID		0	999	07/01/2020	12/31/9999	1	O1	6.48	A
84488	TRYPSIN; FECES, QUALITATIVE		0	999	07/01/2020	12/31/9999	1	O1	6.57	A
84490	TRYPSIN; FECES, QUANTITATIVE,		0	999	07/01/2019	12/31/9999	1	O1	8.94	A
84510	TYROSINE		0	999	07/01/2020	12/31/9999	1	O1	9.57	A
84512	TROPONIN, QUAL		0	999	07/01/2020	12/31/9999	3	O1	9.08	A
84520	UREA NITROGEN; QUANTITATIVE		0	999	07/01/2020	12/31/9999	2	O1	3.56	A
84525	UREA NITROGEN; SEMIQUANTITATIV		0	999	07/01/2019	12/31/9999	1	O1	4.62	A
84540	UREA NITROGEN, URINE		0	999	07/01/2020	12/31/9999	2	O1	5.00	A
84545	UREA NITROGEN, CLEARANCE		0	999	07/01/2020	12/31/9999	1	O1	6.48	A
84550	URIC ACID; BLOOD		0	999	07/01/2020	12/31/9999	1	O1	4.07	A
84560	URIC ACID; OTHER SOURCE		0	999	07/01/2020	12/31/9999	2	O1	4.57	A
84577	UROBILINOGEN, FECES, QUANTITAT		0	999	07/01/2020	12/31/9999	1	O1	15.12	A
84578	UROBILINOGEN, URINE; QUALITATI		0	999	07/01/2019	12/31/9999	1	O1	4.02	A
84580	UROBILINOGEN, URINE; QUANTITAT		0	999	07/01/2019	12/31/9999	1	O1	8.60	A
84583	UROBILINOGEN, URINE; SEMIQUANT		0	999	07/01/2019	12/31/9999	1	O1	5.45	A
84585	VANILLYMANDELIC ACID (VMA),		0	999	07/01/2020	12/31/9999	1	O1	13.95	A
84586	VASOACTIVE INTESTINAL PEPTIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
84588	VASOPRESSIN (ANTIDIURETIC HORM		0	999	07/01/2020	12/31/9999	1	O1	30.55	A
84590	VITAMIN A		0	999	07/01/2020	12/31/9999	1	O1	10.45	A
84591	ASSAY OF NOS VITAMIN		0	999	07/01/2019	12/31/9999	1	O1	15.35	A
84597	VITAMIN K		0	999	07/01/2020	12/31/9999	1	O1	12.35	A
84600	VOLATILES		0	999	07/01/2020	12/31/9999	2	O1	15.40	A
84620	XYLOSE TOLERANCE TEST, BLOOD		0	999	07/01/2020	12/31/9999	1	O1	11.62	A
84630	ZINC		0	999	07/01/2020	12/31/9999	2	O1	10.25	A
84681	C-PEPTIDE		0	999	07/01/2020	12/31/9999	1	O1	18.73	A
84702	GONADOTROPIN, CHORIONIC (HCG);		0	999	07/01/2020	12/31/9999	2	O1	13.55	A
84703	GONADOTROPIN, CHORIONIC (HCG);		0	999	07/01/2020	12/31/9999	1	O1	6.77	A
84704	HCG FREE BETA CHAIN		0	999	07/01/2020	12/31/9999	1	O1	13.76	A
84830	OVULATION TESTS, BY VISUAL COL		9	60	07/01/2019	12/31/9999	1	O1	11.43	A
84999	UNLISTED CHEMISTRY PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
85002	BLEEDING TIME		0	999	07/01/2020	12/31/9999	1	O1	4.34	A
85004	AUTOMATED DIFF WBC COUNT		0	999	07/01/2020	12/31/9999	2	O1	5.82	A
85007	BL SMEAR W/DIFF WBC COUNT		0	999	07/01/2020	12/31/9999	1	O1	3.42	A
85008	BL SMEAR W/O DIFF WBC COUNT		0	999	07/01/2020	12/31/9999	1	O1	3.09	A
85009	MANUAL DIFF WBC COUNT B-COAT		0	999	07/01/2019	12/31/9999	1	O1	4.56	A
85013	BLOOD COUNT; SPUN MICROHEMATOC		0	999	07/01/2019	12/31/9999	1	O1	6.30	A
85014	HEMATOCRIT		0	999	07/01/2020	12/31/9999	4	O1	2.13	A
85018	HEMOGLOBIN		0	999	07/01/2020	12/31/9999	4	O1	2.13	A
85025	COMPLETE CBC W/AUTO DIFF WBC		0	999	07/01/2020	12/31/9999	4	O1	6.99	A
85027	COMPLETE CBC, AUTOMATED		0	999	07/01/2020	12/31/9999	4	O1	5.82	A
85032	MANUAL CELL COUNT, EACH		0	999	07/01/2020	12/31/9999	2	O1	3.88	A
85041	AUTOMATED RBC COUNT		0	999	07/01/2020	12/31/9999	1	O1	2.72	A
85044	MANUAL RETICULOCYTE COUNT		0	999	07/01/2020	12/31/9999	1	O1	3.88	A
85045	AUTOMATED RETICULOCYTE COUNT		0	999	07/01/2020	12/31/9999	1	O1	3.59	A
85046	RETICYTE/HGB CONCENTRATE		0	999	07/01/2020	12/31/9999	1	O1	5.01	A
85048	AUTOMATED LEUKOCYTE COUNT		0	999	07/01/2020	12/31/9999	2	O1	2.29	A
85049	AUTOMATED PLATELET COUNT		0	999	07/01/2020	12/31/9999	2	O1	4.03	A
85055	RETICULATED PLATELET ASSAY RETIC		0	999	07/01/2019	12/31/9999	1	O1	32.17	A
85060	BLOOD SMEAR, PERIPHERAL, INTER		0	999	07/01/2020	12/31/9999	1	O1	20.92	B
85097	BONE MARROW INTERPRETATION		0	999	07/01/2021	12/31/9999	2	O1	512.85	A
85130	CHROMOGENIC SUBSTRATE ASSAY		0	999	07/01/2020	12/31/9999	1	O1	10.70	A
85170	CLOT RETRACTION		0	999	07/01/2019	12/31/9999	1	O1	14.67	A
85175	CLOT LYSIS TIME, WHOLE BLOOD		0	999	07/01/2019	12/31/9999	1	O1	18.33	A
85210	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	11.68	A
85220	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	15.89	A
85230	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	16.11	A
85240	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	16.11	A
85244	CLOTTING; FACTOR VIII RELATED		0	999	07/01/2020	12/31/9999	1	O1	18.38	A
85245	CLOTTING; FACTOR VIII, VW FACT		0	999	07/01/2020	12/31/9999	2	O1	20.65	A
85246	CLOTTING; FACTOR VIII, VW FACT		0	999	07/01/2020	12/31/9999	2	O1	20.65	A
85247	CLOTTING; FACTOR VIII, VON WIL		0	999	07/01/2020	12/31/9999	2	O1	20.65	A
85250	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	17.14	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
85260	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	16.11	A
85270	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	16.11	A
85280	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	17.42	A
85290	CLOTTING;		0	999	07/01/2020	12/31/9999	2	O1	14.71	A
85291	CLOTTING;		0	999	07/01/2020	12/31/9999	1	O1	8.20	A
85292	CLOTTING; PREKALLIKREIN ASSAY		0	999	07/01/2020	12/31/9999	1	O1	17.04	A
85293	CLOTTING; HIGH MOLECULAR WEIGH		0	999	07/01/2020	12/31/9999	1	O1	17.04	A
85300	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	2	O1	10.67	A
85301	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	1	O1	9.73	A
85302	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	1	O1	10.81	A
85303	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	2	O1	12.46	A
85305	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	2	O1	10.45	A
85306	CLOTTING INHIBITORS OR ANTICOA		0	999	07/01/2020	12/31/9999	2	O1	13.79	A
85307	ASSAY ACTIVATED PROTEIN C		0	999	07/01/2020	12/31/9999	2	O1	13.79	A
85335	FACTOR INHIBITOR TEST		0	999	07/01/2020	12/31/9999	2	O1	11.58	A
85337	THROMBOMODULIN		0	999	07/01/2019	12/31/9999	1	O1	15.54	A
85345	COAGULATION TIME;		0	999	07/01/2020	12/31/9999	1	O1	4.22	A
85347	COAGULATION TIME;		0	999	07/01/2020	12/31/9999	9	O1	3.85	A
85348	COAGULATION TIME;		0	999	07/01/2020	12/31/9999	2	O1	4.04	A
85360	EUGLOBULIN LYSIS		0	999	07/01/2020	12/31/9999	1	O1	7.57	A
85362	FIBRIN(OGEN) DEGRADATION (SPLI		0	999	07/01/2020	12/31/9999	2	O1	6.20	A
85366	FIBRIN(OGEN) DEGRADATION (SPLI		0	999	07/01/2019	12/31/9999	1	O1	72.41	A
85370	FIBRIN(OGEN) DEGRADATION (SPLI		0	999	07/01/2020	12/31/9999	1	O1	11.19	A
85378	FIBRIN DEGRADE, SEMIQUANT		0	999	07/01/2020	12/31/9999	2	O1	8.75	A
85379	FIBRIN DEGRADATION PRODUCTS, D		0	999	07/01/2020	12/31/9999	2	O1	9.16	A
85380	FIBRIN DEGRADATION, VTE		0	999	07/01/2020	12/31/9999	2	O1	9.16	A
85384	FIBRINOGEN; ACTIVITY		0	999	07/01/2020	12/31/9999	2	O1	8.75	A
85385	FIBRINOGEN; ANTIGEN		0	999	07/01/2019	12/31/9999	1	O1	13.01	A
85390	FIBRINOLYSINS OR COAGULOPATHY		0	999	07/01/2020	12/31/9999	3	O1	13.93	A
85396	COAG / FIBIN ASSAY WHOLE BLOOD; INCL INT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
85397	COAG/FIBR FUNC ACTIVITY NOS		0	999	07/01/2020	12/31/9999	2	O1	27.77	A
85400	FIBRINOLYTIC FACTORS AND INHIB		0	999	07/01/2020	12/31/9999	1	O1	6.94	A
85410	FIBRINOLYTIC MECHANISMS;		0	999	07/01/2020	12/31/9999	1	O1	6.94	A
85415	FIBRINOLYTIC FACTORS AND INHIB		0	999	07/01/2020	12/31/9999	2	O1	15.47	A
85420	FIBRINOLYTIC MECHANISMS;		0	999	07/01/2020	12/31/9999	2	O1	5.88	A
85421	FIBRINOLYTIC FACTORS AND INHIB		0	999	07/01/2020	12/31/9999	1	O1	9.16	A
85441	HEINZ BODIES;		0	999	07/01/2020	12/31/9999	1	O1	3.78	A
85445	HEINZ BODIES;		0	999	07/01/2020	12/31/9999	1	O1	6.14	A
85460	HEMOGLOBIN, FETAL, DIFFERENTIA		0	999	07/01/2020	12/31/9999	1	O1	6.96	A
85461	HEMOGLOBIN, FETAL		0	999	07/01/2020	12/31/9999	1	O1	8.42	A
85475	HEMOLYSIN, ACID		0	999	07/01/2020	12/31/9999	1	O1	7.98	A
85520	HEPARIN ASSAY		0	999	07/01/2020	12/31/9999	3	O1	11.78	A
85525	HEPARIN NEUTRALIZATION		0	999	07/01/2020	12/31/9999	2	O1	10.66	A
85530	HEPARIN-PROTAMINE TOLERANCE		0	999	07/01/2020	12/31/9999	1	O1	11.78	A
85536	IRON STAIN PERIPHERAL BLOOD		0	999	07/01/2020	12/31/9999	1	O1	6.19	A
85540	LEUKOCYTE ALKALINE PHOSPHATA		0	999	07/01/2020	12/31/9999	1	O1	7.74	A
85547	MECHANICAL FRAGILITY, RBC		0	999	07/01/2020	12/31/9999	1	O1	7.74	A
85549	MURAMIDASE		0	999	07/01/2020	12/31/9999	1	O1	16.88	A
85555	OSMOTIC FRAGILITY, RBC; UNINCU		0	999	07/01/2019	12/31/9999	1	O1	6.72	A
85557	OSMOTIC FRAGILITY, RBC; INCUBA		0	999	07/01/2020	12/31/9999	1	O1	12.02	A
85576	PLATELET; AGGREGATION (IN VITR		0	999	07/01/2020	12/31/9999	7	O1	22.42	A
85597	PLATELET NEUTRALIZATION		0	999	07/01/2020	12/31/9999	1	O1	16.18	A
85598	HEXAGNAL PHOSPH PLTLT NEUTRL		0	999	07/01/2020	12/31/9999	1	O1	16.18	A
85610	PROTHROMBIN TIME;		0	999	07/01/2020	12/31/9999	4	O1	3.86	A
85611	PROTHROMBIN TIME; SUBSTITUTION		0	999	07/01/2020	12/31/9999	2	O1	3.55	A
85612	RUSSELL VIPER VENOM TIME (INCL		0	999	07/01/2019	12/31/9999	1	O1	15.74	A
85613	RUSSELL VIPER VENOM TIME (INCL		0	999	07/01/2020	12/31/9999	3	O1	8.62	A
85635	REPTILASE TEST		0	999	07/01/2020	12/31/9999	1	O1	8.87	A
85651	SEDIMENTATION RATE, ERYTHROCYT		0	999	07/01/2019	12/31/9999	1	O1	3.84	A
85652	RBC SED RATE, AUTO		0	999	07/01/2020	12/31/9999	1	O1	2.43	A
85660	SICKLING OF RBC, REDUCTION,		0	999	07/01/2020	12/31/9999	2	O1	4.96	A
85670	THROMBIN TIME; PLASMA		0	999	07/01/2020	12/31/9999	2	O1	5.19	A
85675	THROMBIN TIME; TITER		0	999	07/01/2020	12/31/9999	1	O1	6.17	A
85705	THROMBOPLASTIN INHIBITION; TIS		0	999	07/01/2020	12/31/9999	1	O1	8.67	A
85730	THROMBOPLASTIN TIME, PARTIAL		0	999	07/01/2020	12/31/9999	4	O1	5.41	A
85732	THROMBOPLASTIN TIME, PARTIAL (		0	999	07/01/2020	12/31/9999	4	O1	5.82	A
85810	VISCOSITY		0	999	07/01/2020	12/31/9999	2	O1	10.50	A
85999	UNLISTED HEMATOLOGY PROCEDUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86000	AGGLUTININS, FEBRILE (EG, BRUC		0	999	07/01/2020	12/31/9999	6	O1	6.28	A
86001	ALLERGEN SPECIFIC IGG		0	999	07/01/2020	12/31/9999	20	O1	7.04	A
86003	ALLERGEN SPECIFIC IGE; QUANTIT		0	999	07/01/2020	12/31/9999	40	O1	4.70	A
86005	ALLERGEN SPECIFIC IGE; QUALITA		0	999	07/01/2020	12/31/9999	6	O1	7.17	A
86008	ANTIBODY, NON-RBC, QUANTITATIV		0	999	01/01/2018	12/31/9999	20	O6	0.00	E
86015	ACTIN ANTIBODY EACH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86021	ANTIBODY IDENTIFICATION;		0	999	07/01/2020	12/31/9999	1	O1	13.55	A
86022	ANTIBODY IDENTIFICATION; PLATE		0	999	07/01/2020	12/31/9999	1	O1	16.53	A
86023	ANTIBODY IDENTIFICATION; PLATE		0	999	07/01/2020	12/31/9999	3	O1	11.21	A
86036	ANCA SCREEN EACH ANTIBODY		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86037	ANCA TITER EACH ANTIBODY		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86038	ANTINUCLEAR ANTIBODIES (ANA);		0	999	07/01/2020	12/31/9999	1	O1	10.88	A
86039	ANTINUCLEAR ANTIBODIES (ANA);		0	999	07/01/2020	12/31/9999	1	O1	10.04	A
86051	AQUAPORIN-4 ANTB ELISA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86052	AQUAPORIN-4 ANTB CBA EACH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86053	AQAPRN-4 ANTB FLO CYTMTRY EA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86060	ANTISTREPTOLYSIN 0;		0	999	07/01/2020	12/31/9999	1	O1	6.57	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
86063	ANTISTREPTOLYSIN 0;		0	999	07/01/2020	12/31/9999	1	O1	5.19	A
86077	BLOOD BANK PHYSICIAN SERVICES;		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
86078	BLOOD BANK PHYSICIAN SERVICES;		0	999	07/01/2021	12/31/9999	1	O1	116.58	S
86079	BLOOD BANK PHYSICIAN SERVICES;		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
86140	C-REACTIVE PROTEIN		0	999	07/01/2020	12/31/9999	1	O1	4.66	A
86141	C-REACTIVE PROTEIN, HS		0	999	07/01/2020	12/31/9999	1	O1	11.66	A
86146	GLYCOPROTEIN ANTIBODY		0	999	07/01/2020	12/31/9999	3	O1	22.91	A
86147	CARDIOLIPIN ANTIBODY		0	999	07/01/2020	12/31/9999	4	O1	22.91	A
86148	PHOSPHOLIPID ANTIBODY		0	999	07/01/2020	12/31/9999	1	O1	14.46	A
86152	CELL ENUMERATION & ID		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
86153	CELL ENUMERATION PHYS INTERP		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
86155	CHEMOTAXIS ASSAY, SPECIFY ME		0	999	07/01/2020	12/31/9999	1	O1	14.39	A
86156	COLD AGGLUTININ; SCREEN		0	999	07/01/2019	12/31/9999	1	O1	7.26	A
86157	COLD AGGLUTININ; TITER		0	999	07/01/2020	12/31/9999	1	O1	7.25	A
86160	COMPLEMENT; ANTIGEN, EACH COMP		0	999	07/01/2020	12/31/9999	4	O1	10.80	A
86161	COMPLEMENT; FUNCTIONAL ACTIVIT		0	999	07/01/2020	12/31/9999	2	O1	10.80	A
86162	COMPLEMENT; TOTAL HEMOLYTIC (C		0	999	07/01/2020	12/31/9999	1	O1	18.29	A
86171	COMPLEMENT FIXATION TESTS, E		0	999	07/01/2020	12/31/9999	2	O1	9.01	A
86200	CCP ANTIBODY		0	999	07/01/2020	12/31/9999	1	O1	11.66	A
86215	DEOXYRIBONUCLEASE, ANTIBODY		0	999	07/01/2020	12/31/9999	1	O1	11.93	A
86225	DEOXYRIBONUCLEIC ACID (DNA) AN		0	999	07/01/2020	12/31/9999	1	O1	12.37	A
86226	DEOXYRIBONUCLEIC ACID (DNA) AN		0	999	07/01/2020	12/31/9999	1	O1	10.90	A
86231	EMA EACH IG CLASS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86235	EXTRACTABLE NUCLEAR ANTIGEN, A		0	999	07/01/2020	12/31/9999	10	O1	16.14	A
86255	FLUORESCENT ANTIBODY; SCREEN		0	999	07/01/2020	12/31/9999	5	O1	10.85	A
86256	FLUORESCENT ANTIBODY; TITER, E		0	999	07/01/2020	12/31/9999	9	O1	10.85	A
86258	DGP ANTIBODY EACH IG CLASS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86277	GROWTH HORMONE, HUMAN (HGH), A		0	999	07/01/2020	12/31/9999	1	O1	14.17	A
86280	HEMAGGLUTINATION INHIBITION TE		0	999	07/01/2020	12/31/9999	1	O1	7.37	A
86294	IMMUNOASSAY, TUMOR QUAL		0	999	07/01/2019	12/31/9999	1	O1	23.01	A
86300	HETEROPHILE ANTIBODIES;		0	999	07/01/2020	12/31/9999	2	O1	18.73	A
86301	IMMUNOASSAY, TUMOR CA 19-9		0	999	07/01/2020	12/31/9999	1	O1	18.73	A
86304	IMMUNOASSAY, TUMOR, CA 125		0	999	07/01/2020	12/31/9999	1	O1	18.73	A
86305	HUMAN EPIDIDYMIS PROTEIN 4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86308	HETEROPHILE ANTIBODIES; SCREEN		0	999	07/01/2020	12/31/9999	1	O1	4.66	A
86309	HETEROPHILE ANTIBODIES; TITER		0	999	07/01/2020	12/31/9999	1	O1	5.82	A
86310	HETEROPHILE ANTIBODIES; TITERS		0	999	07/01/2020	12/31/9999	1	O1	6.63	A
86316	IMMUNOASSAY, TUMOR OTHER		0	999	07/01/2020	12/31/9999	2	O1	18.73	A
86317	IMMUNOASSAY,INFECTIOUS AGENT		0	999	07/01/2020	12/31/9999	6	O1	13.49	A
86318	IMMUNOASSAY TO INFECTIOUS AGEN		0	999	07/01/2020	12/31/9999	2	O1	16.28	A
86320	IMMUNOELECTROPHORESIS; SERUM		0	999	07/01/2020	12/31/9999	1	O1	26.93	A
86325	OTHER IMMUNOELECTROPHORESIS		0	999	07/01/2020	12/31/9999	2	O1	20.82	A
86327	IMMUNOELECTROPHORESIS; CROSSED		0	999	07/01/2019	12/31/9999	1	O1	26.93	A
86328	IMMU FOR INF AGT ANT, QUAL OR SEMI, SGLE		0	999	04/10/2020	12/31/9999	1	O1	40.71	A
86329	IMMUNODIFFUSION, NOT ELSEWHERE		0	999	07/01/2020	12/31/9999	3	O1	12.65	A
86331	IMMUNODIFFUSION;		0	999	07/01/2020	12/31/9999	12	O1	10.78	A
86332	IMMUNE COMPLEX ASSAY		0	999	07/01/2020	12/31/9999	1	O1	21.93	A
86334	IMMUNOFIX E-PHORESIS, SERUM		0	999	07/01/2020	12/31/9999	2	O1	20.11	A
86335	IMMUNFIX E-PHORSIS/URINE/CSF		0	999	07/01/2020	12/31/9999	2	O1	26.42	A
86336	INHIBIN A		0	999	07/01/2020	12/31/9999	1	O1	14.03	A
86337	INSULIN ANTIBODIES		0	999	07/01/2020	12/31/9999	1	O1	19.27	A
86340	INTRINSIC FACTOR ANTIBODIES		0	999	07/01/2020	12/31/9999	1	O1	13.57	A
86341	ISLET CELL ANTIBODY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86343	LEUKOCYTE HISTAMINE RELEASE TE		0	999	07/01/2020	12/31/9999	1	O1	11.21	A
86344	LEUKOCYTE PHAGOCYTOSIS		0	999	07/01/2019	12/31/9999	1	O1	9.35	A
86352	CELL FUNCTION ASSAY W/STIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86353	LYMPHOCYTE TRANSFORMATION, MIT		0	999	07/01/2020	12/31/9999	7	O1	44.13	A
86355	B CELLS, TOTAL COUNT		0	999	07/01/2020	12/31/9999	1	O1	33.96	A
86356	MONONUC CELL ANTIG QUANT NOS EA		0	999	07/01/2020	12/31/9999	7	O1	24.10	A
86357	NK CELLS, TOTA L COUNT		0	999	07/01/2020	12/31/9999	1	O1	33.96	A
86359	T CELLS; TOTAL COUNT		0	999	07/01/2020	12/31/9999	1	O1	33.96	A
86360	T CELL ABSOLUTE COUNT/RATIO		0	999	07/01/2020	12/31/9999	1	O1	42.28	A
86361	T CELL ABSOLUTE COUNT		0	999	07/01/2020	12/31/9999	1	O1	24.10	A
86362	MOG-IGG1 ANTB CBA EACH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86363	MOG-IGG1 ANTB FLO CYTMTRY EA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86364	TISS TRNSGLTMNASE EA IG CLAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86367	STEM CELLS, TOTAL COUNT		0	999	07/01/2020	12/31/9999	2	O1	70.00	A
86376	MICROSOMAL ANTIBODIES (EG, THY		0	999	07/01/2020	12/31/9999	2	O1	13.10	A
86381	MITOCHONDRIAL ANTIBODY EACH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86382	NEUTRALIZATION TEST, VIRAL		0	999	07/01/2020	12/31/9999	3	O1	15.22	A
86384	NITROBLUE TETRAZOLIUM DYE TE		0	999	07/01/2019	12/31/9999	1	O1	12.25	A
86386	NMP22 QUALITATIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86403	PARTICLE AGGLUTINATION, ANTIBO		0	999	07/01/2020	12/31/9999	3	O1	10.39	A
86406	PARTICLE AGGLUTINATION TEST		0	999	07/01/2020	12/31/9999	2	O1	9.58	A
86408	NEUTRLZG ANTB SARSCOV2 SCR		0	999	08/10/2020	12/31/9999	1	O1	37.92	A
86409	NEUTRLZG ANTB SARSCOV2 TITER		0	999	08/10/2020	12/31/9999	1	O1	94.80	A
86413	COVID-19, ANTIBODY, QUANTITIVE		0	999	09/08/2020	12/31/9999	1	O1	42.13	A
86430	RHEUMATOID FACTOR; QUALITATIVE		0	999	07/01/2020	12/31/9999	2	O1	5.53	A
86431	RHEUMATOID FACTOR; QUANTITATIV		0	999	07/01/2020	12/31/9999	2	O1	5.10	A
86480	TB TEST CELL IMMUN MEASURE		0	999	07/01/2020	12/31/9999	1	O1	55.78	A
86481	TB AG RESPONSE T-CELL SUSP		0	999	07/01/2020	12/31/9999	1	O1	90.00	A
86485	SKIN TEST; CANDIDA		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
86486	SKIN TEST CANDIDA UNL ANTIG EA		0	999	07/01/2021	12/31/9999	2	O1	19.28	S
86490	SKIN TEST;		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
86510	SKIN TEST;		0	999	07/01/2021	12/31/9999	1	O1	43.50	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
86580	SKIN TEST;		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
86590	STREPTOKINASE, ANTIBODY		0	999	07/01/2019	12/31/9999	1	O1	11.39	A
86592	SYPHILIS TEST NON-TREP QUAL		0	999	07/01/2020	12/31/9999	2	O1	3.84	A
86593	SYPHILIS TEST NON-TREP QUANT		0	999	07/01/2020	12/31/9999	2	O1	3.96	A
86596	VOLTAGE-GTD CA CHNL ANTB EA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
86602	ANTIBODY; ACTINOMYCES		0	999	07/01/2020	12/31/9999	3	O1	9.16	A
86603	ANTIBODY; ADENOVIRUS		0	999	07/01/2020	12/31/9999	2	O1	11.58	A
86606	ANTIBODY; ASPIRGILLUS		0	999	07/01/2020	12/31/9999	3	O1	13.55	A
86609	ANTIBODY; BACTERIUM, NOT ELSEW		0	999	07/01/2020	12/31/9999	14	O1	11.59	A
86611	BARTONELLA ANTIBODY		0	999	07/01/2020	12/31/9999	4	O1	9.16	A
86612	ANTIBODY; BLASTOMYCES		0	999	07/01/2020	12/31/9999	2	O1	11.61	A
86615	ANTIBODY; BORDETELLA		0	999	07/01/2020	12/31/9999	6	O1	11.87	A
86617	LYME DISEASE ANTIBODY		0	999	07/01/2020	12/31/9999	2	O1	13.94	A
86618	ANTIBODY; BORELLIA BUFGDORFERI		0	999	07/01/2020	12/31/9999	2	O1	15.33	A
86619	ANTIBODY; BORRELIA (RELAPSING		0	999	07/01/2020	12/31/9999	2	O1	12.04	A
86622	ANTIBODY; BRUCELLA		0	999	07/01/2020	12/31/9999	2	O1	8.04	A
86625	ANTIBODY; CAMPYLOBACTER		0	999	07/01/2020	12/31/9999	1	O1	11.81	A
86628	ANTIBODY; CANDIDA		0	999	07/01/2020	12/31/9999	3	O1	10.81	A
86631	ANTIBODY; CHLAMYDIA		0	999	07/01/2020	12/31/9999	6	O1	10.64	A
86632	ANTIBODY; CHLAMYDIA, IGM		0	999	07/01/2020	12/31/9999	3	O1	11.41	A
86635	ANTIBODY; COCCIDIOIDES		0	999	07/01/2020	12/31/9999	4	O1	10.32	A
86638	ANTIBODY; COXIELLA BRUNETII (Q		0	999	07/01/2020	12/31/9999	6	O1	10.91	A
86641	ANTIBODY; CRYPTOCOCCUS		0	999	07/01/2020	12/31/9999	2	O1	12.97	A
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV		0	999	07/01/2020	12/31/9999	2	O1	12.95	A
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV		0	999	07/01/2020	12/31/9999	1	O1	15.17	A
86648	ANTIBODY; DIPTHERIA		0	999	07/01/2020	12/31/9999	2	O1	13.69	A
86651	ANTIBODY; ENCEPHALITIS, CALIFO		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86652	ANTIBODY; ENCEPHALITIS, EASTER		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86653	ANTIBODY; ENCEPHALITIS, ST. LO		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86654	ANTIBODY; ENCEPHALITIS, WESTER		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86658	ANTIBODY; ENTEROVIRUS (EG, COX		0	999	07/01/2020	12/31/9999	12	O1	11.73	A
86663	ANTIBODY; EPSTEIN-BARR (EB) VI		0	999	07/01/2020	12/31/9999	2	O1	11.81	A
86664	ANTIBODY; EPSTEIN-BARR (EB) VI		0	999	07/01/2020	12/31/9999	2	O1	13.76	A
86665	ANTIBODY; EPSTEIN-BARR (EB) VI		0	999	07/01/2020	12/31/9999	2	O1	16.33	A
86666	EHRLICHIA ANTIBODY		0	999	07/01/2020	12/31/9999	4	O1	9.16	A
86668	ANTIBODY; FRANCISELLA TULARENS		0	999	07/01/2020	12/31/9999	2	O1	12.74	A
86671	ANTIBODY; FUNGUS, NOT ELSEWHER		0	999	07/01/2020	12/31/9999	3	O1	11.03	A
86674	ANTIBODY; GIARDIA LAMBLIA		0	999	07/01/2020	12/31/9999	3	O1	13.25	A
86677	ANTIBODY; HELICOBACTER PYLORI		0	999	07/01/2020	12/31/9999	3	O1	15.17	A
86682	ANTIBODY; HELMINTH, NOT ELSEWH		0	999	07/01/2020	12/31/9999	2	O1	11.71	A
86684	ANTIBODY; HAEMOPHILUS INFLUENZA ANTIB		0	999	07/01/2020	12/31/9999	2	O1	14.26	A
86687	ANTIBODY; HTLV I		0	999	07/01/2020	12/31/9999	1	O1	8.18	A
86688	ANTIBODY; HTLV-II		0	999	07/01/2020	12/31/9999	1	O1	12.60	A
86689	ANTIBODY; HTLV OR HIV ANTIBODY		0	999	07/01/2020	12/31/9999	2	O1	17.42	A
86692	ANTIBODY; HEPATITIS, DELTA AGE		0	999	07/01/2020	12/31/9999	2	O1	15.44	A
86694	ANTIBODY; HERPES SIMPLEX, NON-		0	999	07/01/2020	12/31/9999	2	O1	12.95	A
86695	ANTIBODY; HERPES SIMPLEX, TYPE		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86696	HERPES SIMPLEX TYPE 2		0	999	07/01/2020	12/31/9999	2	O1	17.42	A
86698	ANTIBODY; HISTOPLASMA		0	999	07/01/2020	12/31/9999	3	O1	12.41	A
86701	ANTIBODY; HIV-1		0	999	07/01/2020	12/31/9999	1	O1	8.00	A
86702	ANTIBODY; HIV-2		0	999	07/01/2020	12/31/9999	2	O1	12.17	A
86703	ANTIBODY; HIV-1 AND HIV-2, SIN		0	999	07/01/2020	12/31/9999	1	O1	12.34	A
86704	HEP B CORE ANTIBODY, TOTAL		0	999	07/01/2020	12/31/9999	1	O1	10.85	A
86705	HEP B CORE AB TEST, IGM		0	999	07/01/2020	12/31/9999	1	O1	10.59	A
86706	HEPATITIS B SURFACE AB TEST		0	999	07/01/2020	12/31/9999	2	O1	9.67	A
86707	HEPATITIS BE AB TEST		0	999	07/01/2020	12/31/9999	1	O1	10.41	A
86708	HEP A ANTIBODY, TOTAL		0	999	07/01/2020	12/31/9999	1	O1	11.15	A
86709	HEP A AB TEST, IGM		0	999	07/01/2020	12/31/9999	1	O1	10.13	A
86710	ANTIBODY; INFLUENZA VIRUS		0	999	07/01/2020	12/31/9999	4	O1	12.20	A
86711	JOHN CUNNINGHAM ANTIBODY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
86713	ANTIBODY; LEGIONELLA		0	999	07/01/2020	12/31/9999	3	O1	13.77	A
86717	ANTIBODY; LEISHMANIA		0	999	07/01/2020	12/31/9999	8	O1	11.03	A
86720	ANTIBODY; LEPTOSPIRA		0	999	07/01/2020	12/31/9999	2	O1	14.58	A
86723	ANTIBODY; LISTERIA MONOCYTOGEN		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86727	ANTIBODY; LYMPHOCYTIC CHORIOME		0	999	07/01/2020	12/31/9999	2	O1	11.58	A
86732	ANTIBODY; MUCORMYCOSIS		0	999	07/01/2020	12/31/9999	2	O1	13.50	A
86735	ANTIBODY; MUMPS		0	999	07/01/2020	12/31/9999	2	O1	11.75	A
86738	ANTIBODY; MYCOPLASMA		0	999	07/01/2020	12/31/9999	2	O1	11.92	A
86741	ANTIBODY; NEISSERIA MENINGITID		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86744	ANTIBODY; NOCARDIA		0	999	07/01/2020	12/31/9999	2	O1	14.39	A
86747	ANTIBODY; PARVOVIRUS		0	999	07/01/2020	12/31/9999	2	O1	13.53	A
86750	ANTIBODY; PLASMODIUM (MALARIA)		0	999	07/01/2020	12/31/9999	4	O1	11.87	A
86753	ANTIBODY; PROTOZOA, NOT ELSEWH		0	999	07/01/2020	12/31/9999	3	O1	11.15	A
86756	ANTIBODY; RESPIRATORY SYNCYTIA		0	999	07/01/2020	12/31/9999	2	O1	14.30	A
86757	RICKETTSIA ANTIBODY		0	999	07/01/2020	12/31/9999	6	O1	17.42	A
86759	ANTIBODY; ROTAVIRUS		0	999	07/01/2020	12/31/9999	2	O1	16.41	A
86762	ANTIBODY; RUBELLA		0	999	07/01/2020	12/31/9999	2	O1	12.95	A
86765	ANTIBODY; RUBEOLA		0	999	07/01/2020	12/31/9999	2	O1	11.59	A
86768	ANTIBODY; SALMONELLA		0	999	07/01/2020	12/31/9999	5	O1	11.87	A
86769	ANTIBODY, (SARS-COV-2) COVID-19		0	999	04/10/2020	12/31/9999	1	O1	37.92	A
86771	ANTIBODY; SHIGELLA		0	999	07/01/2020	12/31/9999	2	O1	22.03	A
86774	ANTIBODY; TETANUS		0	999	07/01/2020	12/31/9999	2	O1	13.32	A
86777	ANTIBODY; TOXOPLASMA		0	999	07/01/2020	12/31/9999	2	O1	12.95	A
86778	ANTIBODY; TOXOPLASMA, IGM		0	999	07/01/2020	12/31/9999	2	O1	12.97	A
86780	TREPONEMA PALLIDUM		0	999	07/01/2020	12/31/9999	2	O1	11.92	A

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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86784	ANTIBODY; TRICHINELLA		0	999	07/01/2020	12/31/9999	1	O1	11.30	A
86787	ANTIBODY; VARICELLA-ZOSTER		0	999	07/01/2020	12/31/9999	2	O1	11.59	A
86788	ANTIBODY WEST NILE VIRUS IGM		0	999	07/01/2020	12/31/9999	2	O1	15.17	A
86789	WEST NILE VIRUS		0	999	07/01/2020	12/31/9999	2	O1	12.95	A
86790	ANTIBODY; VIRUS, NOT ELSEWHERE		0	999	07/01/2020	12/31/9999	4	O1	11.59	A
86793	ANTIBODY; YERSINIA		0	999	07/01/2020	12/31/9999	2	O1	11.87	A
86794	ANTIBODY: ZIKA VIRUS, IGM		0	999	07/01/2020	12/31/9999	1	O1	15.17	A
86800	THYROGLOBULIN ANTIBODY		0	999	07/01/2020	12/31/9999	1	O1	14.32	A
86803	HEPATITIS C AB TEST		0	999	07/01/2020	12/31/9999	1	O1	12.84	A
86804	HEP C AB TEST, CONFIRM		0	999	07/01/2020	12/31/9999	1	O1	13.94	A
86805	LYMPHOCYTOTOXICITY ASSAY VISUA		0	999	07/01/2020	12/31/9999	12	O1	170.56	A
86806	LYMPHOCYTOTOXICITY ASSAY VISUA		0	999	07/01/2020	12/31/9999	2	O1	42.83	A
86807	SERUM SCREENING FOR CYTOTOXIC		0	999	07/01/2020	12/31/9999	2	O1	70.79	A
86808	SERUM SCREENING FOR CYTOTOXIC		0	999	07/01/2020	12/31/9999	1	O1	26.71	A
86812	HLA TYPING; A, B, OR C (EG, A1		0	999	07/01/2020	12/31/9999	1	O1	23.23	A
86813	HLA TYPING; A, B, OR C, MULTIP		0	999	07/01/2020	12/31/9999	1	O1	52.20	A
86816	HLA TYPING; DR/DQ, SINGLE ANTI		0	999	07/01/2020	12/31/9999	1	O1	27.15	A
86817	HLA TYPING; DR/DQ, MULTIPLE AN		0	999	07/01/2019	12/31/9999	1	O1	95.53	A
86821	HLA TYPING; LYMPHOCYTE CULTURE		0	999	07/01/2020	12/31/9999	1	O1	32.90	A
86825	HLA X-MATCH, NON-CYTOTOXIC		0	999	07/01/2019	12/31/9999	1	O1	98.54	A
86826	HLA X-MATCH, NON-CYT ADD-ON		0	999	07/01/2020	12/31/9999	8	O1	32.88	A
86828	HLA CLASS I&II ANTIBODY QUAL		0	999	07/01/2019	12/31/9999	2	O1	57.77	A
86829	HLA CLASS I/II ANTIBODY QUAL		0	999	07/01/2019	12/31/9999	2	O1	57.77	A
86830	HLA CLASS I PHENOTYPE QUAL		0	999	07/01/2019	12/31/9999	2	O1	85.97	A
86831	HLA CLASS II PHENOTYPE QUAL		0	999	07/01/2019	12/31/9999	2	O1	73.69	A
86832	HLA CLASS I HIGH DEFIN QUAL		0	999	07/01/2019	12/31/9999	2	O1	291.38	A
86833	HLA CLASS II HIGH DEFIN QUAL		0	999	07/01/2020	12/31/9999	1	O1	293.22	A
86834	HLA CLASS I SEMIQUANT PANEL		0	999	07/01/2020	12/31/9999	1	O1	321.80	A
86835	HLA CLASS II SEMIQUANT PANEL		0	999	07/01/2020	12/31/9999	1	O1	290.66	A
86849	UNLISTED IMMUNOLOGY PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86850	ANTIBODY SCREEN, RBC, EACH SER		0	999	07/01/2021	12/31/9999	3	O1	38.89	S
86860	ANTIBODY ELUTION (RBC), EACH E		0	999	07/01/2021	12/31/9999	2	O1	116.58	S
86870	ANTIBODY IDENTIFICATION, RBC A		0	999	07/01/2021	12/31/9999	6	O1	227.64	A
86880	ANTIHUMAN GLOBULIN TEST (COOMB		0	999	07/01/2021	12/31/9999	4	O1	43.50	S
86885	AGT INDIR QUAL EA REAGENT RED CELL		0	999	07/01/2021	12/31/9999	3	O1	116.58	S
86886	AGT INDIR EA ANTIBODY TITER		0	999	07/01/2021	12/31/9999	3	O1	116.58	S
86890	AUTOLOGOUS BLOOD OR COMPONENT,		0	999	07/01/2021	12/31/9999	2	O1	116.58	S
86891	AUTOLOGOUS BLOOD OR COMPONENT,		0	999	07/01/2021	12/31/9999	2	O1	512.85	S
86900	BLOOD TYPE ABO		0	999	07/01/2021	12/31/9999	3	O1	87.50	S
86901	BLOOD TYPE RHD		0	999	07/01/2021	12/31/9999	3	O1	26.45	S
86902	BLOOD TYPE DONOR BLOOD		0	999	07/01/2021	12/31/9999	40	O1	227.64	S
86904	BLOOD TYPE SCREEN COMPATIBLE		0	999	07/01/2021	12/31/9999	6	O1	26.45	S
86905	BLOOD TYPE RBC NO ABO/RHD		0	999	07/01/2021	12/31/9999	28	O1	227.64	S
86906	BLOOD TYPE COMPLETE		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
86910	BLOOD TYPING, PATERNITY TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86911	BLOOD TYPING, ANTIGEN SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
86920	COMPATIBILITY TEST EACH UNIT;		0	999	07/01/2021	12/31/9999	19	O1	116.58	S
86921	COMPATIBILITY TEST EACH UNIT;		0	999	07/01/2021	12/31/9999	6	O1	116.58	S
86922	COMPATIBILITY TEST EACH UNIT;		0	999	07/01/2021	12/31/9999	10	O1	116.58	S
86923	COMPATIBILITY TEST, ELECTRIC		0	999	07/01/2021	12/31/9999	10	O1	116.58	S
86927	FRESH FROZEN PLASMA, THAWING,		0	999	07/01/2021	12/31/9999	6	O1	116.58	S
86930	FROZEN BLOOD PREP		0	999	07/01/2021	12/31/9999	3	O1	227.64	S
86931	FROZEN BLOOD THAW		0	999	07/01/2021	12/31/9999	4	O1	227.64	S
86932	FROZEN BLOOD FREEZE/THAW		0	999	07/01/2021	12/31/9999	6	O1	26.45	S
86940	HEMOLYSINS AND AGGLUTININS, AU		0	999	07/01/2020	12/31/9999	3	O1	7.89	A
86941	HEMOLYSINS/AGGLUTININS		0	999	07/01/2020	12/31/9999	3	O1	10.90	A
86945	IRRADIATION OF BLOOD PRODUCT,		0	999	07/01/2021	12/31/9999	5	O1	26.45	S
86950	LEUKOCYTE TRANSFUSION		0	999	07/01/2021	12/31/9999	1	O1	116.58	S
86960	VOL REDUCTION OF BLOOD/PROD		0	999	07/01/2021	12/31/9999	3	O1	116.58	S
86965	POOLING OF PLATELETS OR OTHER		0	999	07/01/2021	12/31/9999	4	O1	116.58	S
86970	PRETREATMENT OF RBC'S FOR USE		0	999	07/01/2021	12/31/9999	15	O1	26.45	S
86971	PRETREATMENT OF RBC'S FOR USE		0	999	07/01/2021	12/31/9999	6	O1	227.64	S
86972	PRETREATMENT OF RBC'S FOR USE		0	999	07/01/2021	12/31/9999	2	O1	116.58	S
86975	PRETREATMENT OF SERUM FOR USE		0	999	07/01/2021	12/31/9999	2	O1	211.21	S
86976	PRETREATMENT OF SERUM FOR USE		0	999	07/01/2021	12/31/9999	2	O1	19.28	S
86977	PRETREATMENT OF SERUM FOR USE		0	999	07/01/2021	12/31/9999	2	O1	116.58	S
86978	PRETREATMENT OF SERUM FOR USE		0	999	07/01/2021	12/31/9999	15	O1	26.45	S
86985	SPLITTING OF BLOOD OR BLOOD PR		0	999	07/01/2021	12/31/9999	6	O1	116.58	S
86999	UNLISTED TRANSFUSION MEDICINE		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
87003	ANIMAL INOCULATION, SMALL ANIM		0	999	07/01/2020	12/31/9999	1	O1	15.16	A
87015	SPECIMEN CONCENTRATION		0	999	07/01/2020	12/31/9999	3	O1	6.01	A
87040	CULT BACT; BLD AEROBIC ISOLAT & ID CULT		0	999	07/01/2020	12/31/9999	3	O1	9.29	A
87045	CULT BACT; STOOL AEROBIC SALM&SHIG CULT		0	999	07/01/2020	12/31/9999	3	O1	8.50	A
87046	STOOL CULTR, BACTERIA, EACH		0	999	07/01/2020	12/31/9999	6	O1	8.50	A
87070	CULT BACT;NO URINE/BLD/STOOL AEROBCCULT		0	999	07/01/2020	12/31/9999	15	O1	7.76	A
87071	CULTURE BACTERI AEROBIC OTHR		0	999	07/01/2020	12/31/9999	2	O1	8.90	A
87073	CULTURE BACTERIA ANAEROBIC		0	999	07/01/2020	12/31/9999	2	O1	8.69	A
87075	CULT BACT; ANY SRC NO BLD ANAEROB CULT		0	999	07/01/2020	12/31/9999	6	O1	8.52	A
87076	CULTURE ANAEROBE IDENT, EACH		0	999	07/01/2020	12/31/9999	4	O1	7.27	A
87077	CULTURE AEROBIC IDENTIFY		0	999	07/01/2020	12/31/9999	6	O1	7.27	A
87081	CULTURE SCREEN ONLY		0	999	07/01/2020	12/31/9999	4	O1	5.97	A
87084	CULTURE, PRESUMPTIVE, PATHOG		0	999	07/01/2019	12/31/9999	1	O1	24.36	A
87086	URINE CULTURE/COLONY COUNT		0	999	07/01/2020	12/31/9999	3	O1	7.26	A
87088	CULT BAC W ISOL & PRESUMP IDENT URINE		0	999	07/01/2020	12/31/9999	3	O1	7.28	A
87101	SKIN FUNGI CULTURE		0	999	07/01/2020	12/31/9999	3	O1	6.94	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
87102	CULTURE, FUNGI, ISOLATION;		0	999	07/01/2020	12/31/9999	4	O1	7.57	A
87103	CULTURE, FUNGI, ISOLATION (WIT		0	999	07/01/2020	12/31/9999	1	O1	18.41	A
87106	FUNGI IDENTIFICATION, YEAST		0	999	07/01/2020	12/31/9999	4	O1	9.29	A
87107	FUNGI IDENTIFICATION, MOLD		0	999	07/01/2020	12/31/9999	4	O1	9.29	A
87109	CULTURE, MYCOPLASMA, ANY SOU		0	999	07/01/2020	12/31/9999	2	O1	13.85	A
87110	CHLAMYDIA CULTURE		0	999	07/01/2020	12/31/9999	2	O1	17.64	A
87116	MYCOBACTERIA CULTURE		0	999	07/01/2020	12/31/9999	15	O1	9.72	A
87118	MYCOBACTERIC IDENTIFICATION		0	999	07/01/2020	12/31/9999	3	O1	13.15	A
87140	CULTUR TYPE IMMUNOFLUORESC		0	999	07/01/2020	12/31/9999	3	O1	5.01	A
87143	CULTURE TYPING, GLC/HPLC		0	999	07/01/2020	12/31/9999	2	O1	11.27	A
87147	CULTURE TYPE, IMMUNOLOGIC		0	999	07/01/2020	12/31/9999	15	O1	4.66	A
87149	DNA/RNA DIRECT PROBE		0	999	07/01/2020	12/31/9999	11	O1	18.05	A
87150	DNA/RNA, AMPLIFIED PROBE		0	999	07/01/2020	12/31/9999	12	O1	31.58	A
87152	CULTURE TYPE PULSE FIELD GEL		0	999	07/01/2019	12/31/9999	1	O1	6.97	A
87153	DNA/RNA SEQUENCING		0	999	07/01/2020	12/31/9999	3	O1	103.82	A
87154	CUL TYP ID BLD PTHGN 6+ TRGT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
87158	CULTURE, TYPING; OTHER METHODS		0	999	07/01/2019	12/31/9999	15	O1	6.97	A
87164	DARK FIELD EXAMINATION, ANY		0	999	07/01/2020	12/31/9999	2	O1	9.67	A
87166	DARK FIELD EXAMINATION, ANY		0	999	07/01/2020	12/31/9999	2	O1	10.17	A
87168	MACROSCOPIC EXAM ARTHROPOD		0	999	07/01/2020	12/31/9999	2	O1	3.84	A
87169	MACACROSCOPIC EXAM PARASITE		0	999	07/01/2020	12/31/9999	2	O1	3.88	A
87172	PINWORM EXAM		0	999	07/01/2020	12/31/9999	1	O1	3.84	A
87176	TISSUE HOMOGENIZATION, CULTR		0	999	07/01/2020	12/31/9999	3	O1	5.29	A
87177	OVA AND PARASITES, DIRECT SM		0	999	07/01/2020	12/31/9999	3	O1	8.01	A
87181	MICROBE SUSCEPTIBLE, DIFFUSE		0	999	07/01/2020	12/31/9999	12	O1	4.28	A
87184	MICROBE SUSCEPTIBLE, DISK		0	999	07/01/2020	12/31/9999	8	O1	6.73	A
87185	MICROBE SUSCEPTIBLE, ENZYME		0	999	07/01/2020	12/31/9999	4	O1	4.28	A
87186	MICROBE SUSCEPTIBLE, MIC		0	999	07/01/2020	12/31/9999	12	O1	7.79	A
87187	MICROBE SUSCEPTIBLE, MLC		0	999	07/01/2020	12/31/9999	3	O1	36.15	A
87188	MICROBE SUSCEPT, MACROBROTH		0	999	07/01/2020	12/31/9999	14	O1	5.98	A
87190	MICROBE SUSCEPT, MYCOBACTERI		0	999	07/01/2020	12/31/9999	10	O1	6.58	A
87197	SERUM BACTERICIDAL TITER (SCHL		0	999	07/01/2020	12/31/9999	1	O1	13.52	A
87205	SMEAR, GRAM STAIN		0	999	07/01/2020	12/31/9999	15	O1	3.84	A
87206	SMEAR, FLUORESCENT/ACID STAI		0	999	07/01/2020	12/31/9999	6	O1	4.85	A
87207	SMEAR, SPECIAL STAIN		0	999	07/01/2020	12/31/9999	3	O1	5.39	A
87209	SMEAR, COMPLEX STAIN		0	999	07/01/2020	12/31/9999	4	O1	16.18	A
87210	SMEAR, WET MOUNT, SALINE/INK		0	999	07/01/2020	12/31/9999	4	O1	5.24	A
87220	TISSUE EXAM FOR FUNGI		0	999	07/01/2020	12/31/9999	3	O1	3.84	A
87230	TOXIN OR ANTITOXIN ASSAY, TISS		0	999	07/01/2020	12/31/9999	2	O1	17.77	A
87250	VIRUS INOCULATE, EGGS/ANIMAL		0	999	07/01/2020	12/31/9999	1	O1	17.60	A
87252	VIRUS INOCULATION, TISSUE		0	999	07/01/2020	12/31/9999	4	O1	23.46	A
87253	VIRUS INOCULATE TISSUE, ADDL		0	999	07/01/2020	12/31/9999	3	O1	18.18	A
87254	VIRUS INOCULATION, SHELL VIA		0	999	07/01/2020	12/31/9999	10	O1	17.60	A
87255	GENET VIRUS ISOLATE, HSV		0	999	07/01/2020	12/31/9999	2	O1	30.47	A
87260	ADENOVIRUS AG, IF		0	999	07/01/2019	12/31/9999	1	O1	12.99	A
87265	PERTUSSIS AG, DFA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87267	ENTEROVIRUS ANTIBODY, DFA		0	999	07/01/2019	12/31/9999	1	O1	12.08	A
87269	INF AGT ANTIG DETCT IF TECH;GIARDIAINF A		0	999	07/01/2019	12/31/9999	1	O1	12.25	A
87270	CHYLMD TRACH AG, DFA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87271	CRYPTOSPORIDUM/GARDIA AG, IF		0	999	07/01/2019	12/31/9999	1	O1	12.08	A
87272	INF AGT-IMMUNOFLUOR; CRYPTOSPORIDUMINF A		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87273	HERPES SIMPLEX 2, AG, IF		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87274	HERPES SIMPLEX 1, AG, IF		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87275	INFLUENZA B, AG, IF		0	999	07/01/2020	12/31/9999	1	O1	11.03	A
87276	INFLUENZA AG, DFA		0	999	07/01/2019	12/31/9999	1	O1	14.46	A
87278	LEGION PNEUMO AG, DFA		0	999	07/01/2019	12/31/9999	1	O1	14.04	A
87279	PARAINFLUENZA, AG, IF		0	999	07/01/2019	12/31/9999	1	O1	14.79	A
87280	RESP SYNCYTIAL AG, DFA		0	999	07/01/2019	12/31/9999	1	O1	12.08	A
87281	PNEUMOCYSTIS CARINII, AG, IF		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87283	RUBEOLA, AG, IF		0	999	07/01/2019	12/31/9999	1	O1	54.72	A
87285	TREPON PALLIDUM AG, DFA		0	999	07/01/2020	12/31/9999	1	O1	10.96	A
87290	VARICELLA AG, DFA		0	999	07/01/2019	12/31/9999	1	O1	12.08	A
87299	ANTIBODY DETECTION, NOS, IF		0	999	07/01/2019	12/31/9999	1	O1	14.49	A
87300	VACCINE, AUTOGENOUS		0	999	07/01/2020	12/31/9999	2	O1	10.78	A
87301	ADENOVIRUS AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87305	ASPERGILLUS AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87320	CHYLMD TRACH AG IA		0	999	07/01/2019	12/31/9999	1	O1	13.50	A
87324	CLOSTRIDIUM AG IA		0	999	07/01/2020	12/31/9999	2	O1	10.78	A
87327	CRYPTOCOCCUS NEOFORM AG IA		0	999	07/01/2019	12/31/9999	1	O1	12.08	A
87328	CRYPTOSPORIDIUM AG IA		0	999	07/01/2019	12/31/9999	2	O1	12.44	A
87329	GIARDIA AG IA		0	999	07/01/2020	12/31/9999	2	O1	10.78	A
87332	CYTOMEGALOVIRUS AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87335	E COLI 0157 AG IA		0	999	07/01/2020	12/31/9999	1	O1	11.39	A
87336	ENTAMOEB HIST DISPR AG IA		0	999	07/01/2019	12/31/9999	1	O1	14.40	A
87337	ENTAMOEB HIST GROUP AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87338	HPYLORI STOOL IA		0	999	07/01/2020	12/31/9999	1	O1	12.94	A
87339	H PYLORI AG IA		0	999	07/01/2019	12/31/9999	1	O1	14.40	A
87340	HEPATITIS B SURFACE AG IA		0	999	07/01/2020	12/31/9999	1	O1	9.30	A
87341	HEPATITIS B SURFACE AG IA		0	999	07/01/2020	12/31/9999	1	O1	9.30	A
87350	HEPATITIS BE AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.38	A
87380	HEPATITIS DELTA AG IA		0	999	07/01/2019	12/31/9999	1	O1	16.52	A
87385	HISTOPLASMA CAPSUL AG IA		0	999	07/01/2020	12/31/9999	2	O1	11.93	A
87389	HIV-1 AG W/HIV-1 & HIV-2 AB		0	999	07/01/2020	12/31/9999	1	O1	21.67	A
87390	HIV-1 AG IA		0	999	07/01/2019	12/31/9999	1	O1	21.65	A
87391	HIV-2 AG IA		0	999	07/01/2019	12/31/9999	1	O1	19.71	A

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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87400	INFLUENZA A/B AG IA		0	999	07/01/2019	12/31/9999	2	O1	12.72	A
87420	RESP SYNCYTIAL AG IA		0	999	07/01/2019	12/31/9999	1	O1	12.52	A
87425	ROTAVIRUS AG IA		0	999	07/01/2020	12/31/9999	1	O1	10.78	A
87426	CORONAVIRUS AG IA		0	999	06/25/2020	12/31/9999	1	O1	40.71	A
87427	SHIGA-LIKE TOXIN AG IA		0	999	07/01/2020	12/31/9999	2	O1	10.78	A
87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES		0	999	11/10/2020	12/31/9999	1	O1	66.14	A
87430	STREP A AG IA		0	999	07/01/2019	12/31/9999	1	O1	15.13	A
87449	AG DETECT NOS IA MULT		0	999	07/01/2020	12/31/9999	3	O1	10.78	A
87451	AG DETECT POLYVAL IA MULT		0	999	07/01/2020	12/31/9999	2	O1	9.46	A
87471	BARTONELLA, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87472	BARTONELLA, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87475	LYME DIS, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87476	LYME DIS, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87480	CANDIDA, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87481	CANDIDA, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	6	O1	31.58	A
87482	CANDIDA, DNA, QUANT		0	999	07/01/2019	12/31/9999	1	O1	50.17	A
87483	INFECT AGENT DETECT NUCLEIC ACID 12-25 T		0	999	07/01/2020	12/31/9999	1	O1	375.10	A
87485	CHYLMD PNEUM, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87486	CHYLMD PNEUM, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87487	CHYLMD PNEUM, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87490	CHYLMD TRACH, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	20.48	A
87491	CHYLMD TRACH, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	3	O1	31.58	A
87492	CHYLMD TRACH, DNA, QUANT		0	999	07/01/2019	12/31/9999	1	O1	48.12	A
87493	C DIFF AMPLIFIED PROBE		0	999	07/01/2020	12/31/9999	2	O1	33.54	A
87495	CYTOMEG, DNA, DIR PROBE		0	999	07/01/2019	12/31/9999	1	O1	27.03	A
87496	CYTOMEG, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87497	CYTOMEG, DNA, QUANT		0	999	07/01/2020	12/31/9999	2	O1	38.56	A
87498	INF AGENT DETECT ENTEROVIRUS		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87500	INF AGENT DET BY NUC ACID AMPL PROB		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87501	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	46.18	A
87502	INFLUENZA DNA AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	86.22	A
87503	INFLUENZA DNA AMP PROB ADDL		0	999	07/01/2020	12/31/9999	1	O1	26.30	A
87505	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	115.46	A
87506	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2019	12/31/9999	1	O1	236.69	A
87507	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	375.10	A
87510	GARDNER VAG, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87511	GARDNER VAG, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87512	GARDNER VAG, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	37.58	A
87516	HEPATITIS B , DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87517	HEPATITIS B , DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87520	HEPATITIS C , RNA, DIR PROBE		0	999	07/01/2019	12/31/9999	1	O1	28.10	A
87521	HEPATITIS C , RNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87522	HEPATITIS C, RNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87525	HEPATITIS G , DNA, DIR PROBE		0	999	07/01/2019	12/31/9999	1	O1	26.82	A
87526	HEPATITIS G, DNA, AMP PROBE		0	999	07/01/2019	12/31/9999	1	O1	35.33	A
87527	HEPATITIS G, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	37.58	A
87528	HSV, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87529	HSV, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	2	O1	31.58	A
87530	HSV, DNA, QUANT		0	999	07/01/2020	12/31/9999	2	O1	38.56	A
87531	HHV-6, DNA, DIR PROBE		0	999	07/01/2019	12/31/9999	1	O1	52.20	A
87532	HHV-6, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87533	HHV-6, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	37.58	A
87534	HIV-1, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	19.73	A
87535	HIV-1, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87536	HIV-1, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	76.59	A
87537	HIV-2, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	19.73	A
87538	HIV-2, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87539	HIV-2, DNA, QUANT		0	999	07/01/2019	12/31/9999	1	O1	52.76	A
87540	LEGION PNEUMO, DNA, DIR PROB		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87541	LEGION PNEUMO, DNA, AMP PROB		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87542	LEGION PNEUMO, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	37.58	A
87550	MYCOBACTERIA, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87551	MYCOBACTERIA, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	2	O1	43.42	A
87552	MYCOBACTERIA, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87555	M.TUBERCULO, DNA, DIR PROBE		0	999	07/01/2019	12/31/9999	1	O1	24.19	A
87556	M.TUBERCULO, DNA, AMP PROBE		0	999	07/01/2019	12/31/9999	1	O1	37.51	A
87557	M.TUBERCULO, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87560	M.AVIUM-INTRA, DNA, DIR PROB		0	999	07/01/2019	12/31/9999	1	O1	24.56	A
87561	M.AVIUM-INTRA, DNA, AMP PROB		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87562	M.AVIUM-INTRA, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87563	M. GENITALIUM AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87580	M.PNEUMON, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87581	M.PNEUMON, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87582	M.PNEUMON, DNA, QUANT		0	999	07/01/2019	12/31/9999	1	O1	272.36	A
87590	N.GONORRHOEAE, DNA, DIR PROB		0	999	07/01/2020	12/31/9999	1	O1	24.19	A
87591	N.GONORRHOEAE, DNA, AMP PROB		0	999	07/01/2020	12/31/9999	3	O1	31.58	A
87592	N.GONORRHOEAE, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	38.56	A
87593	ORTHOPOXVIRUS AMP PRB EACH		18	999	07/26/2022	12/31/2299	1	O1	51.31	A
87623	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87624	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87625	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2019	12/31/9999	1	O1	36.50	A
87631	INFECTIOUS DETECT NUCLEIC ACID		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
87632	INFECTIOUS DETECT NUCLEIC ACID		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
87633	INFECTIOUS DETECT NUCLEIC ACID		0	999	07/01/2020	12/31/9999	1	O1	375.10	A
87634	AGENT DETECT RSV		0	999	07/01/2020	12/31/9999	1	O1	63.18	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
87635	SARS-COV-2 COVID-19 AMP PRB		0	999	03/13/2020	12/31/9999	1	O1	46.20	A
87636	SARSCOV2 & INF A&B AMP PRB		0	999	10/06/2020	12/31/9999	1	O1	128.37	A
87637	SARSCOV2&INF A&B&RSV AMP PRB		0	999	10/06/2020	12/31/9999	1	O1	128.37	A
87640	INF AGENT DETECT STAPHYLOCOCCUS AUREUS		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87641	INF AGENT DETECT STAPHY AUREUS METHICILL		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87650	STREP A, DNA, DIR PROBE		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87651	STREP A, DNA, AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87652	STREP A, DNA, QUANT		0	999	07/01/2020	12/31/9999	1	O1	37.58	A
87653	INF AGENT DETECT STREP GROUP B AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87660	INF AGT DETCT NUCLEC ACID;TRICH VAGINF A		0	999	07/01/2020	12/31/9999	1	O1	18.05	A
87661	TRICHOMONAS VAGINALIS AMP PROBE		0	999	07/01/2020	12/31/9999	1	O1	31.58	A
87662	AGENT DETECT ZIKA		0	999	07/01/2020	12/31/9999	2	O1	46.18	A
87797	DETECT AGENT NOS, DNA, DIR		0	999	07/01/2020	12/31/9999	3	O1	27.03	A
87798	DETECT AGENT NOS, DNA, AMP		0	999	07/01/2020	12/31/9999	21	O1	31.58	A
87799	DETECT AGENT NOS, DNA, QUANT		0	999	07/01/2020	12/31/9999	3	O1	38.56	A
87800	DETECT AGNT MULT, DNA, DIREC		0	999	07/01/2020	12/31/9999	2	O1	39.30	A
87801	DETECT AGNT MULT, DNA, AMPLI		0	999	07/01/2020	12/31/9999	3	O1	63.18	A
87802	STREP B ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	2	O1	11.46	A
87803	CLOSTRIDIUM TOXIN A W/OPTIC		0	999	07/01/2020	12/31/9999	3	O1	14.40	A
87804	INFLUENZA ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	3	O1	14.90	A
87806	HIV-1 ANTIGENS ANTIBODIES		0	999	07/01/2019	12/31/9999	1	O1	29.49	A
87807	RSV ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	2	O1	11.79	A
87808	INF AGENT DETECT TRICHOMONAS VAGINALIS		0	999	07/01/2019	12/31/9999	1	O1	13.76	A
87809	INF AGENT DET BY IMM ADENOVIRUS		0	999	07/01/2020	12/31/9999	2	O1	19.58	A
87810	CHYLMD TRACH ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	2	O1	31.76	A
87811	SARS-COV-2 COVID19 W/OPTIC		0	999	10/06/2020	12/31/9999	1	O1	37.24	A
87850	N. GONORRHOEAE ASSAY W/OPTIC		0	999	07/01/2019	12/31/9999	1	O1	22.10	A
87880	STREP A ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	2	O1	14.88	A
87899	AGENT NOS ASSAY W/OPTIC		0	999	07/01/2020	12/31/9999	6	O1	14.46	A
87900	PHENOTYPE, INFECT AGENT DRUG		0	999	07/01/2020	12/31/9999	1	O1	117.32	A
87901	GENOTYPE DNA HIV REVERSE T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
87902	GENOTYPE, DNA, HEPATITIS C		0	999	07/01/2020	12/31/9999	1	O1	231.71	A
87903	PHENOTYPE, DNA HIV W/CULTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
87904	PHENOTYPE, DNA HIV W/CLT ADD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
87905	INF AGENT ENZY OTH THAN VIRUS		0	999	07/01/2020	12/31/9999	2	O1	11.00	A
87906	GENOTYPE DNA HIV REVERSE T		0	999	07/01/2020	12/31/9999	2	O1	115.86	A
87910	GENOTYPE CYTOMEGALOVIRUS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
87912	GENOTYPE DNA HEPATITIS B		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
87913	NFCT AGT GNTYP ALYS SARSCOV2		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
87999	UNLISTED MICROBIOLOGY PROCED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88000	NECROPSY (AUTOPSY), GROSS EX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88005	NECROPSY (AUTOPSY), GROSS EX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88007	NECROPSY (AUTOPSY), GROSS EX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88012	NECROPSY (AUTOPSY), GROSS EX		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
88014	NECROPSY (AUTOPSY), GROSS EX		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
88016	NECROPSY (AUTOPSY), GROSS EX		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
88020	NECROPSY (AUTOPSY), GROSS AN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88025	NECROPSY (AUTOPSY), GROSS AN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88027	NECROPSY (AUTOPSY), GROSS AN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88028	NECROPSY (AUTOPSY), GROSS AN		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
88029	NECROPSY (AUTOPSY), GROSS AN		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
88036	NECROPSY (AUTOPSY), LIMITED,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88037	NECROPSY (AUTOPSY), LIMITED,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88040	NECROPSY (AUTOPSY);		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88045	NECROPSY (AUTOPSY);		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88099	UNLISTED NECROPSY (AUTOPSY)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
88104	CYTOPATHOLOGY, FLUIDS, WASHING		0	999	07/01/2021	12/31/9999	5	O1	26.45	S
88106	CYTOPATH SIMPLE FILTER		0	999	07/01/2021	12/31/9999	5	O1	19.28	S
88108	CYTOPATH, CONCENTRATE TECH		0	999	07/01/2021	12/31/9999	6	O1	26.45	S
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP		0	999	07/01/2021	12/31/9999	6	O1	38.89	S
88120	CYTP URNE 3-5 PROBES EA SPEC		0	999	07/01/2021	12/31/9999	2	O1	116.58	A
88121	CYTP URINE 3-5 PROBES CMPTR		0	999	07/01/2021	12/31/9999	2	O1	227.64	S
88125	CYTOPATHOLOGY, FORENSIC (EG,		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
88130	SEX CHROMATIN IDENTIFICATION		0	999	07/01/2020	12/31/9999	1	O1	16.18	A
88140	SEX CHROMATIN IDENTIFICATION		0	999	07/01/2020	12/31/9999	1	O1	7.19	A
88141	CYTOPATH CERV/VAG INTERPRET		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
88142	CYTPATH C/VAG T/LAYER		0	999	07/01/2020	12/31/9999	1	O1	18.23	A
88143	CYTOPATH, C/V, THIN LYR REDO		0	999	07/01/2019	12/31/9999	1	O1	20.74	A
88147	CYTOPATH, C/V, AUTOMATED		0	999	07/01/2019	12/31/9999	1	O1	45.50	A
88148	CYTOPATH, C/V, AUTO RESCREEN		0	999	07/01/2020	12/31/9999	1	O1	14.40	A
88150	CYTPATH C/VAG MANUAL		0	999	07/01/2020	12/31/9999	1	O1	13.61	A
88152	CYTPATH C/VAG AUTO REDO		0	999	07/01/2019	12/31/9999	1	O1	24.88	A
88153	CYTOPATH, C/V, REDO		0	999	07/01/2019	12/31/9999	1	O1	21.63	A
88155	CYTPATH C/VAG INDEX ADD-ON		0	999	07/01/2019	12/31/9999	1	O1	13.19	A
88160	CYTOPATHOLOGY, SMEARS, ANY OTH		0	999	07/01/2021	12/31/9999	4	O1	19.28	S
88161	CYTOPATH SMEAR, OTHER SOURCE		0	999	07/01/2021	12/31/9999	4	O1	19.28	S
88162	CYTOPATH SMEAR, OTHER SOURCE		0	999	07/01/2021	12/31/9999	3	O1	38.89	S
88164	CYTPATH TBS C/VAG MANUAL		0	999	07/01/2020	12/31/9999	1	O1	13.61	A
88165	CYTPATH TBS C/VAG REDO		0	999	07/01/2020	12/31/9999	1	O1	38.00	A
88166	CYTOPATH TBS, C/V, AUTO REDO		0	999	07/01/2020	12/31/9999	1	O1	13.61	A
88167	CYTOPATH TBS, C/V, SELECT		0	999	07/01/2020	12/31/9999	1	O1	13.61	A
88172	CYTP DX EVAL FNA 1ST EA SITE		0	999	07/01/2021	12/31/9999	7	O1	116.58	S
88173	EVALUATION OF FINE NEEDLE ASPI		0	999	07/01/2021	12/31/9999	7	O1	38.89	S
88174	CYTOPATH, C/V AUTO, IN FLUID		0	999	07/01/2019	12/31/9999	1	O1	22.83	A
88175	CYTOPATH C/V AUTO FLUID REDO		0	999	07/01/2020	12/31/9999	1	O1	23.95	A

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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88177	CYTP C/V AUTO THIN LYR ADDL		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88182	FLOW CYTOMETRY; CELL CYCLE OR		0	999	07/01/2021	12/31/9999	2	O1	38.89	A
88184	FLOWCYTOMETRY/ TC, 1 MARKER		0	999	07/01/2021	12/31/9999	2	O1	227.64	A
88185	FLOWCYTOMETRY/TC, ADD-ON		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88187	FLOWCYTOMETRY/READ, 2-8		0	999	07/01/2020	12/31/9999	2	O1	32.70	B
88188	FLOWCYTOMETRY/READ, 9-15		0	999	07/01/2020	12/31/9999	2	O1	54.98	B
88189	FLOWCYTOMETRY/READ, 16 & >		0	999	07/01/2020	12/31/9999	2	O1	74.15	B
88199	UNLISTED CYTOPATHOLOGY PROCE		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
88230	TISSUE CULTURE, LYMPHOCYTE		0	999	07/01/2020	12/31/9999	2	O1	104.84	A
88233	TISSUE CULTURE FOR CHROMOSOME		0	999	07/01/2020	12/31/9999	2	O1	126.66	A
88235	TISSUE CULTURE FOR CHROMOSOME		9	60	07/01/2020	12/31/9999	2	O1	135.27	A
88237	TISSUE CULTURE, BONE MARROW		0	999	07/01/2020	12/31/9999	4	O1	129.38	A
88239	TISSUE CULTURE, TUMOR		0	999	07/01/2020	12/31/9999	3	O1	132.77	A
88240	CELL CRYOPRESERVE/STORAGE		0	999	07/01/2020	12/31/9999	3	O1	11.76	A
88241	FROZEN CELL PREPARATION		0	999	07/01/2020	12/31/9999	3	O1	10.88	A
88245	CHROMOSOME ANALYSIS, 20-25		0	999	07/01/2020	12/31/9999	1	O1	155.85	A
88248	CHROMOSOME ANALYSIS, 50-100		0	999	07/01/2020	12/31/9999	1	O1	155.85	A
88249	CHROMOSOME ANALYSIS, 100		0	999	07/01/2020	12/31/9999	1	O1	155.85	A
88261	CHROMOSOME ANALYSIS, 5		0	999	07/01/2020	12/31/9999	2	O1	237.91	A
88262	CHROMOSOME ANALYSIS;		0	999	07/01/2020	12/31/9999	2	O1	112.94	A
88263	CHROMOSOME ANALYSIS; COUNT 15-		0	999	07/01/2020	12/31/9999	1	O1	135.26	A
88264	CHROMOSOME ANALYSIS, 20-25		0	999	07/01/2019	12/31/9999	1	O1	130.15	A
88267	CHROMOSOME ANALYSIS:PLACENTA		0	999	07/01/2020	12/31/9999	2	O1	169.71	A
88269	CHROMOSOME ANALYSIS, IN SITU F		0	999	07/01/2020	12/31/9999	2	O1	156.29	A
88271	CYTOGENETICS, DNA PROBE		0	999	07/01/2020	12/31/9999	16	O1	19.28	A
88272	CYTOGENETICS, 3-5		0	999	07/01/2020	12/31/9999	12	O1	36.63	A
88273	CYTOGENETICS, 10-30		0	999	07/01/2020	12/31/9999	3	O1	31.33	A
88274	CYTOGENETICS, 25-99		0	999	07/01/2020	12/31/9999	5	O1	38.14	A
88275	CYTOGENETICS, 100-300		0	999	07/01/2020	12/31/9999	12	O1	46.07	A
88280	CHROMOSOME ANALYSIS;		0	999	07/01/2020	12/31/9999	1	O1	30.12	A
88283	CHROMOSOME ANALYSIS; ADDITIONA		0	999	07/01/2020	12/31/9999	5	O1	61.74	A
88285	CHROMOSOME ANALYSIS;		0	999	07/01/2020	12/31/9999	10	O1	24.22	A
88289	CHROMOSOME ANALYSIS; ADDITIONA		0	999	07/01/2020	12/31/9999	1	O1	30.99	A
88291	CYTO/MOLECULAR REPORT		0	999	07/01/2020	12/31/9999	1	O1	28.42	M
88299	UNLISTED CYTOGENETIC STUDY		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
88300	SURGICAL PATH GROSS		0	999	07/01/2021	12/31/9999	4	O1	19.28	S
88302	LEVEL II - SURGICAL PATHOLOGY,		0	999	07/01/2021	12/31/9999	4	O1	19.28	S
88304	TISSUE EXAM BY PATHOLOGIST		0	999	07/01/2021	12/31/9999	5	O1	38.89	S
88305	TISSUE EXAM BY PATHOLOGIST		0	999	07/01/2021	12/31/9999	16	O1	38.89	S
88307	TISSUE EXAM BY PATHOLOGIST		0	999	07/01/2021	12/31/9999	8	O1	227.64	A
88309	LEVEL VI - SURGICAL PATHOLOGY,		0	999	07/01/2021	12/31/9999	3	O1	512.85	A
88311	SURGICAL PATHOLOGY, GROSS AN		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88312	SPECIAL STAINS GROUP 1		0	999	07/01/2021	12/31/9999	9	O1	38.89	S
88313	SPECIAL STAINS GROUP 2		0	999	07/01/2021	12/31/9999	8	O1	26.45	S
88314	HISTOCHEMICAL STAIN ADD-ON		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88319	DETERMINATIVE HISTOCHEMISTRY O		0	999	07/01/2021	12/31/9999	11	O1	512.85	A
88321	CONSULTATION AND REPORT ON R		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
88323	CONSULTATION AND REPORT ON R		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
88325	COMPREHENSIVE REVIEW OF RECO		0	999	07/01/2021	12/31/9999	1	O1	116.58	S
88329	CONSULTATION DURING SURGERY;		0	999	07/01/2021	12/31/9999	2	O1	26.45	S
88331	PATH CONSULT INTRAOP, 1 BLOC		0	999	07/01/2021	12/31/9999	11	O1	116.58	S
88332	PATH CONSULT INTRAOP ADDL		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88333	INTRAOP CYTO PATH CONSULT, 1		0	999	07/01/2021	12/31/9999	4	O1	512.85	A
88334	INTRAOP CYTO PATH CONSULT 2		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88341	IMMUNO PER SPECIMEN		0	999	07/01/2020	12/31/9999	13	O1	0.00	N
88342	IMMUNO PER SPECIMEN		0	999	07/01/2021	12/31/9999	3	O1	116.58	A
88344	IMMUNO PER SPECIMEN		0	999	07/01/2021	12/31/9999	6	O1	227.64	S
88346	IMMUNOFLUOR ANTB 1ST STAIN		0	999	07/01/2021	12/31/9999	2	O1	227.64	A
88348	ELECTRON MICROSCOPY;		0	999	07/01/2021	12/31/9999	1	O1	512.85	A
88350	IMMUNOFLUOR ANTB ADDL STAIN		0	999	01/01/2016	12/31/9999	1	O1	0.00	N
88355	MORPHOMETRIC ANALYSIS; SKELETA		0	999	07/01/2021	12/31/9999	1	O1	116.58	S
88356	MORPHOMETRIC ANALYSIS; NERVE		0	999	07/01/2021	12/31/9999	3	O1	38.89	S
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH		0	999	07/01/2021	12/31/9999	2	O1	116.58	A
88360	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	6	O1	116.58	A
88361	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	6	O1	227.64	A
88362	NERVE TEASING PREPARATIONS		0	999	07/01/2021	12/31/9999	1	O1	512.85	A
88363	XM ARCHIVE TISSUE MOLEC ANAL		0	999	07/01/2021	12/31/9999	2	O1	19.28	S
88364	IN SITU HYBRID PER SPEC		0	999	01/01/2015	12/31/9999	3	O1	0.00	N
88365	IN SITU HYBRID PER SPEC		0	999	07/01/2021	12/31/9999	4	O1	116.58	S
88366	IN SITU HYBRID PER SPEC		0	999	07/01/2021	12/31/9999	2	O1	227.64	S
88367	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	3	O1	227.64	A
88368	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	3	O1	227.64	A
88369	MORPHOMETRIC ANALYSIS		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
88371	PROTEIN ANALYSIS OF TISSUE BY		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88372	PROTEIN ANALYSIS OF TISSUE BY		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
88373	MORPHOMETRIC ANALYSIS		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
88374	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	5	O1	116.58	S
88375	OPTICAL ENDOMICROSCPY INTERP		0	999	07/01/2020	12/31/9999	1	O1	42.54	B
88377	MORPHOMETRIC ANALYSIS		0	999	07/01/2021	12/31/9999	5	O1	116.58	S
88380	MICRODISSEC LASER CAPTURE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
88381	MICRODISSECTION MANUAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
88387	TISS EXAM MOLECULAR STUDY		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
88388	TISS EX MOLECUL STUDY ADD-ON		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
88399	UNLISTED SURGICAL PATHOLOGY		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
88720	BILIRUBIN TOTAL TRANCUTANEOUS		0	999	07/01/2020	12/31/9999	1	O1	4.52	A

Mississippi Division of Medicaid
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Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
88738	HGB QUANT TRANSCUTANEOUS		0	999	07/01/2020	12/31/9999	1	O1	4.52	A
88740	HEMOGLOB QUANT TRANSCUT CARBOXY		0	999	07/01/2019	12/31/9999	1	O1	8.43	A
88741	HEMOGLOB QUANT TRANSCUT METHEMO		0	999	07/01/2019	12/31/9999	1	O1	8.43	A
88749	IN VIVO LAB SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89049	CHCT FOR MAL HYPERTHERMIA		0	999	07/01/2021	12/31/9999	1	O1	116.58	S
89050	BODY FLUID CELL COUNT		0	999	07/01/2020	12/31/9999	2	O1	4.25	A
89051	CELL COUNT, MISCELLANEOUS BO		0	999	07/01/2020	12/31/9999	2	O1	5.04	A
89055	LEUKOCYTE ASSESS FECAL QAUL/QUAN LEUKO		0	999	07/01/2020	12/31/9999	2	O1	3.84	A
89060	CRYSTAL IDENT BY LIGHT MICROSCOPY		0	999	07/01/2020	12/31/9999	2	O1	6.60	A
89125	SPECIMEN FAT STAIN		0	999	07/01/2020	12/31/9999	2	O1	5.29	A
89160	MEAT FIBERS, FECES		0	999	07/01/2019	12/31/9999	1	O1	4.37	A
89190	NASAL SMEAR FOR EOSINOPHILS		0	999	07/01/2019	12/31/9999	1	O1	5.21	A
89220	SPUTUM OBT SPEC AROSL INDUCD TECH SPUTU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89230	SWEAT COLLECTION BY IONTOPHORESIS SWEAT		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
89240	UNLIST MISCELLANEOUS PATHOLOGY TESTUNLIS		0	999	07/01/2021	12/31/9999	1	O1	38.89	S
89250	CULTURE OOCYTE/EMBRYO < 4 DAYS; CULTU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89251	CULT OOCYTE/EMBRYO <4 DAY; CO-CULT CULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89253	EMBRYO HATCHING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89254	OOCYTE IDENTIFICATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89255	PREPARE EMBRYO FOR TRANSFER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89257	SPERM IDENTIFICATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89258	CRYOPRESERVATION, EMBRYO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89259	CRYOPRESERVATION, SPERM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89260	SPERM ISOLATION, SIMPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89261	SPERM ISOLATION, COMPLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89264	IDENTIFY SPERM TISSUE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89268	INSEMINATION OF OOCYTES INSEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89272	EXT CULT OOCYTE/EMBRYO 4-7 DAYS EXTEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89280	ASSTD OOCYTE FERTILIZ;</=10 OOCYTESASSTD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89281	ASSTD OOCYTE FERTILIZ; > 10 OOCYTESASSTD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89290	BX OOCYTE/EMB BLASTOMERE;</=5 EMB BX OO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89291	BX OOCYTE/EMB BLASTOMERE; >5 EMB BX OO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89300	SEMEN ANALYSIS		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89310	SEMEN ANALYSIS W/COUNT		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89320	SEMEN ANALYSIS VOL CT MOT & DIFF		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89321	SEMEN ANALYSIS PRES & MOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89322	SEMEN ANALYSIS		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89325	SPERM AGGLUTINATION, WITH AN		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89329	SPERM EVALUATION; HAMSTER PENE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89330	SPERM EVALUATION; CERVICAL MUC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89331	SPERM EVAL RETROGR, URINE		14	999	09/01/2012	12/31/9999	1	O6	0.00	E
89335	CRYOPRES REPRODIVE TISS TESTICULAR CRYOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89337	CRYOPRESERVATION OOCYTE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
89342	STORAGE; EMBRYO STORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89343	STORAGE; SPERM/SEMEN STORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89344	STORAGE; TISS TESTICULAR/OVARIAN STORA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89346	STORAGE/YEAR; OOCYTE(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89352	THAWING OF CRYOPRESERVED; EMBRYO THAWI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89353	THAW CRYOPRES; SPERM/SEM EA ALIQUOTTHAWI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89354	THAW CRYOPRES; TISS TESTICULR/OVARNTHAWI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89356	THAW CRYOPRES; OOCYTES EA ALIQUOT THAWI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
89398	UNLISTED REPROD MED LAB PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90281	HUMAN IG, IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90283	HUMAN IG, IV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90284	SCIG HUMAN SUBCUT INF 100 MG EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90287	BOTULINUM ANTITOXIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90288	BOTULISM IG, IV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90291	CMV IG, IV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90296	DIPHTHERIA ANTITOXIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90371	HEPB IG, IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90375	RABIES IG, IM/SC		0	999	07/01/2021	12/31/9999	20	O1	271.37	K
90376	RABIES IG, HEAT TREATED		0	999	07/01/2021	12/31/9999	20	O1	237.37	K
90377	RABIES IG HT&SOL HUMAN IM/SC		0	999	01/01/2021	12/31/9999	1	O1	354.84	K
90378	RSV, MAB, IM, 50MG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90384	RH IG, FULL-DOSE, IM		0	999	07/01/2020	12/31/9999	1	O1	75.52	B
90385	RH IG, MINIDOSE, IM		0	999	07/01/2021	12/31/9999	1	O1	151.41	K
90386	RH IG, IV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90389	TETANUS IG, IM		19	999	07/01/2020	12/31/9999	1	O1	556.40	B
90393	VACCINA IG, IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90396	VARICELLA-ZOSTER IG, IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90399	IMMUNE GLOBULIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90460	IMADM ANY ROUTE 1ST VAC/TOX		0	18	07/01/2020	12/31/9999	9	O1	11.68	B
90461	INADM ANY ROUTE ADDL VAC/TOX		0	18	09/01/2012	12/31/9999	8	O1	0.00	N
90471	IMMUNIZATION ADMIN		0	999	07/01/2021	12/31/9999	1	O1	48.44	S
90472	IMMUNIZATION ADMIN, EACH ADD		0	999	07/01/2014	12/31/9999	8	O1	0.00	N
90473	IMMUNE ADMIN ORAL/NASAL		0	18	07/01/2021	12/31/9999	1	O1	48.44	S
90474	IMMUNE ADMIN ORAL/NASAL ADDL		0	18	07/01/2020	12/31/9999	1	O1	0.00	N
90476	ADENOVIRUS VACCINE, TYPE 4		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90477	ADENOVIRUS VACCINE, TYPE 7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90581	ANTHRAX VACCINE, SC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90584	DENGUE VACC QUAD 2 DOSE SUBQ		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
90585	BCG VACCINE, PERCUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90586	BCG VACCINE, INTRAVESICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90587	DENGUE VACC QUAL 3 DOSE		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
90611	Smallpox&monkeypox vac 0.5ml		0	999	10/01/2022	12/31/9999	1	O6	0.00	E

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90619	MENACWY-TT		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
90620	MENINGCOCCAL B, 2 DOSE, IM		10	25	07/01/2020	12/31/9999	1	O1	179.25	M
90621	MENINGCOCCAL B, 3 DOSE, IM		10	25	07/01/2020	12/31/9999	1	O1	149.89	M
90622	Vaccinia vrs vac 0.3 ml perq		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
90625	CHOLERA VACCINE LIVE ORAL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
90626	TIC-BRN ENCEPH VAC 0.25ML IM		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
90627	TIC-BRN ENCEPH VAC 0.5ML IM		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
90630	FLU VACC QUAD SPLIT PRES FREE		19	64	07/01/2020	12/31/9999	1	O1	17.97	M
90632	HEPA VACCINE ADULT IM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90633	HEPA VACC PED/ADOL 2 DOSE IM		0	18	09/01/2012	12/31/9999	1	O1	0.00	N
90634	HEPA VACC PED/ADOL 3 DOSE IM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90636	HEPA/HEPB VACCINE ADULT IM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90644	HIB-MENCY VACCINE 4 DOSE IM		0	2	07/01/2020	12/31/9999	1	O1	24.70	M
90647	HIB PRP- OMP VACC 3 DOSE IM		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
90648	HIB PRP-T VACCINE 4 DOSE IM		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
90649	HPV4 VACCINE 3 DOSE IM		9	26	07/01/2020	12/31/9999	1	O1	160.17	M
90650	HPV2 VACCINE 3 DOSE IM		9	26	09/01/2012	12/31/9999	1	O6	0.00	E
90651	9VHPV VACCINE 2 OR 3 DOSE IM		9	26	07/01/2020	12/31/9999	1	O1	227.93	M
90653	IIV ADJUVANT VACCINE IM		65	999	07/01/2020	12/31/9999	1	O1	59.53	M
90654	FLU VACC IIV3 NO PRESERV ID		19	999	07/01/2015	12/31/9999	1	O1	18.92	M
90655	IIV3 FLU VACC NO PRSV 0.25 ML IM		0	2	07/01/2013	12/31/9999	1	O1	17.24	M
90656	IIV3 FLU VACC NO PRSV 0.50 ML IM		3	999	07/01/2020	12/31/9999	1	O1	16.72	M
90657	IIV3 FLU VACC 0.25 ML IM		0	3	07/01/2014	12/31/9999	1	O1	6.02	M
90658	IIV3 FLU VACC 0.50 ML IM		3	999	07/01/2020	12/31/9999	1	O1	16.12	B
90660	LAIV3 VACCINE INTRANASAL		2	49	10/01/2013	12/31/9999	1	O6	0.00	E
90661	FLU VACC TRIVALENT WHOLE 0.50 ML IM		0	999	08/01/2016	12/31/9999	1	O1	22.29	M
90662	IIV NO PRSV INCREASED AG IM		0	999	07/01/2020	12/31/9999	1	O1	56.01	M
90664	LAIV VACC PANDEMIC INTRANASAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90666	IIV VACC PANDEM NO PRESERV IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90667	IIV VACC PANDEMIC ADJUVT IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90668	IIV VACCINE PANDEMIC IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90670	PCV 13 VACCINE IM		0	999	07/01/2020	12/31/9999	1	O1	214.62	M
90671	PCV15 VACCINE IM		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
90672	LAIV4 VACCINE INTRANASAL		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
90673	RIV3 VACCINE NO PRESERV IM		18	999	07/01/2020	12/31/9999	1	O1	42.75	M
90674	FLU VACCINE QUADRIVALENT CCIIV4 0.5 ML I		4	999	07/01/2020	12/31/9999	1	O1	28.13	M
90675	RABIES VACCINE IM		0	999	07/01/2021	12/31/9999	1	O1	318.06	K
90676	RABIES VACCINE, ID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90677	PCV20 VACCINE IM		18	999	07/01/2021	12/31/9999	1	O6	0.00	E
90680	RV5 VACC 3 DOSE LIVE ORAL		0	1	09/01/2012	12/31/9999	1	O1	0.00	N
90681	RV1 VACC 2 DOSE LIVE ORAL		0	1	07/01/2015	12/31/9999	1	O1	102.50	M
90682	INFLUENZA VIRUS VACCINE, QUAD (RIV4) IM		18	999	07/01/2020	12/31/9999	1	O1	56.01	M
90685	IIV4 FLU VACC NO PRSV 0.25 ML IM		0	2	07/01/2020	12/31/9999	1	O1	20.34	M
90686	IIV4 FLU VACC NO PRSV 0.50 ML IM		0	999	07/01/2020	12/31/9999	1	O1	19.03	M
90687	IIV4 FLU VACC 0.25 ML IM		0	2	07/01/2020	12/31/9999	1	O1	9.40	M
90688	IIV4 FLU VACC 0.50 ML IM		0	999	07/01/2020	12/31/9999	1	O1	17.84	M
90689	VACC IIV4 NO PRSRV 0.25ML IM		0	999	01/01/2019	12/31/9999	1	O1	98.98	M
90690	TYPHOID VACCINE, ORAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90691	TYPHOID VACCINE, IM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90694	VACC AIIV4 NO PRSRV 0.5ML IM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
90696	DTAP-IPV VACCINE 4-6 YRS IM		4	6	09/01/2012	12/31/9999	1	O1	0.00	N
90697	DTAP IPV HIB HEPB VACC IM		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
90698	DTAP-IPV / HIB VACCINE IM		0	18	09/01/2012	12/31/9999	1	O1	0.00	N
90700	DTAP <7 YRS IM		0	6	09/01/2012	12/31/9999	1	O1	0.00	N
90702	DT VACCINE UNDER 7 YRS IM		0	6	09/01/2012	12/31/9999	1	O1	0.00	N
90707	MEASLES MUMPS&RUBELLA VAC LIVE-SUBQMEASL		0	59	09/01/2012	12/31/9999	1	O1	0.00	N
90710	MMRV VACCINE, SC		1	12	09/01/2012	12/31/9999	1	O1	0.00	N
90713	POLIOVIRUS, IPV, SC/IM		0	18	09/01/2012	12/31/9999	1	O1	0.00	N
90714	TD VACC NO PRESV 7 YRS+ IM		7	999	09/01/2012	12/31/9999	1	O1	0.00	N
90715	TDAP 7+ YRS IM		7	999	09/01/2012	12/31/9999	1	O1	0.00	N
90716	VAR VACCINE LIVE SC		0	999	07/01/2020	12/31/9999	1	O1	135.72	M
90717	YELLOW FEVER VACCINE, SC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90723	DTAP-HEPB-PIV		0	18	09/01/2012	12/31/9999	1	O6	0.00	E
90732	PPSV23 VACC 2 YRS PLUS SC / IM		2	999	07/01/2020	12/31/9999	1	O1	114.21	M
90733	MPSV4 VACCINE SC		2	18	07/01/2020	12/31/9999	1	O1	106.49	M
90734	MENINGOCOCCAL CONJUGATE VACCINE		0	18	07/01/2020	12/31/9999	1	O1	105.99	M
90736	HZV VACCINE LIVE SC		60	999	09/01/2012	12/31/9999	1	O6	0.00	E
90738	INACTIVATED JE VACC IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90739	HEPB VACC 2/4 DOSE ADULT IM		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
90740	HEPB VACC 3 DOSE ILL PAT IM		19	999	07/01/2020	12/31/9999	1	O1	134.12	M
90743	HEPB VACC 2 DOSE ADOLESC IM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90744	HEPB VACC 3 DOSE PED / ADOL IM		0	18	09/01/2012	12/31/9999	1	O6	0.00	E
90746	HEPB VACCINE 3 DOSE ADULT IM		19	999	07/01/2020	12/31/9999	1	O1	67.06	M
90747	.		19	999	07/01/2020	12/31/9999	1	O1	134.12	M
90748	HIB-HEPB VACCINE IM		0	18	09/01/2012	12/31/9999	1	O6	0.00	E
90749	VACCINE TOXOID		0	18	09/01/2012	12/31/9999	1	O1	0.00	N
90750	ZOSTER (SHINGLES) VAC (HZV) IM INJ		50	999	07/01/2020	12/31/9999	1	O1	151.41	M
90756	FLU QUAD CCIIV4 0.5ML		4	999	07/01/2020	12/31/9999	1	O1	26.66	M
90758	ZAIRE EBOLAVIRUS VAC LIVE IM		18	999	07/01/2021	12/31/9999	1	O6	0.00	E
90759	HEP B VAC 3AG 10MCG 3 DOS IM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
90785	INTERACTIVE COMPLEXITY		0	999	01/01/2013	12/31/9999	5	O1	0.00	N
90791	PSYCH DIAG EVAL	Y	0	999	07/01/2021	12/31/9999	1	O1	104.44	S
90792	PSYCH DIAG EVAL W/MED SERVS	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90832	PSYCHOTHERAPY 30 MIN PT	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90833	PSYTX PT 30 MINUTES W/E&M	Y	0	999	01/01/2013	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
90834	PSYTX PT 45 MINUTES	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90836	PSYTX PT W/E&M 45 MIN	Y	0	999	01/01/2013	12/31/9999	1	O1	0.00	N
90837	PSYTX PT 60 MINUTES	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90838	PSYTX PT W/E&M 60 MIN		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
90839	PSYTX CRISIS INITIAL 60 MIN		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
90840	PSYTX CRISIS EA ADDL 30 MIN		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
90845	PSYCHOANALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90846	FAMILY PSYTX W/O PATIENT 50 MINS	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90847	FAMILY PSYTX W/PT 50 MINS	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90849	MULTIPLE FAMILY GROUP PSYTX	Y	0	999	07/01/2021	12/31/9999	2	O1	104.44	S
90853	GROUP PSYCHOTHERAPY	Y	0	999	07/01/2021	12/31/9999	1	O1	58.52	S
90863	PHARMACOLOGIC MGMT W/PSYTX		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
90865	NARCOSYNTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90867	TCRANIAL MAGN STIM TX PLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90868	TCRANIAL MAGN STIM TX DELI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90869	TMS TREATMENT SUBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90870	ELECTROCONVULSIVE THERAPY	Y	0	999	07/01/2021	12/31/9999	2	O1	381.25	S
90875	PSYCHOPHYSIOLOGICAL THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90876	PSYCHOPHYSIOLOGICAL THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90880	HYPNOTHERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90882	ENVIRONMENTAL INTERVENTION F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90885	PSY EVALUATION OF RECORDS		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
90887	INT & EXPL OF RESULTS OF PSYCH		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
90889	PREPARATION OF REPORT OF PAT		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
90899	PSYCHIATRIC SERVICE/THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90901	BIOFEEDBACK, ANY METHOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90912	BFB TRAINING 1ST 15 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
90913	BFB TRAINING EA ADDL 15 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
90935	HEMODIALYSIS PROCEDURE WITH SI		0	999	07/01/2021	12/31/9999	1	O1	511.43	S
90937	HEMODIALYSIS PROCEDURE REQUIRI		0	999	07/01/2020	12/31/9999	1	O1	89.63	B
90940	HEMODIALYSIS ACCESS STUDY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
90945	DIALYSIS, ONE EVALUATION		0	999	07/01/2021	12/31/9999	1	O1	284.30	V
90947	DIALYSIS, REPEATED EVAL		0	999	07/01/2020	12/31/9999	1	O1	106.78	B
90951	ESRD SERV <2 YR 4+ PHY VISITS PER MO		0	1	07/01/2020	12/31/9999	1	O1	799.88	M
90952	ESRD SERV <2 YRS 2-3 PHY VISITS PER MO		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
90953	ESRD SERV <2 YRS 1 PHY VISIT PER MO		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
90954	ESRD SERV 2-11 YRS 4+ PHY VISITS PER MO		2	11	07/01/2020	12/31/9999	1	O1	693.97	M
90955	ESRD SERV 2-11 YRS 2-3 PHY VISITS PER MO		2	11	07/01/2020	12/31/9999	1	O1	390.62	M
90956	ESRD SERV 2-11 YRS 1 PHY VISIT PER MO		2	11	07/01/2020	12/31/9999	1	O1	271.17	M
90957	ESRD SERV 12-19 YRS 4+ PHY VISITS PER MO		12	19	07/01/2020	12/31/9999	1	O1	549.93	M
90958	ESRD SERV 12-19 YRS 2-3 PHY VISITS PER M		12	19	07/01/2020	12/31/9999	1	O1	373.10	M
90959	ESRD SERV 12-19 YRS 1 PHYS VISIT PER MO		12	19	07/01/2020	12/31/9999	1	O1	251.92	M
90960	ESRD SERV 20+ YRS 4+ PHY VISITS PER MO		20	999	07/01/2020	12/31/9999	1	O1	241.52	M
90961	ESRD SERV 20+ YRS 2-3 PHY VISITS PER MO		20	999	07/01/2020	12/31/9999	1	O1	202.56	M
90962	ESRD SERV 20+ YRS 1 PHY VISIT PER MO		20	999	07/01/2020	12/31/9999	1	O1	155.83	M
90963	ESRD HOME DIAL SERV <2 YRS		0	1	07/01/2020	12/31/9999	1	O1	464.72	M
90964	ESRD HOME DIAL SERV 2-11 YRS		2	11	07/01/2020	12/31/9999	1	O1	406.03	M
90965	ESRD HOME DIAL SERV 12-19 YRS		12	19	07/01/2020	12/31/9999	1	O1	387.89	M
90966	ESRD SERV 20+ YRS 1 PHY VISIT PER MO		20	999	07/01/2020	12/31/9999	1	O1	202.28	M
90967	ESRD SERV PER DAY < 2 YRS		0	1	07/01/2020	12/31/9999	1	O1	15.35	M
90968	ESRD SERV PER DAY 2-11 YRS		2	11	07/01/2020	12/31/9999	1	O1	13.48	M
90969	ESRD SERV PER DAY 12-19 YRS		12	19	07/01/2020	12/31/9999	1	O1	12.89	M
90970	ESRD SERV 20+ YRS PER DAY		20	999	07/01/2020	12/31/9999	1	O1	6.84	M
90989	DIALYSIS TRAINING, PATIENT, IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90993	DIALYSIS TRAINING, PATIENT, IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90997	HEMOPERFUSION (EG, WITH ACTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
90999	UNLISTED DIALYSIS PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
91010	ESOPHAGUS MOTILITY STUDY		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91013	ESOPHGL MOTIL W/STIM/PERFUS		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
91020	GASTRIC MOTILITY		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91022	DUODENAL MOTILITY STUDY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
91030	ESOPHAGUS, ACID PERFUSION (B		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91034	GASTROESOPHAGEAL REFLUX TEST		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91035	G-ESOPH REFLX TST W/ELECTROD		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91037	ESOPH IMPED FUNCTION TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
91038	ESOPH IMPED FUNCT TEST > 1H		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91040	ESOPH BALLOON DISTENSION TST		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
91065	BREATH HYDROGEN TEST		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
91110	GI IMAG INTRALUM ESOPH-ILEUM MD I&RGI TR		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
91111	GASTROINT IMAG INTRALUM ESOPH		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
91112	GI WIRELESS CAPSULE MEASURE		0	999	07/01/2021	12/31/9999	1	O1	632.78	T
91113	GI TRC IMG INTRAL COLON I&R		0	999	01/01/2022	12/31/9999	1	O1	623.09	T
91117	COLON MOTILITY 6 HR STUDY		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
91120	RECTAL SENSATION TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
91122	ANORECTAL MANOMETRY		0	999	07/01/2021	12/31/9999	1	O1	208.02	T
91132	ELECTROGASTROGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
91133	ELECTROGASTROGRAPHY W/TEST		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
91200	LIVER ELASTOGRAPHY		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
91299	UNLISTED DIAGNOSTIC GASTROEN		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
91300	SARSCOV2 VAC 30MCG/0.3ML IM		12	999	12/11/2020	12/31/9999	1	O6	0.00	E
91301	SARSCOV2 VAC 100MCG/0.5ML IM		18	999	12/18/2020	12/31/9999	1	O6	0.00	E
91303	SARSCOV2 VAC AD26 .5ML IM		18	999	02/27/2021	12/31/9999	1	O6	0.00	E
91304	Sarscov2 vac 5mcg/0.5ml im		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
91305	SARSCOV2 VAC 30 MCG TRS-SUCR		12	999	01/03/2022	12/31/9999	1	O6	0.00	E
91306	SARSCOV2 VAC 50MCG/0.25ML IM		18	999	10/20/2021	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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91307	SARSCOV2 VAC 10 MCG TRS-SUCR		5	11	10/29/2021	12/31/9999	1	O6	0.00	E
91308	Sarscov2 vac 3 mcg trs-sucr		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
91309	SARSCOV2 VAC 50MCG/0.5ML IM		18	999	03/29/2022	12/31/9999	1	O6	0.00	E
91311	Sarscov2 vac 25mcg/0.25ml im		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
92002	OPHTHALMOLOGICAL SERVICES: M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92004	OPHTHALMOLOGICAL SERVICES: M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92012	OPHTHALMOLOGICAL SERVICES: M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92014	OPHTHALMOLOGICAL SERVICES: M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92015	DETERMINATION OF REFRACTIVE ST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92018	OPHTHALMOLOGICAL EXAMINATION		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	S
92019	OPHTHALMOLOGICAL EXAMINATION		0	999	07/01/2021	12/31/9999	1	O1	1,565.04	S
92020	GONIOSCOPY WITH MEDICAL DIAG		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92025	COMP TOPOGRAPHY UNIL/BILAT		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92060	SENSORIMOTOR EXAMINATION WITH		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92065	ORTHOPTIC AND/OR PLEOPTIC TR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92071	FIT CONTACT OCULAR SURFC DIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92072	FIT CONTACT MGMT KERATOCONUS INIT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92081	VISUAL FIELD EXAMINATION, UNIL		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92082	VISUAL FIELD EXAMINATION, UNIL		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92083	VISUAL FIELD EXAMINATION, UNIL		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92100	SERIAL TONOMETRY (SEPARATE PRO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92132	CMPTR OPHTH DX IMG ANT SEGMT		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92133	CMPTR OPHTH IMG OPTIC NERVE		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92134	CPTR OPHTH DX IMG POST SEGMT		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92136	OPHTHALMIC BIOMETRY		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92145	CORNEAL HYSTERESIS DETER		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
92201	OPSCPY EXTND RTA DRAW UNI/BI		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92202	OPSCPY EXTND ON/MAC DRAW		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92227	REMOTE DX RETINAL IMAGING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92228	REMOTE RETINAL IMAGING MGMT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92229	IMG RTA DETC/MNTR DS POC ALY		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
92230	FLUORESCEIN ANGIOSCOPY WITH ME		0	999	07/01/2021	12/31/9999	2	O1	381.25	S
92235	FLUORESCEIN ANGIOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92240	ICG ANGIOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92242	FLUORESCEIN/INDCYNNE-GREEN ANGIO UNILATE		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92250	FUNDUS PHOTOGRAPHY WITH MEDICA		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92260	OPHTHALMODYNAMOMETRY		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
92265	NEEDLE OCULOELECTROMYOGRAPHY,		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92270	ELECTRO-OCULOGRAPHY, WITH ME		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92273	FULL FIELD ERG W/I&R		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92274	MULTIFOCAL ERG W/I&R		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92283	COLOR VISION EXAMINATION, EX		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92284	DARK ADAPTATION EXAMINATION,		0	999	07/01/2021	12/31/9999	1	O1	211.21	S
92285	EXTERNAL OCULAR PHOTOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
92286	SPECULAR ENDOTHELIAL MICROSC		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92287	SPECIAL ANTERIOR SEGMENT PHOTO		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92310	PRESCRIPTION OF OPTICAL AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92311	PRESCRIPTION OF OPTICAL AND	Y	0	999	07/01/2021	12/31/9999	1	O1	211.21	S
92312	PRESCRIPTION OF OPTICAL AND	Y	0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92313	PRESCRIPTION OF OPTICAL AND	Y	0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92314	PRESCRIPTION OF OPTICAL AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92315	PRESCRIPTION OF OPTICAL AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92316	PRESCRIPTION OF OPTICAL AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92317	PRESCRIPTION OF OPTICAL AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92325	MODIFICATION OF CONTACT LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92326	REPLACEMENT OF CONTACT LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92340	FITTING OF SPECTACLES, EXCEP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92341	FITTING OF SPECTACLES, EXCEP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92342	FITTING OF SPECTACLES, EXCEP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92352	FITTING OF SPECTACLE PROSTHE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92353	FITTING OF SPECTACLE PROSTHE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92354	FITTING OF SPECTACLE MOUNTED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92355	FITTING OF SPECTACLE MOUNTED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92358	PROSTHESIS SERVICE FOR APHAK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92370	REPAIR AND REFITTING SPECTAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92371	REPAIR AND REFITTING SPECTAC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
92499	UNLISTED OPHTHALMOLOGICAL SE		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
92502	OTOLARYNGOLOGIC EXAMINATION		0	999	07/01/2021	12/31/9999	1	O1	353.56	T
92504	BINOCULAR MICROSCOPY (SEPARA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92507	SPEECH/HEARING THERAPY	Y	0	999	07/01/2020	12/31/9999	1	O1	67.17	A
92508	SPEECH LANGUAGE AND HEARING TH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92511	NASOPHARYNGOSCOPY WITH ENDOS		0	999	07/01/2021	12/31/9999	1	O1	128.49	T
92512	NASAL FUNCTION STUDIES, EG,		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92516	FACIAL NERVE FUNCTION STUDIE		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92517	VEMP TEST I&R CERVICAL		0	999	01/01/2021	12/31/9999	1	O1	109.07	S
92518	VEMP TEST I&R OCULAR		0	999	01/01/2021	12/31/9999	1	O1	109.07	S
92519	VEMP TST I&R CERVICAL&OCULAR		0	999	01/01/2021	12/31/9999	1	O1	206.69	S
92520	LARYNGEAL FUNCTION STUDIES		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92521	EVAL SPEECH FLUENCY		0	999	07/01/2020	12/31/9999	1	O1	95.31	A
92522	EVAL SPEECH SOUND PROD		0	999	07/01/2020	12/31/9999	1	O1	77.92	A
92523	EVAL SPEECH SOUND PROD W/LANG COMP/EXPR		0	999	07/01/2020	12/31/9999	1	O1	163.61	A
92524	BEHAV TRANSCATH CLOSURE ARTERIOSUS		0	999	07/01/2020	12/31/9999	1	O1	76.25	A
92526	ORAL FUNCTION THERAPY	Y	0	999	07/01/2020	12/31/9999	1	O1	73.72	A
92531	SPONTANEOUS NYSTAGMUS, INCLU		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92532	POSITIONAL NYSTAGMUS TEST		0	999	09/01/2012	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
92533	CALORIC VESTIBULAR TEST, EAC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92534	OPTOKINETIC NYSTAGMUS TEST		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92537	CALORIC VSTBLR TEST W/REC		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92538	CALORIC VSTBLR TEST W/REC		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92540	BASIC VESTIBULAR EVALUATION		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92541	SPONTANEOUS NYSTAGMUS TEST,		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92542	POSITIONAL NYSTAGMUS TEST, M		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92544	OPTOKINETIC NYSTAGMUS TEST,		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92545	OSCILLATING TRACKING TEST, W		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92546	TORSION SWING TEST, WITH REC		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92547	SUPPLEMENTAL ELECTRICAL TEST		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
92548	COMPUTERIZED DYMANIC POSTUROGRAPHY SENSO		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92549	CDP-SOT 6 COND W/I&R MCT&ADT		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
92550	TYMPANOMETRY & REFLEX THRESH		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92551	SCREENING TEST, PURE TONE, A		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92552	PURE TONE AUDIOMETRY (THRESH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92553	PURE TONE AUDIOMETRY (THRESH		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92555	SPEECH AUDIOMETRY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92556	SPEECH AUDIOMETRY;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92557	BASIC COMPREHENSIVE AUDIOMET		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92558	EVOKED OTOACOUSTIC EMISSIONS SCR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92562	LOUDNESS BALANCE TEST, ALTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92563	TONE DECAY TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92565	STENGER TEST, PURE TONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92567	TYMPANOMETRY (IMPEDANCE TESTIN		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
92568	ACOUSTIC REFL THRESHOLD TST		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
92570	ACOUSTIC IMMITTANCE TESTING		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92571	FILTERED SPEECH TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92572	STAGGERED SPONDAIC WORD TEST		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92575	SENSORINEURAL ACUITY LEVEL T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92576	SYNTHETIC SENTENCE IDENTIFIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92577	STENGER TEST, SPEECH		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
92579	VISUAL AUDIOMETRY (VRA)		0	20	07/01/2021	12/31/9999	1	O1	109.07	S
92582	CONDITIONING PLAY AUDIOMETRY		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92583	SELECT PICTURE AUDIOMETRY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92584	ELECTROCOCHLEOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92587	EVOKED AUDITORY TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92588	EVOKED AUDITORY TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
92590	HEARING AID EXAMINATION AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92591	HEARING AID EXAMINATION AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92592	HEARING AID CHECK; MONAURAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92593	HEARING AID CHECK;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92594	ELECTROACOUSTIC EVALUATION F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92595	ELECTROACOUSTIC EVALUATION F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92596	EAR PROTECTOR ATTENUATION ME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92597	ORAL SPEECH DEVICE EVAL	Y	0	999	07/01/2020	12/31/9999	1	O1	62.17	A
92601	COCHLEAR IMPLT F/UP EXAM < 7		0	6	07/01/2021	12/31/9999	1	O1	109.07	S
92602	REPROGRAM COCHLEAR IMPLT < 7		0	6	07/01/2021	12/31/9999	1	O1	109.07	S
92603	COCHLEAR IMPLT F/UP EXAM 7 >		7	999	07/01/2021	12/31/9999	1	O1	109.07	S
92604	REPROGRAM COCHLEAR IMPLT 7 >		7	999	07/01/2021	12/31/9999	1	O1	109.07	S
92605	EVAL FOR NONSPEECH DEVICE RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92606	NON-SPEECH DEVICE SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92607	EX FOR SPEECH DEVICE RX, 1HR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92608	EX FOR SPEECH DEVICE RX ADDL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92609	USE OF SPEECH DEVICE SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92610	EVALUATE SWALLOWING FUNCTION		0	999	07/01/2020	12/31/9999	1	O1	62.06	A
92611	MOTION FLUOROSCOPY/SWALLOW		0	999	07/01/2020	12/31/9999	1	O1	77.18	A
92612	FLEX ENDOSCOP EVAL CINE-VIDEO RECORD		0	999	07/01/2020	12/31/9999	1	O1	58.38	A
92613	FLX ENDO EVAL SWALLW VIDEO REC INTRP/RPT		0	999	07/01/2020	12/31/9999	1	O1	32.30	B
92614	FLX ENDOSCOP EVAL LARYNGEAL TEST		0	999	07/01/2020	12/31/9999	1	O1	57.16	A
92615	FLX ENDO EVAL LARYNGL SNSRY VID REC INTP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92616	FLX ENDO EVAL SWALLW LARYNG SNSRY TEST		0	999	07/01/2020	12/31/9999	1	O1	85.49	A
92617	FLX ENDO EVAL SWLLW LARYNG SNSRY INTRP/R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92618	EVAL PRESC NONSPCH AUGM DEV ADD 30 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92620	AUDITORY FUNCTION, 60 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92621	AUDITORY FUNCTION, + 15 MIN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92625	TINNITUS ASSESSMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92626	EVALUATION OF AUDITORY FUNCTION FOR SURG	Y	0	999	07/01/2021	12/31/9999	1	O1	109.07	S
92627	EVALUATION OF AUDITORY FUNCTION FOR SURG	Y	0	999	09/01/2012	12/31/9999	6	O1	0.00	N
92630	AUD REHAB PRE-LING HEAR LOSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92633	AUD REHAB POSTLING HEAR LOSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
92640	DIAG AUDITORY BRAINSTEM IMPLANT PER HR		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
92650	AEP SCR AUDITORY POTENTIAL		0	999	01/01/2021	12/31/9999	1	O1	21.61	B
92651	AEP HEARING STATUS DETER I&R		0	999	01/01/2021	12/31/9999	1	O1	109.07	S
92652	AEP THRSHLD EST MLT FREQ I&R		0	999	01/01/2021	12/31/9999	1	O1	206.69	S
92653	AEP NEURODIAGNOSTIC I&R		0	999	01/01/2021	12/31/9999	1	O1	206.69	S
92700	ENT PROCEDURE/SERVICE	Y	0	999	07/01/2021	12/31/9999	1	O1	19.28	S
92920	PRQ CARDIAC ANGIOPLAST		0	999	07/01/2021	12/31/9999	3	O1	3,874.26	T
92921	PRQ CARDIAC ANGIO ADDL ART		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
92924	PRQ CARD ANGIO/ATHRECT		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
92925	PRQ CARD ANGIO/ATHRECT ADDL		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
92928	PRQ CARD STENT W/ANGIO		0	999	07/01/2021	12/31/9999	3	O1	7,849.55	T
92929	PRQ CARD STENT W/ANGIO ADDL		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
92933	PRQ CARD STENT/ATH/ANGIO		0	999	07/01/2021	12/31/9999	2	O1	12,555.60	T
92934	PRQ CARD STENT/ATH/ANGIO EA ADDL BR		0	999	07/01/2015	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
92937	PRQ REVASC BYP GRAFT		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
92938	PRQ REVASC BYP GRAFT ADDL		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
92941	PRQ CARD REVASC MI		0	999	07/01/2020	12/31/9999	1	O6	0.00	C
92943	PRQ CARD REVASC CHRONIC		0	999	07/01/2021	12/31/9999	2	O1	7,849.55	T
92944	PRQ CARD REVASC CHRONIC ADDL		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
92950	CARDIOPULMONARY RESUSCITATIO		0	999	07/01/2021	12/31/9999	2	O1	206.69	S
92953	TEMPORARY TRANSCUTANEOUS PACIN		0	999	07/01/2021	12/31/9999	2	O1	439.19	S
92960	CARDIOVERSION, ELECTIVE, ELE		0	999	07/01/2021	12/31/9999	2	O1	439.19	S
92961	CARDIOVERSION, ELECTRIC, INT		0	999	07/01/2021	12/31/9999	1	O1	439.19	S
92970	CARDIOASSIST-METHOD OF CIRCU		0	999	09/01/2012	12/31/9999	3	O6	0.00	C
92971	CARDIOASSIST-METHOD OF CIRCU		0	999	09/01/2012	12/31/9999	3	O6	0.00	C
92973	PERCUT CORONARY THROMBECTOMY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
92974	CATH PLACE, CARDIO BRACHYTX		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
92975	THROMBOLYSIS,CORONARY;BY INTRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
92977	BY INTRAVENOUS INFUSION		0	999	07/01/2021	12/31/9999	1	O1	242.88	T
92978	ENDOLUMINAL IMAG CORNRY VESL GRAFT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
92979	ENDOLUMINAL IMAG CRNRY VESL/GRAFT EA ADD		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
92986	PERCUTANEOUS BALLOON VALVULOPL		0	999	07/01/2021	12/31/9999	1	O1	3,874.26	T
92987	REVISION OF MITRAL VALVE		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
92990	PERCUTANEOUS BALLOON VALVULOPL		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
92997	PUL ART BALLOON REPAIR, PERC		0	999	07/01/2021	12/31/9999	1	O1	7,849.55	T
92998	PUL ART BALLOON REPAIR, PERC		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
93000	ELECTROCARDIOGRAM, WITH INTER		0	999	07/01/2020	12/31/9999	3	O1	13.81	M
93005	ELECTROCARDIOGRAM, WITH INTE		0	999	07/01/2021	12/31/9999	5	O1	43.50	S
93010	ELECTROCARDIOGRAM, WITH INTE		0	999	07/01/2020	12/31/9999	5	O1	7.24	B
93015	CARDIOVASCULAR STRESS TEST USI		0	999	07/01/2020	12/31/9999	1	O1	58.14	B
93016	CARDIOVASCULAR STRESS TEST USI		0	999	07/01/2020	12/31/9999	1	O1	19.08	B
93017	CARDIOVASCULAR STRESS TEST U		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
93018	CARDIOVASCULAR STRESS TEST U		0	999	07/01/2020	12/31/9999	1	O1	12.75	B
93024	ERGONOVINE PROVOCATION TEST		0	999	07/01/2021	12/31/9999	1	O1	211.21	S
93025	MICROVOLT T-WAVE ASSESS		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
93040	RHYTHM ECG, ONE TO THREE LEADS		0	999	07/01/2020	12/31/9999	3	O1	10.39	B
93041	RHYTHM ECG, ONE TO THREE LEA		0	999	07/01/2021	12/31/9999	3	O1	43.50	S
93042	RHYTHM ECG, ONE TO THREE LEA		0	999	07/01/2020	12/31/9999	3	O1	6.05	B
93050	ART PRESSURE WAVEFORM ANALYS		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
93224	ECG MONIT/REPRT UP TO 48 HRS		0	999	07/01/2020	12/31/9999	1	O1	70.86	M
93225	ECG MONIT/REPRT UP TO 48 HRS		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
93226	ECG MONIT/REPRT UP TO 48 HRS		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
93227	ECG MONIT/REPRT UP TO 48 HRS		0	999	07/01/2020	12/31/9999	1	O1	22.70	M
93228	REMOTE 30 DAY ECG REV/REPORT		0	999	07/01/2020	12/31/9999	1	O1	22.64	M
93229	REMOTE 30 DAY ECG TECH SUPP		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
93241	EXT ECG>48HR<7D REC SCAN A/R	Y	0	999	01/01/2021	12/31/9999	1	O5	0.00	M
93242	EXT ECG>48HR<7D RECORDING		0	999	01/01/2021	12/31/9999	1	O1	26.45	S
93243	EXT ECG>48HR<7D SCAN A/R		0	999	01/01/2021	12/31/9999	1	O1	43.50	S
93244	EXT ECG>48HR<7D REV&INTERPJ		0	999	01/01/2021	12/31/9999	1	O1	19.24	M
93245	EXT ECG>7D<15D REC SCAN A/R	Y	0	999	01/01/2021	12/31/9999	1	O5	0.00	M
93246	EXT ECG>7D<15D RECORDING		0	999	01/01/2021	12/31/9999	1	O1	43.50	S
93247	EXT ECG>7D<15D SCAN A/R		0	999	01/01/2021	12/31/9999	1	O1	87.50	S
93248	EXT ECG>7D<15D REV&INTERPJ		0	999	01/01/2021	12/31/9999	1	O1	21.13	M
93260	PRGRMG DEV EVAL IMPLTBL SYS		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93261	INTERROGATE SUBQ DEFIB		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93264	REM MNTR WRLS P-ART PRS SNR		0	999	07/01/2020	12/31/9999	1	O1	30.87	M
93268	ECG RECORD/REVIEW		0	999	07/01/2020	12/31/9999	1	O1	158.44	M
93270	REMOTE 30 DAY ECG REV/REPORT		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93271	ECG/MONITORING AND ANALYSIS		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
93272	ECG/REVIEW INTERPRET ONLY		0	999	07/01/2020	12/31/9999	1	O1	21.86	M
93278	SIGNAL-AVERAGED ECG W/WO ECG		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
93279	PM DEVICE PROGR EVAL, SNGL		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93280	PM DEVICE PROGR EVAL, DUAL		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93281	PM DEVICE PROGR EVAL, MULTI		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93282	PRGRMG EVAL IMPLANTABLE DFB		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93283	PRGRMG EVAL IMPLANTABLE DFB		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93284	PRGRMG EVAL IMPLANTABLE DFB		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93285	ILR DEVICE EVAL PROGR		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93286	PRE-OP PM DEVICE EVAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93287	PERI-PX DEVICE EVAL & PRGR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93288	EVAL PHYS CONN REC DISCONN PCMKR		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93289	INTERROG DEVICE EVAL HEART		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93290	EVAL PHYS CARDIO MONITOR SYS		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93291	EVAL PHYS CONN REC DISCONN LOOP REC		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
93292	EVAL PHYS CONN REC DISCONN DEFIB		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93293	TRANSTELEP PACEMAKER EVAL 90 DAYS		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93294	EVAL 90 DAYS PACEMAKER		0	999	07/01/2020	12/31/9999	1	O1	26.58	M
93295	DEV INTERROG REMOTE 1/2/MLT		0	999	07/01/2020	12/31/9999	1	O1	32.70	M
93296	PM/ICD REMOTE TECH SERV		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
93297	EVAL PHY 30 DAYS CARDIO SYS		0	999	07/01/2020	12/31/9999	1	O1	22.92	M
93298	EVAL PHY 30 DAYS LOOP SYS		0	999	07/01/2020	12/31/9999	1	O1	23.20	M
93303	ECHO TRANSTHORACIC		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93304	ECHO TRANSTHORACIC		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93306	ECHOCARD TRANSTHORACIC 2D		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93307	ECHO EXAM OF HEART		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93308	ECHOCARDIOGRAPHY, REAL-TIME WI		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93312	ECHO TRANSESOPHAGEAL		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93313	ECHO TRANSESOPHAGEAL		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93314	ECHO TRANSESOPHAGEAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
93315	ECHO TRANSESOPHAGEAL		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93316	ECHO TRANSESOPHAGEAL		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93317	ECHO TRANSESOPHAGEAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93318	ECHO TRANSESOPHAGEAL INTRAOP		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93319	3D ECHO IMG CGEN CAR ANOMAL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
93320	DOPPLER ECHO EXAM, HEART		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
93321	DOPPLER ECHO EXAM, HEART		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93325	DOPPLER COLOR FLOW ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93350	ECHO TRANSTHORACIC		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93351	ECHOCARD TRANSTHORACIC W/PHY		0	999	07/01/2021	12/31/9999	1	O1	377.42	S
93352	ECHO CONTRAST AGENT		0	999	07/01/2020	12/31/9999	1	O1	26.95	M
93355	ECHO TRANSESOPH DOPPLER		0	999	07/01/2015	12/31/9999	1	O1	0.00	N
93356	MYOCRD STRAIN IMG SPCKL TRCK		0	999	01/01/2020	12/31/9999	1	O1	0.00	N
93451	RIGHT HEART CATH		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93452	LEFT HRT CATH W/VENTRCLGRPHY		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93453	R&L HRT CATH W/VENTRICLGRPHY		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93454	CORONARY ARTERY ANGIO S&I		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93455	CORONARY ART/GRFT ANGIO S&I		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93456	R HRT CORONARY ARTERY ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93457	R HRT ART/GRFT ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93458	L HRT ARTERY/VENTRICLE ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93459	L HRT ART/GRFT ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93460	R&L HRT ART/VENTRICLE ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93461	R&L HRT ART/VENTRICLE ANGIO		0	999	07/01/2021	12/31/9999	1	O1	2,265.87	T
93462	L HRT CATH TRNSPTL PUNCTURE		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
93463	DRUG ADMIN & HEMODYNMIC MEAS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93464	EXERCISE W/HEMODYNAMIC MEAS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93503	INSERTION AND PLACEMENT OF FLO		0	999	07/01/2021	12/31/9999	2	O1	1,099.04	S
93505	ENDOCARDIAL BIOPSY		0	999	07/01/2021	12/31/9999	1	O1	2,236.67	T
93563	INJECT CONGENITAL CARD CATH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93564	INJECT HRT CONGNTL ART/GRFT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93565	INJECT L VENTR/ATRIAL ANGIO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93566	INJECT R VENTR/ATRIAL ANGIO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93567	INJECT SUPRVLV AORTOGRAPHY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93568	INJECT PULM ART HRT CATH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93571	HEART FLOW RESERVE MEASURE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93572	HEART FLOW RESERVE MEASURE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93580	TRANSCATH CLOSURE OF ASD		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
93581	TRANSCATH CLOSURE OF VSD		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
93582	PERCUT TRANSCATH CLS PATENT DUCTUS ARTR		0	999	07/01/2021	12/31/9999	1	O1	12,555.60	T
93583	PERCUT TRANSCATH SEPTAL REDUCTION		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
93590	PERQ TRNSCTH CLS PRVLVLR LEAK MITRAL VAL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
93591	PERQ TRNSCTH CLS PRVLVLR LEAK AORTIC VAL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
93592	PERQ TRNSCTH CLS PRVLVLR LEAK EA ADDL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
93593	R HRT CATH CHD NML NT CNJ		0	999	01/01/2022	12/31/9999	1	O1	2,276.77	T
93594	R HRT CATH CHD ABNL NT CNJ		0	999	01/01/2022	12/31/9999	1	O1	2,276.77	T
93595	L HRT CATH CHD NM/ABN NT CNJ		0	999	01/01/2022	12/31/9999	1	O1	2,276.77	T
93596	R&L HRT CATH CHD NML NT CNJ		0	999	01/01/2022	12/31/9999	1	O1	2,276.77	T
93597	R&L HRT CATH CHD ABNL NT CNJ		0	999	01/01/2022	12/31/9999	1	O1	2,276.77	T
93598	CAR OUTP MEAS DRG CATH CHD		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
93600	BUNDLE OF HIS RECORDING		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	S
93602	INTRA-ATRIAL RECORDING		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	S
93603	RIGHT VENTRICULAR RECORDING		0	999	07/01/2021	12/31/9999	1	O1	869.74	S
93609	MAP TACHYCARDIA, ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93610	INTRA-ATRIAL PACING		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	S
93612	INTRAVENTRICULAR PACING		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	S
93613	ELECTROPHYS MAP, 3D, ADD-ON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93615	ESOPHAGEAL RECORDING OF ATRIAL		0	999	07/01/2021	12/31/9999	1	O1	869.74	S
93616	ESOPHAGEAL RECORDING OF ATRIAL		0	999	07/01/2021	12/31/9999	1	O1	869.74	S
93618	INDUCTION OF ARRHYTHMIA BY E		0	999	07/01/2021	12/31/9999	1	O1	869.74	S
93619	ELECTROPHYSIOLOGY EVALUATION		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	T
93620	ELECTROPHYSIOLOGY EVALUATION		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	T
93621	ELECTROPHYSIOLOGY EVALUATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93622	ELECTROPHYSIOLOGY EVALUATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93623	STIMULATION, PACING HEART		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93624	ELECTROPHYSIOLOGIC FOLLOW-UP S		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	T
93631	INTRA-OPERATIVE EPICARDIAL AND		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93640	EVALUATION HEART DEVICE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93641	ELECTROPHYSIOLOGIC EVALUATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93642	ELECTROPHYS EVAL PACING CARD-DEFIB		0	999	07/01/2021	12/31/9999	1	O1	869.74	T
93644	ELECTROPHYS EVAL SUBQ DEFIB		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
93650	INTRACARDIAC CATHETER ABLATION		0	999	07/01/2021	12/31/9999	1	O1	4,750.93	T
93653	EP & ABLATE SUPRAVENT ARRHYT		0	999	07/01/2021	12/31/9999	1	O1	16,776.55	T
93654	EP & ABLATE VENTRIC TACHY		0	999	07/01/2021	12/31/9999	1	O1	16,776.55	T
93655	ABLATE ARRHYTHMIA ADD ON		0	999	01/01/2013	12/31/9999	1	O1	0.00	N
93656	TX ATRIAL FIB PULM VEIN ISOL		0	999	07/01/2021	12/31/9999	1	O1	16,776.55	T
93657	TX L/R ATRIAL FIB ADDL		0	999	01/01/2013	12/31/9999	1	O1	0.00	N
93660	AUTONOMIC NERVOUS SYSTEM EVALU		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
93662	INTRACARDIAC ECG (ICE)		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93668	PERIPHERAL VASCULAR REHAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
93701	BIOIMPEDANCE, CV ANALYSIS		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
93702	BIS XTRACELL FLUID ANALYSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
93724	ELECTRONIC ANALYSIS OF ANTITAC		0	999	07/01/2021	12/31/9999	1	O1	212.96	S
93740	TEMPERATURE GRADIENT STUDIES		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
93745	SET-UP CARDIOVERT-DEFIBRILL		0	999	02/10/2014	12/31/9999	1	O6	0.00	E

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Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
93750	INTERROGATION VAD, IN PERSON		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
93770	DETERMINATION OF VENOUS PRES		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
93784	AMBULATORY BLOOD PRESSURE MONITORING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
93786	AMBULATORY BLOOD PRESSURE MONITORING		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
93788	AMBULATORY BLOOD PRESSURE MONITORING		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
93790	AMBULATORY BLOOD PRESSURE MONITORING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
93792	PATIENT/CAREGIVER TRAINING		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
93793	ANTICOAGULANT MGMT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
93797	PHYSICIAN SERVICES FOR OUTPATI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
93798	PHYSICIAN SERVICES FOR OUTPATI	Y	18	999	07/01/2021	12/31/9999	2	O1	90.72	S
93799	UNLISTED CARDIOVASCULAR SERV		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
93880	DUPLEX SCAN OF EXTRACRANIAL		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93882	DUPLEX SCAN OF EXTRACRANIAL AR		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93886	TRANSCRANIAL DOPPLER STUDY OF		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93888	TRANSCRANIAL DOPPLER STUDY OF		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93890	TCD, VASORECTIVITY		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93892	TCD, EMBOLI DETECT W/O INJ		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93893	TCD, EMBOLI DETECT W/INJ		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93895	CAROTID INTIMA ATHEROMA EVAL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
93922	UPR/L XTREMITY ART 2 LEVELS		0	999	07/01/2021	12/31/9999	2	O1	87.50	S
93923	UPR/LXTR ART STDY 3+ LVLS		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
93924	LWR XTR VASC STDY BILAT		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
93925	DUPLEX SCAN OF LOWER EXTREMITY		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93926	DUPLEX SCAN OF LOWER EXTREMITY		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93930	DUPLEX SCAN OF UPPER EXTREMITY		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93931	DUPLEX SCAN OF UPPER EXTREMITY		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93970	DUPLEX SCAN; COMPLETE BILA. ST		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93971	DUPLEX SCAN OF EXTREMITY VEINS		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93975	VASCULAR STUDY		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93976	DUPLEX SCAN; FOLLOW UP OR LIM		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93978	DUPLEX SCAN; COMPLETE STUDY		0	999	07/01/2021	12/31/9999	1	O1	179.87	S
93979	DUPLEX SCAN; FOLLOW-UP OR LIM		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93980	DUPLEX SCAN OF ARTERIAL INFLOW		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93981	DUPLEX SCAN OF ARTERIAL INFLOW		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
93985	DUP-SCAN HEMO COMPL BI STD		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
93986	DUP-SCAN HEMO COMPL UNI STD		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
93990	DOPPLER FLOW TESTING		0	999	07/01/2021	12/31/9999	2	O1	85.17	S
93998	UNLISTED NONINVASIVE VASC DIAG STUDY		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
94002	VENT MGMT HOSPITAL INITIAL DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94003	VENT MGMT HOSPITAL SUBSEQ DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94004	VENT MGMT NURSING FAC PER DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94005	HOME VENT MGMGT CAREPLAN OVRSITE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94010	BREATHING CAPACITY TEST		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
94011	UP TO 2 YRS OLD, SPIROMETRY		0	2	07/01/2021	12/31/9999	1	O1	109.07	S
94012	= 2 YRS, SPIROMTRY W/DILATOR		0	2	07/01/2021	12/31/9999	1	O1	206.69	S
94013	= 2 YRS, LUNG VOLUMES		0	2	07/01/2021	12/31/9999	1	O1	381.25	S
94014	PATIENT RECORDED SPIROMETRY		0	999	07/01/2021	12/31/9999	1	O1	211.21	S
94015	PATIENT RECORDED SPIROMETRY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94016	REVIEW PATIENT SPIROMETRY		0	999	07/01/2020	12/31/9999	1	O1	21.86	A
94060	EVALUATION OF WHEEZING		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94070	EVALUATION OF WHEEZING		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94150	VITAL CAPACITY, TOTAL (SEPARAT		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
94200	MAXIMUM BREATHING CAPACITY		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
94375	RESPIRATORY FLOW VOLUME LOOP		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94450	BREATHING RESPONSE TO HYPOXIA		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94452	HAST W/REPORT		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
94453	HAST W/OXYGEN TITRATE		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
94610	INTRAPUL SURF ADMIN BY PHY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94617	EXERCISE TEST FOR BRONCHOSPASM		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
94618	PULMONARY STRESS TESTING		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
94619	EXERCISE TST BRNCSPSM WO ECG		0	999	01/01/2021	12/31/9999	1	O1	43.50	S
94621	PULM STRESS TEST/COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94625	PHY/QHP OP PULM RHB W/O MNTR	Y	0	999	01/01/2022	12/31/9999	1	O1	43.71	S
94626	PHY/QHP OP PULM RHB W/MNTR	Y	0	999	01/01/2022	12/31/9999	1	O1	43.71	S
94640	AIRWAY INHALATION TREATMENT		0	999	07/01/2021	12/31/9999	2	O1	146.85	S
94642	AEROSOL INHALATION OF PENTAMID		0	999	07/01/2021	12/31/9999	1	O1	146.85	S
94644	CONT INHAL W AEROSOL MED FIRST HR		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
94645	CONT INHAL W AEROSOL MED EA ADDL HR		0	999	07/01/2014	12/31/9999	3	O1	0.00	N
94660	CONTINUOUS POSITIVE AIRWAY PRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94662	CONTINUOUS NEGATIVE PRESSURE		0	999	07/01/2021	12/31/9999	1	O1	379.28	S
94664	EVALUATE PT USE OF INHALER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94667	MANIPULATION CHEST WALL, SUCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94668	MANIPULATION CHEST WALL, SUCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
94669	MECH CHEST WALL OSCILLATION		0	999	07/01/2021	12/31/9999	4	O1	146.85	S
94680	OXYGEN UPTAKE, EXPIRED GAS ANA		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
94681	OXYGEN UPTAKE, EXPIRED GAS ANA		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94690	OXYGEN UPTAKE, EXPIRED GAS ANA		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
94726	PLETHYSMOGRAPHY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94727	GAS DILUTION LUNG VOL		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
94728	AIRWAY RESISTANCE BY OSCILIOMETRY		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
94729	DIFFUSING CAPACITY		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
94760	NONINVASIVE EAR OR PULSE OXIME		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
94761	NONINVASIVE EAR OR PULSE OXIME		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
94762	NONINVASIVE EAR OR PULSE OXIME		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
94772	CIRCATIAN RESPIRATORY PATTER		0	1	07/01/2021	12/31/9999	1	O1	381.25	S

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
95830	INSERTION BY PHYSICIAN OF SPHE		0	999	07/01/2020	12/31/9999	1	O1	79.00	B
95836	ECOG IMPLTD BRN NPGT <30 D		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
95851	RANGE OF MOTION MEASUREMENTS A	Y	0	999	07/01/2020	12/31/9999	3	O1	6.92	A
95852	RANGE OF MOTION MEASUREMENTS	Y	0	999	07/01/2020	12/31/9999	1	O1	5.06	A
95857	CHOLINESTERASE CHALLENGE		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95860	MUSCLE TEST, ONE LIMB		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
95861	MUSCLE TEST, TWO LIMBS		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
95863	MUSCLE TEST, 3 LIMBS		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
95864	MUSCLE TEST, 4 LIMBS		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
95865	MUSCLE TEST, LARYNX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
95866	MUSCLE TEST, HEMIDIAPHRAGM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
95867	MUSCLE TEST CRAN NERV UNILAT		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95868	NEEDLE ELECTROMYOGRAPHY, CRANI		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95869	MUSCLE TEST, THOR PARASPINAL		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
95870	MUSCLE TEST, NONPARASPINAL		0	999	07/01/2021	12/31/9999	4	O1	87.50	S
95872	NEEDLE ELECTROMYOGRAPHY, SINGL		0	999	07/01/2021	12/31/9999	4	O1	109.07	S
95873	GUIDE NERV DESTR, ELEC STIM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
95874	GUIDE NERV DESTR, NEEDLE EMG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
95875	LIMB EXERCISE TEST		0	999	07/01/2021	12/31/9999	2	O1	109.07	S
95885	NEEDLE ELECTROMYOGRPH EA LIMIT		0	999	07/01/2014	12/31/9999	4	O1	0.00	N
95886	NEEDLE ELECTROMYOGRPH EA CMPLT		0	999	07/01/2014	12/31/9999	4	O1	0.00	N
95887	NEEDLE ELECTROMYOGRPH NONEXTREM		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
95905	MOTOR/SENS NRVE CONDUCT TEST		0	999	07/01/2021	12/31/9999	2	O1	211.21	S
95907	MOTOR&/SENS 1-2 NRV CNDF TST		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
95908	MOTOR&/SENS 3-4 NRV CNDJ TST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95909	MOTOR &/SENS 3-4 NRV CNDJ TST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95910	MOTOR&SENS 7-8 NRV CNDJ TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95911	MOTOR&SEN 9-10 NRV CNDJ TEST		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95912	MOTOR&SEN 11-12 NRV CND TEST		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95913	MOTOR&SENS 13/> NRV CND TEST		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95921	AUTONOMIC NERVE FUNC TEST		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
95922	AUTONOMIC NERVE FUNC TEST		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
95923	AUTONOMIC NERVE FUNC TEST		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
95924	ANS PARASYMP & SYMP W/TILT		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95925	SOMATOSENSORY TESTING		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95926	SOMATOSENSORY TESTING		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95927	SOMATOSENSORY TESTING		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95928	C MOTOR EVOKED, UPPR LIMBS		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95929	C MOTOR EVOKED, LWR LIMBS		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95930	VISUAL EVOKED POTENTIAL TEST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S
95933	ORBICULARIS OCULI (BLINK) RE		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
95937	NEUROMUSCULAR JUNCTION TESTI		0	999	07/01/2021	12/31/9999	4	O1	109.07	S
95938	SHORT-LATENCY SOMATOSENSORY		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95939	CENTRAL MOTOR STUDY		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95940	LONM IN OPERATING ROOM 15 MIN		0	999	01/01/2013	12/31/9999	4	O1	0.00	N
95941	IONM REMOTE/>1 PT OR PER HR		0	999	01/01/2013	12/31/9999	4	O1	0.00	N
95954	PHARMACOLOGICAL ACTIVATION		0	999	07/01/2021	12/31/9999	1	O1	381.25	S
95955	ELECTROENCEPHALOGRAM MONINTRAC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
95957	EEG DIGITAL ANALYSIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
95958	WADA ACTIVATION TEST FOR HEMIS		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95961	ELECTRODE STIMULATION, BRAIN		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95962	ELECTRODE STIMULATION, BRAIN		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
95965	MEG, SPONTANEOUS		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95966	MEG, EVOKED, SINGLE		0	999	07/01/2021	12/31/9999	1	O1	718.93	S
95967	MEG, EVOKED, EACH ADDL		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
95970	ANALYZE NEUROSTIM, NO PROG		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
95971	ANALYZE NEUROSTIM, SIMPLE		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
95972	ANALYZE NEUROSTIM COMPLEX		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
95976	ALYS SMPL CN NPGT PRGRMG		0	999	07/01/2020	12/31/9999	1	O1	29.04	S
95977	ALYS CPLX CN NPGT PRGRMG		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
95980	ELEC ANALYS PULS GEN W/PROG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
95981	ELEC ANALYS PULS GEN W/O REPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
95982	ELEC ANALYS PULS GEN W/REPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
95983	ALYS BRN NPGT PRGRMG 15 MIN		0	999	07/01/2021	12/31/9999	1	O1	78.40	S
95984	ALYS BRN NPGT PRGRMG ADDL 15		0	999	01/01/2019	12/31/9999	11	O1	0.00	N
95990	REFIL&MNT IMPL PUMP RX SP/BRAIN; REFIL		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
95991	REFIL&MNT IMPL PUMP SP/BRAIN;BY MD REFIL		0	999	07/01/2021	12/31/9999	1	O1	204.13	T
95992	CANALITH REPOSITIONING PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
95999	UNLISTED NEUROLOGICAL OR NEU		0	999	07/01/2021	12/31/9999	1	O1	109.07	S
96000	MOTION ANALYSIS, VIDEO/3D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96001	MOTION TEST W/FT PRESS MEAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96002	DYNAMIC SURFACE EMG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96003	DYNAMIC FINE WIRE EMG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96004	PHYS REVIEW OF MOTION TESTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96020	NEUROFUNCTIONAL TEST / MAPPING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
96040	MED GENETICS COUNSELING 30 MIN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
96105	ASSESSMENT OF APHASIA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
96110	DEVEL SCRN W/SCOR & DOC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
96112	DEVEL TST PHYS/QHP 1ST HR	Y	0	20	07/01/2021	12/31/9999	1	O1	206.69	S
96113	DEVEL TST PHYS/QHP EA ADDL		0	20	01/01/2019	12/31/9999	6	O1	0.00	N
96116	NEUROBEHAVIORAL STATUS EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
96121	NUBHVL XM PHY/QHP EA ADDL HR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
96125	STAND COGN PERF TESTING PER HR		0	999	07/01/2020	12/31/9999	3	O1	92.06	A
96127	BRIEF EMOTIONAL/BEHAV ASSMT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
96130	PSYCL TST EVAL PHYS/QHP 1ST		0	999	07/01/2021	12/31/9999	1	O1	206.69	S

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96131	PSYCL TST EVAL PHYS/QHP EA		0	999	01/01/2019	12/31/9999	7	O1	0.00	N
96132	NRPSYC TST EVAL PHYS/QHP 1ST	Y	0	20	07/01/2021	12/31/9999	1	O1	206.69	S
96133	NRPSYC TST EVAL PHYS/QHP EA		0	20	01/01/2019	12/31/9999	7	O1	0.00	N
96136	PSYCL/NRPSYC TST PHY/QHP 1ST		0	999	07/01/2021	12/31/9999	1	O1	87.50	S
96137	PSYCL/NRPSYC TST PHY/QHP EA		0	999	03/25/2019	12/31/9999	7	O1	0.00	N
96138	PSYCL/NRPSYC TECH 1ST		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
96139	PSYCL/NRPSYC TST TECH EA		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
96146	PSYCL/NRPSYC TST AUTO RESULT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
96156	HLTH BHV ASSMT/REASSESSMENT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96158	HLTH BHV IVNTJ INDIV 1ST 30		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96159	HLTH BHV IVNTJ INDIV EA ADDL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96160	ADMIN PATIENT-FOCUSED HEALTH RISK ASSESS		11	20	07/01/2021	12/31/9999	3	O1	20.50	S
96161	ADMIN CAREGIVER-FOCUSED HEALTH RISK ASSE		0	1	07/01/2021	12/31/9999	1	O1	20.50	S
96164	HLTH BHV IVNTJ GRP 1ST 30		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96165	HLTH BHV IVNTJ GRP EA ADDL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96167	HLTH BHV IVNTJ FAM 1ST 30		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96168	HLTH BHV IVNTJ FAM EA ADDL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96170	HLTH BHV IVNTJ FAM WO PT 1ST		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96171	HLTH BHV IVNTJ FAM W/O PT EA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96360	IN INFUS HYDR INITIAL 31 MIN - 1 HR		0	999	07/01/2021	12/31/9999	2	O1	159.05	S
96361	IV INFUS HYDR EA ADDL HR		0	999	07/01/2021	12/31/9999	24	O1	31.26	S
96365	INTR INF THER,PROPH,DIAG UP TO 1 HR		0	999	07/01/2021	12/31/9999	2	O1	159.05	S
96366	INV INF THER,PROPH,DIAG EA ADDL HR		0	999	07/01/2021	12/31/9999	24	O1	31.26	S
96367	IV INF THER,PROPH,DIAG ADDL SEQ 1 HR		0	999	07/01/2021	12/31/9999	4	O1	48.44	S
96368	IV INF THER,PROPH,DIAG CONCUR INF		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
96369	SUBQ INF THER,PROPHY INITIAL 1HR		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96370	SUBQ INF THER,PROPHY ADDL HR		0	999	07/01/2021	12/31/9999	3	O1	31.26	S
96371	SUBQ INF THER,PROPHY ADD PUMP SETUP		0	999	07/01/2021	12/31/9999	1	O1	48.44	S
96372	THER, PROPH, DIAG INJ SUBQ OR IV		0	999	07/01/2021	12/31/9999	5	O1	48.44	S
96373	THER, PROPH, DIAG INJ IV PUSH SNGL		0	999	07/01/2021	12/31/9999	3	O1	159.05	S
96374	THER,PROPH,DIAG INJ IV		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96375	THER,PROPH,DIAG INJ IV PUSH SUB/DRUG		0	999	07/01/2021	12/31/9999	6	O1	31.26	S
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/D		0	999	09/01/2012	12/31/9999	7	O1	0.00	N
96377	APPLICATION OF ON-BODY INJECTOR		0	999	07/01/2021	12/31/9999	1	O1	31.26	S
96379	UNLISTED THER,PROPH,DIAG IV IA INJ/INF		0	999	07/01/2021	12/31/9999	2	O1	31.26	S
96401	CHEMO, ANTI-NEOPL, SQ/IM		0	999	07/01/2021	12/31/9999	4	O1	48.44	S
96402	CHEMO HORMON ANTINEOPL SQ/IM		0	999	07/01/2021	12/31/9999	2	O1	48.44	S
96405	CHEMO INTRALESIONAL, UP TO 7		0	999	07/01/2021	12/31/9999	1	O1	48.44	T
96406	CHEMO INTRALESIONAL OVER 7		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96409	CHEMO, IV PUSH, SNGL DRUG		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96411	CHEMO, IV PUSH, ADDL DRUG		0	999	07/01/2021	12/31/9999	3	O1	48.44	S
96413	CHEMO, IV INFUSION, 1 HR		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96415	CHEMO ADMIN IV INF EA ADDL HR		0	999	07/01/2021	12/31/9999	8	O1	48.44	S
96416	CHEMO PROLONG INFUSE W/PUMP		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96417	CHEMO IV INFUS EACH ADDL SEQ		0	999	07/01/2021	12/31/9999	3	O1	48.44	S
96420	CHEMOTHERAPHY ADMINISTRATION		0	999	07/01/2021	12/31/9999	2	O1	242.88	S
96422	CHEMO IA INFUSION UP TO 1 HR		0	999	07/01/2021	12/31/9999	2	O1	159.05	S
96423	CHEMO ADMIN INTRA-ART INF TECH EA ADDL H		0	999	07/01/2021	12/31/9999	2	O1	31.26	S
96425	CHEMOTHERAPHY ADMINISTRATION,		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96440	CHEMOTHERAPY ADMINISTRATION IN		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96446	CHEMOTX ADMN PRTL CAVITY		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96450	CHEMOTHERAPY, INTO CNS		0	999	07/01/2021	12/31/9999	1	O1	242.88	S
96516	HLTH BHV ASSMT/REASSESSMENT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96518	HLTH BHV IVNTJ INDIV 1ST 30		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
96521	REFILL/MAINT, PORTABLE PUMP		0	999	07/01/2021	12/31/9999	2	O1	159.05	S
96522	REFILL/MAINT PUMP/RESVR SYST		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96523	IRRIG DRUG DELIVERY DEVICE		0	999	07/01/2021	12/31/9999	2	O1	43.50	S
96542	CHEMOTHERAPY INJECTION, SUBARA		0	999	07/01/2021	12/31/9999	1	O1	159.05	S
96549	UNLISTED CHEMOTHERAPY PROCED		0	999	07/01/2021	12/31/9999	1	O1	31.26	S
96567	PHOTODYNAMIC TX, SKIN		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
96570	PHOTODYNMC TX, 30 MIN ADD-ON		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
96571	PHOTODYNAMIC TX, ADDL 15 MIN		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
96573	PHOTODYNAMIC TX, SKIN		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
96574	DEBRIDEMENT OF LESIONS		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
96900	ACTINOTHERAPY (ULTRAVIOLET L		0	999	07/01/2021	12/31/9999	1	O1	26.45	S
96902	TRICHOGRAM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
96904	WHOLE BODY INT PHOTO MELANOMA		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
96910	PHOTOCHEMOTHERAPY; TAR AND ULT		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
96912	PHOTOCHEMOTHERAPY; PSORALENS A		0	999	07/01/2021	12/31/9999	1	O1	43.50	S
96913	PHOTOCHEMOTHERAPHY (GOECKERMAN		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
96920	LASER TX, SKIN < 250 SQ CM		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
96921	LASER TX, SKIN 250-500 SQ CM		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
96922	LASER TX, SKIN > 500 SQ CM		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
96931	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96932	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96933	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96934	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96935	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96936	RCM CELULR SUBCELULR IMG SKN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
96999	UNLISTED SPECIAL DERMATOLOGI		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
97010	HOT OR COLD PACKS THERAPY	Y	0	999	07/01/2020	12/31/9999	1	O1	5.13	A
97012	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	12.83	A
97014	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	12.01	B
97016	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	10.33	A
97018	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	4.86	A

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
97022	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	14.74	A
97024	DIATHERMY EG, MICROWAVE	Y	0	999	07/01/2020	12/31/9999	1	O1	5.69	A
97026	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	5.13	A
97028	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	1	O1	6.61	A
97032	ELECTRICAL STIMULATION	Y	0	999	07/01/2020	12/31/9999	4	O1	12.56	A
97033	ELECTRIC CURRENT THERAPY	Y	0	999	07/01/2020	12/31/9999	4	O1	17.33	A
97034	CONTRAST BATH THERAPY	Y	0	999	07/01/2020	12/31/9999	2	O1	12.68	A
97035	ULTRASOUND THERAPY	Y	0	999	07/01/2020	12/31/9999	2	O1	12.12	A
97036	HYDROTHERAPY	Y	0	999	07/01/2020	12/31/9999	3	O1	28.80	A
97039	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2016	12/31/9999	1	O1	0.00	N
97110	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	4	O1	25.76	A
97112	NEUROMUSCULAR REEDUCATION	Y	0	999	07/01/2020	12/31/9999	4	O1	29.57	A
97113	AQUATIC THERAPY/EXERCISES	Y	0	999	07/01/2020	12/31/9999	6	O1	32.27	A
97116	THERAPEUCTIC PROC ONE OR MORE	Y	0	999	07/01/2020	12/31/9999	4	O1	25.48	A
97124	PHYSICAL MEDICINE TREATMENT	Y	0	999	07/01/2020	12/31/9999	4	O1	24.35	A
97129	THER IVNTJ 1ST 15 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
97130	THER IVNTJ EA ADDL 15 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
97139	PHYSICAL MEDICINE PROCEDURE	Y	0	999	07/01/2020	12/31/9999	1	O1	0.00	N
97140	MANUAL THERAPY	Y	0	999	07/01/2020	12/31/9999	6	O1	23.73	A
97150	GROUP THERAPEUTIC PROCEDURES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97151	BHV ID ASSMT BY PHYS/QHP		0	20	07/01/2021	12/31/9999	32	O1	58.52	S
97152	BHV ID SUPRT ASSMT BY 1 TECH	Y	0	20	07/01/2021	12/31/9999	8	O1	58.52	S
97153	ADAPTIVE BEHAVIOR TX BY TECH	Y	0	20	07/01/2021	12/31/9999	32	O1	58.52	S
97154	GRP ADAPT BHV TX BY TECH	Y	0	20	07/01/2021	12/31/9999	12	O1	20.50	S
97155	ADAPT BEHAVIOR TX PHYS/QHP	Y	0	20	07/01/2021	12/31/9999	24	O1	58.52	S
97156	FAM ADAPT BHV TX GDN PHY/QHP	Y	0	20	07/01/2021	12/31/9999	16	O1	20.50	S
97157	MULT FAM ADAPT BHV TX GDN	Y	0	20	07/01/2021	12/31/9999	16	O1	20.50	S
97158	GRP ADAPT BHV TX BY PHY/QHP	Y	0	20	07/01/2021	12/31/9999	16	O1	20.50	S
97161	PHYSICAL THERAPY EVAL: LOW COMPLEXITY		0	999	07/01/2020	12/31/9999	1	O1	71.78	A
97162	PHYSICAL THERAPY EVAL: MODERATE COMPLEXI		0	999	07/01/2020	12/31/9999	1	O1	71.78	A
97163	PHYSICAL THERAPY EVAL: HIGH COMPLEXITY		0	999	07/01/2020	12/31/9999	1	O1	71.78	A
97164	RE-EVAL PHYSICAL THERAPY		0	999	07/01/2020	12/31/9999	1	O1	49.08	A
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEXITY		0	999	07/01/2020	12/31/9999	1	O1	75.94	A
97166	OCCUPATIONAL THERAPY EVAL MODERATE COMPL		0	999	07/01/2020	12/31/9999	1	O1	75.66	A
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEXIT		0	999	07/01/2020	12/31/9999	1	O1	75.66	A
97168	RE-EVAL OCCUPATION THERAPY		0	999	07/01/2020	12/31/9999	1	O1	52.14	A
97169	ATHLETIC TRAINING EVAL LOW COMPLEXITY		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
97170	ATHLETIC TRAINING EVAL MODERATE COMPLEXI		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
97171	ATHLETIC TRAINING EVAL HIGH COMPLEXITY		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
97172	RE-EVALUATION ATHLETIC TRAINING		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
97530	THERAP ACTIVITIES, DIRECT ONE	Y	0	999	07/01/2020	12/31/9999	6	O1	32.67	A
97533	SENSORY INTEGRATION	Y	0	999	07/01/2020	12/31/9999	4	O1	42.55	A
97535	SELF CARE MNGMENT TRAINING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97537	COMMUNITY TRAIN-1 ON 1-EA 15 MIN COMMU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97542	WHEELCHAIR MNGMENT TRAINING	Y	0	999	07/01/2020	12/31/9999	8	O1	27.82	A
97545	WORK HARDENING/CONDITIONING; I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97546	WORK HARDENING ADD-ON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97597	RMVL DEVITAL TIS 20 CM/<		0	999	07/01/2021	12/31/9999	1	O1	140.33	T
97598	RMVL DEVITAL TIS ADDL 20 CM<		0	999	07/01/2014	12/31/9999	8	O1	0.00	N
97602	DEVITALIZED TISSUE REMOVAL		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
97605	NEG PRESS WOUND THERAPY <= 50 SQ		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
97606	NEG PRESS WOUND THERAPY >5+ SQ		0	999	07/01/2021	12/31/9999	1	O1	270.31	S
97607	NEG PRESS WND TX </=50 SQ CM		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
97608	NEG PRESS WOUND TX >50 CM		0	999	07/01/2021	12/31/9999	1	O1	270.31	T
97610	LOW FREQ ULTRASND PER DAY		0	999	07/01/2021	12/31/9999	1	O1	140.33	S
97750	PHYSICAL PERFORMANCE TEST	Y	0	999	07/01/2020	12/31/9999	4	O1	29.09	A
97755	ASST TECH ASSESS DIR 1:1 EA 15 MIN ASSTI		0	999	07/01/2020	12/31/9999	1	O1	32.54	A
97760	ORTHOTIC MGMT AND TRAINING	Y	0	999	07/01/2020	12/31/9999	4	O1	40.69	A
97761	PROSTHETIC TRAINING	Y	0	999	07/01/2020	12/31/9999	1	O1	34.85	A
97763	ORTHOTIC/PROSTHETIC MGMT AND TRAINING	Y	0	999	07/01/2020	12/31/9999	6	O1	43.39	A
97799	UNLISTED PHYSICAL MEDICINE S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97802	MEDICAL NUTRITION, INDIV, IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97803	MED NUTRITION, INDIV, SUBSEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97804	MEDICAL NUTRITION, GROUP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97810	ACUPUNCT W/O STIMUL 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97811	ACUPUNCT W/O STIMUL ADDL 15M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97813	ACUPUNCT W/STIMUL 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
97814	ACUPUNCT W/STIMUL ADDL 15M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98925	OSTEOPATHIC MANIPULATIVE TREAT		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98926	OSTEOPATHIC MANIPULATIVE TREAT		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98927	OSTEOPATHIC MANIPULATIVE TREAT		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98928	OSTEOPATHIC MANIPULATIVE TREAT		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98929	OSTEOPATHIC MANIPULATIVE TREAT		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98940	CHIROPRACTIC MANIPULATION		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98941	CHIROPRACTIC MANIPULATION		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98942	CHIROPRACTIC MANIPULATION		0	999	07/01/2021	12/31/9999	1	O1	20.75	S
98943	CHIROPRACTIC MANIPULATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98960	SELF-MGMT EDUC & TRAIN, 1 PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98961	SELF-MGMT EDUC/TRAIN, 2-4 PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98962	SELF-MGMT EDUC/TRAIN, 5-8 PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98966	PHONE ASSESSMENT 5-10 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98967	PHONE ASSESSMENT 11-20 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98968	PHONE ASSESSMENT 21-30 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
98970	QNHP OL DIG E/M SVC 5-10MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
98971	QNHP OL DIG EM SVC 11-20MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E

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98972	QNHP OL DIG E/M SVC 21+ MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
98975	REM THER MNTR 1ST SETUP&EDU	Y	0	999	01/01/2022	12/31/9999	1	O1	93.29	V
98976	REM THER MNTR DEV SPLY RESP	Y	0	999	01/01/2022	12/31/9999	1	O1	29.24	S
98977	REM THER MNTR DV SPLY MSCSKL	Y	0	999	01/01/2022	12/31/9999	1	O1	29.24	S
98980	REM THER MNTR 1ST 20 MIN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
98981	REM THER MNTR EA ADDL 20 MIN		0	999	01/01/2022	12/31/9999	3	O6	0.00	E
99000	COLLECTION, HANDLING, AND/OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99001	COLLECTION, HANDLING, AND/OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99002	COLLECTION, HANDLING, CONVEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99024	POSTOP F/U VISIT E&M REL ORIG PROC POSTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99026	IN-HOSPITAL ON CALL SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99027	OUT-OF-HOSP ON CALL SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99053	MED SERV 10PM-8AM, 24 HR FAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99056	MED SERVICE OUT OF OFFICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99058	OFFICE EMERGENCY CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99060	OUT OF OFFICE EMERG MED SERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99070	SUPPLIES AND MATERIALS (EXCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99071	EDUCATIONAL SUPPLIES, SUCH A		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99072	ADD SUPPLIES, MATERIALS DURING EMERG DEF		0	999	09/08/2020	12/31/9999	1	O6	0.00	E
99075	MEDICAL TESTIMONY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99078	PHYSICIAN EDUCATIONAL SERVICES		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
99080	SPECIAL REPORTS (INCLUDES REV)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
99082	UNUSUAL TRAVEL (EG, TRANSPORTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99091	COLLECT/REVIEW DATA FROM PT		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
99100	SPECIAL ANESTHESIA SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99116	ANESTHESIA WITH HYPOTHERMIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99135	SPECIAL ANESTHESIA PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99140	EMERGENCY ANESTHESIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99151	MOD SED 1ST 15 MINS > 5 YRS		0	4	01/01/2017	12/31/9999	1	O6	0.00	E
99152	MOD SED 1ST 15 MINS <= 5 YRS		5	999	01/01/2017	12/31/9999	1	O6	0.00	E
99153	MODERATE SEDATION ADDT'L 15 MIN		5	999	01/01/2017	12/31/9999	1	O6	0.00	E
99155	MOD SED 1ST 15 MINS > 5 YRS		0	4	01/01/2017	12/31/9999	1	O6	0.00	E
99156	MOD SED 1ST 15 MINS <=5 YRS		5	999	01/01/2017	12/31/9999	1	O6	0.00	E
99157	MOD SED ADDL 15 MINS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
99170	ANOGENITAL EXAM, CHILD		0	20	07/01/2021	12/31/9999	1	O1	133.12	T
99172	OCULAR FUNCTION SCREEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99173	VISUAL SCREENING TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99174	OCULAR INSTRUMNT SCREEN BIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99175	IPECAC OR SIMILAR ADMINISTRA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
99177	OCULAR INSTRUMNT SCREEN BIL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
99183	PHYSICIAN ATTENDANCE AND SUPER		0	999	07/01/2020	12/31/9999	1	O1	93.29	B
99184	HYPOTHERMIA ILL NEONATE		0	1	01/01/2015	12/31/9999	1	O6	0.00	C
99188	APP TOPICAL FLUORIDE VARNISH		0	20	01/01/2015	12/31/9999	1	O6	0.00	E
99190	ASSEMBLY AND OPERATION OF PU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
99191	ASSEMBLY AND OPERATION OF PU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
99192	ASSEMBLY AND OPERATION OF PU		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
99195	PHLEBOTOMY, THERAPEUTIC (SEP		0	999	07/01/2021	12/31/9999	2	O1	87.50	S
99199	SPECIAL SERVICE/PROC/REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99202	OFFICE O/P NEW SF 15-29 MIN		0	999	07/01/2020	12/31/9999	1	O1	42.46	B
99203	OFFICE O/P NEW LOW 30-44 MIN		0	999	07/01/2020	12/31/9999	1	O1	63.71	B
99204	OFFICE O/P NEW MOD 45-59 MIN		0	999	07/01/2020	12/31/9999	1	O1	109.00	B
99205	OFFICE O/P NEW HI 60-74 MIN		0	999	07/01/2020	12/31/9999	1	O1	142.42	B
99211	OFFICE O/P EST MINIMAL PROB		0	999	07/01/2020	12/31/9999	2	O1	7.83	B
99212	OFFICE O/P EST SF 10-19 MIN		0	999	07/01/2020	12/31/9999	2	O1	21.65	B
99213	OFFICE O/P EST LOW 20-29 MIN		0	999	07/01/2020	12/31/9999	2	O1	43.29	B
99214	OFFICE O/P EST MOD 30-39 MIN		0	999	07/01/2020	12/31/9999	2	O1	66.75	B
99215	OFFICE O/P EST HI 40-54 MIN		0	999	07/01/2020	12/31/9999	2	O1	94.31	B
99217	OBS CARE DIS, DAY MGNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99218	INITIAL OBSERVATION CARE, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99219	INITIAL OBSERVATION CARE, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99220	INITIAL OBSERVATION CARE, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99221	INITIAL HOSPITAL CARE, PER DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99222	INITIAL HOSPITAL CARE, PER DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99223	INITIAL HOSPITAL CARE, PER DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99224	SBSQ OBS CARE PR D LOW SEVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99225	SBSQ OBS CARE PR D MOD SEVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99226	SBSQ OBS CARE PR D HIGH SEVERITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99231	SUBSEQUENT HOSPITAL CARE, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99232	SUBSEQUENT HOSPITAL CARE, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99233	SUBSEQUENT HOSPITAL CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99234	OBSERV/HOSP SAME DATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99235	OBSERV/HOSP SAME DATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99236	OBSERV/HOSP SAME DATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99238	HOSPITAL DISCHARGE DAY MANAGEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99239	HOSPITAL DISCHARGE DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99241	OFFICE CONSULTATION FOR A NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99242	OFFICE CONSULTATION FOR A NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99243	OFFICE CONSULTATION FOR A NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99244	OFFICE CONSULTATION FOR A NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99245	OFFICE CONSULTATION FOR A NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99251	INPATIENT CONSULT NEW OR EST PATIENT, PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99252	INPATIENT CONSULT NEW OR EST PATIENT, EX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99253	INPATIENT CONSULT NEW OR EST PATIENT, DE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99254	INPATIENT CONSULT NEW OR EST PATIENT, CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99255	INPATIENT CONSULT NEW OR EST PATIENT, CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
99281	EMERGENCY DEPARTMENT VISIT FOR		0	999	07/01/2021	12/31/9999	2	O1	56.74	V
99282	EMERGENCY DEPARTMENT VISIT FOR		0	999	07/01/2021	12/31/9999	2	O1	102.85	V
99283	EMERGENCY DEPARTMENT VISIT FOR		0	999	07/01/2021	12/31/9999	2	O1	181.02	V
99284	EMERGENCY DEPARTMENT VISIT FOR		0	999	07/01/2021	12/31/9999	2	O1	284.30	V
99285	EMERGENCY DEPT VISIT		0	999	07/01/2021	12/31/9999	2	O1	408.09	V
99288	PHYSICIAN DIRECTION OF EMERGEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99291	CRITICAL CARE, FIRST HOUR		0	999	07/01/2021	12/31/9999	1	O1	541.40	V
99292	CRITICAL CARE, ADDL 30 MIN		0	999	09/01/2012	12/31/9999	14	O1	0.00	N
99304	NURSING FACILITY CARE, INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99305	NURSING FACILITY CARE, INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99306	NURSING FACILITY CARE, INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99307	NURSING FAC CARE, SUBSEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99308	NURSING FAC CARE, SUBSEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99309	NURSING FAC CARE, SUBSEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99310	NURSING FAC CARE, SUBSEQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99315	NURSING FAC DISCHARGE DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99316	NURSING FAC DISCHARGE DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99318	ANNUAL NURSING FAC ASSESSMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99324	DOMICIL/R-HOME VISIT NEW PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99325	DOMICIL/R-HOME VISIT NEW PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99326	DOMICIL/R-HOME VISIT NEW PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99327	DOMICIL/R-HOME VISIT NEW PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99328	DOMICIL/R-HOME VISIT NEW PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99334	DOMICIL/R-HOME VISIT EST PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99335	DOMICIL/R-HOME VISIT EST PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99336	DOMICIL/R-HOME VISIT EST PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99337	DOMICIL/R-HOME VISIT EST PAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99339	DOMICIL/R-HOME CARE SUPERVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99340	DOMICIL/R-HOME CARE SUPERVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99341	HOME VISIT, NEW PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99342	HOME VISIT, NEW PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99343	HOME VISIT, NEW PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99344	HOME VISIT, NEW PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99345	HOME VISIT, NEW PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99347	HOME VISIT, ESTAB PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99348	HOME VISIT, ESTAB PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99349	HOME VISIT, ESTAB PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99350	HOME VISIT, ESTAB PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99354	PROLONG E&M/PSYCTX SERV O/P		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
99355	PROLONG E&M/PSYCTX SERV O/P		0	999	01/01/2020	12/31/9999	4	O1	0.00	N
99356	PROLONGD SERV IP/OBSERV 1ST HR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
99357	PROLONGED SERVICE, INPATIENT		0	999	09/01/2012	12/31/9999	11	O6	0.00	C
99358	PROLONGD EVAL & MGMT SERV 1ST HR		0	21	07/01/2020	12/31/9999	1	O1	0.00	N
99359	PROLONG SERV W/O CONTACT ADD		0	21	07/01/2020	12/31/9999	1	O1	0.00	N
99360	PHYSICIAN STANDBY SERVICE, REQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99366	MD TEAM CONF 30+ MIN W PT/ FAM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
99367	MD TEAM CONF 30+ MIN W/O PT/FAM BY PHY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
99368	MD TEAM CONF 30+ MIN W/O PT/FAM BY NONPH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
99374	HOME HEALTH CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99375	HOME HEALTH CARE SUPERVISION 30 + MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99377	HOSPICE CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99378	HOSPICE CARE SUPERVISION 30 + MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99379	NURSING FAC CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99380	NURSING FAC CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99381	PREV VISIT, NEW, INFANT		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
99382	INITIAL EVALUATION AND MANAGEM		1	4	09/01/2012	12/31/9999	1	O6	0.00	E
99383	INITIAL EVALUATION AND MANAGEM		5	11	09/01/2012	12/31/9999	1	O6	0.00	E
99384	INITIAL EVALUATION AND MANAGEM		12	17	09/01/2012	12/31/9999	1	O6	0.00	E
99385	INITIAL EVALUATION AND MANAGEM		18	39	09/01/2012	12/31/9999	1	O6	0.00	E
99386	INITIAL EVALUATION AND MANAGEM		40	64	09/01/2012	12/31/9999	1	O6	0.00	E
99387	INITIAL EVALUATION AND MANAGEM		65	999	09/01/2012	12/31/9999	1	O6	0.00	E
99391	PREV VISIT, EST, INFANT		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
99392	PERIODIC REEVALUATION AND MANA		1	4	09/01/2012	12/31/9999	1	O6	0.00	E
99393	PERIODIC REEVALUATION AND MANA		5	11	09/01/2012	12/31/9999	1	O6	0.00	E
99394	PERIODIC REEVALUATION AND MANA		12	17	09/01/2012	12/31/9999	1	O6	0.00	E
99395	PERIODIC REEVALUATION AND MANA		18	39	09/01/2012	12/31/9999	1	O6	0.00	E
99396	PERIODIC REEVALUATION AND MANA		40	64	09/01/2012	12/31/9999	1	O6	0.00	E
99397	PERIODIC REEVALUATION AND MANA		65	999	09/01/2012	12/31/9999	1	O6	0.00	E
99401	COUNSELING AND/OR RISK FACTOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
99402	COUNSELING AND/OR RISK FACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99403	COUNSELING AND/OR RISK FACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99404	COUNSELING AND/OR RISK FACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99406	SMOK/TOB USE CESS INTERM 3-10 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99407	SMOK/TOB USE CESS INTENSIVE >10 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99408	ALCH & SUB ABUSE SCRN & INTERV 15-30 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99409	ALCH & SUB ABUSE SCRN & INTERV >30 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99411	COUNSELING AND/OR RISK FACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99412	COUNSELING AND/OR RISK FACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99415	PROLONG CLINCL STAFF SVC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
99416	PROLONG CLINCL STAFF SVC ADD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
99417	PROLNG OFF/OP E/M EA 15 MIN		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
99421	ONLINE DIG EVAL/MGT SER. 5-10 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99422	ONLINE DIG EVAL/MGT SER. 11-20 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99423	ONLINE DIG EVAL/MGT SER. 21 OR MORE MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99424	PRIN CARE MGMT PHYS 1ST 30		0	999	01/01/2022	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
99425	PRIN CARE MGMT PHYS EA ADDL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
99426	PRIN CARE MGMT STAFF 1ST 30		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
99427	PRIN CARE MGMT STAFF EA ADDL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
99429	UNLISTED PREVENTIVE MEDICINE S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99437	CHRNC CARE MGMT PHYS EA ADDL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
99439	CHRNC CARE MGMT SVC EA ADDL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
99441	PHONE E/M BY PHY EST PT, PARNT, GUARD 5-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99442	PHONE E/M BY PHY EST PT, PARNT, GUARD 11		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99443	PHONE E/M BY PHY EST PT, PARNT, GUARD 21		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99446	INTERPROF TELE/INTRNT ASSESSMNT 5-10MIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
99447	INTERPROF TELE/INTRNT ASSESSMNT 11-20MIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
99448	INTERPROF TELE/INTRNT ASSESSMNT 21-30MIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
99449	INTERPROF TELE/INTRNT ASSESMNT 31+ MIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
99450	LIFE/DISABILITY EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99451	NTRPROF PH1/NTRNET/EHR 5/>		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99452	NTRPROF PH1/NTRNET/EHR RFRL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99453	REM MNTR PHYSIOL PARAM SETUP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99454	REM MNTR PHYSIOL PARAM DEV		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99455	DISABILITY EXAMINATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99456	DISABILITY EXAMINATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99457	REMOTE PHYSIOLOGIC MONITORING FIRST 20 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99458	REM PHYSIOL MNTR ADDT 20 MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99460	INIT EVAL NORMAL NEWBORN PER DAY		0	1	07/01/2021	12/31/9999	1	O1	92.81	V
99461	INIT CARE NORMAL NEWBORN		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
99462	SUBS CARE PER DAY NORMAL NEWBORN		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99463	INIT EVAL NORMAL NEWBORN ADM/DISCH		0	1	07/01/2021	12/31/9999	1	O1	92.81	V
99464	ATTENDANCE AT DELIVERY W/STAB		0	1	09/01/2012	12/31/9999	1	O1	0.00	N
99465	DEL ROOM RESUSC NEWBORN		0	1	07/01/2021	12/31/9999	1	O1	439.19	S
99466	CC PHYS INTRF TRNSPRT <24 MOS 30-74 MIN		0	2	02/10/2014	12/31/9999	1	O6	0.00	E
99467	CC PHYS INTRF TRNSPRT <24 MOS EA ADD 30		0	2	02/10/2014	12/31/9999	1	O6	0.00	E
99468	INIT IP NEONAT CC PER DAY < 28 DAYS		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99469	SUBSQ IP NEONAT CC PER DAY < 28 DAYS		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99471	INIT IP PED CC PER DAY THRU 24 MOS		0	2	09/01/2012	12/31/9999	1	O6	0.00	C
99472	SUBSQ IP PED CC PER DAY THRU 24 MOS		0	2	09/01/2012	12/31/9999	1	O6	0.00	C
99473	SELF-MEASURED BP USING DEVICE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99474	SELF-MEASURED BP USING DEVICE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
99475	INIT IP PED CC PER DAY 2-5 YRS		2	5	09/01/2012	12/31/9999	1	O6	0.00	C
99476	SUBQ IP PED CC PER DAY 2-5 YRS		2	5	09/01/2012	12/31/9999	1	O6	0.00	C
99477	INIT HOSP CARE/DAY FOR E/M OF NEONATE		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99478	SUBS ICU DAY LOW BIRTH < 1500 G		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99479	SUBSQ ICU DAY LOW BIRTH 1500-2500 G		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99480	SUBSQ ICU DAY LOW BIRTH 2001-5000 G		0	1	09/01/2012	12/31/9999	1	O6	0.00	C
99483	ASSESSMENT OFAND CARE PLANNING FOR A PT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
99484	CARE MGT SVC FOR BE CONDITIONS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
99485	SUPERV BY PHY CRITICAL PT 24 MOS OR LESS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99486	SUPERV BY PHY CRITICAL PT 24 MOS OR LESS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99487	CMPLX CHRON CARE 60 MIN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99489	CMPLX CHRON CARE ADDL 30 MIN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99490	CHRON CARE MGMT SRVC 20 MIN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
99491	CHRNC CARE MGMT SVC 30 MIN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
99492	INITIAL PSYCH COLLAB CARE MGT, FIRST 70		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
99493	SUBSEQUENT PSYCH COLLAB CARE MGT, FIRST		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
99494	INITIAL OR SUBS PSYCH COLLAB CARE MGT, E		0	999	01/01/2018	12/31/9999	2	O6	0.00	E
99495	TRANS CARE MGMT MODERATE COMPLEXITY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99496	TRANS CARE MGMT HIGH COMPLEXITY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
99497	ADVNCD CARE PLAN 30 MIN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
99498	ADVNCD CARE PLAN ADDL 30 MIN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
99499	UNLISTED EVALUATION AND MANAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99500	HOME VISIT, PRENATAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99501	HOME VISIT, POSTNATAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99502	HOME VISIT, NB CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99503	HOME VISIT, RESP THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99504	HOME VISIT MECH VENTILATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99505	HOME VISIT, STOMA CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99506	HOME VISIT, IM INJECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99507	HOME VISIT, CATH MAINTAIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99509	HOME VISIT DAY LIFE ACTIVITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99510	HOME VISIT, SING/M/FAM COUNS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99511	HOME VISIT, FECAL/ENEMA MGMT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99512	HOME VISIT FOR HEMODIALYSIS HOME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99600	HOME VISIT NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99601	HOME INFUS/SPCLTY DRUG ADMIN-VISIT HOME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99602	HOM INFUS/RX-VISIT ADD HR HOM I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99605	MED THER MGMT PHARM INDIV 15 MIN NEW PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99606	MED THER MGMT PHARM INDIV 15 MIN EST PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
99607	MED THER MGMT PHARM INDIV EA ADDL 15 MI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST		12	999	02/01/2021	12/31/9999	1	O1	15.50	S
0001F	HEART FAILURE ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0001M	INF DISEASE CHRONIC HCV		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
0001U	RED BLOOD ANTIGEN TYPING DNA		0	999	02/01/2017	12/31/9999	1	O6	0.00	E
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND		12	999	02/01/2021	12/31/9999	1	O1	25.50	S
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (A		0	999	01/02/2013	12/31/9999	1	O6	0.00	E
0002U	ONCOLOGY COLORECTAL QUANT ASSESS		0	999	02/01/2017	12/31/9999	1	O6	0.00	E
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD		12	999	08/12/2021	12/31/9999	1	O1	31.26	S
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (N		0	999	01/03/2013	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0003U	ONCOLOCY OVARION BIOCHEMIAL ASSAYS		0	999	02/01/2017	12/31/9999	1	O6	0.00	E
0004A	ADM SARSCOV2 30MCG/0.3ML BST		18	999	09/22/2021	12/31/9999	1	O1	31.26	S
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NU		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0005F	OSTEOARTHRITIS ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0005U	ONCOLOGY PROSTATE GENE EXPRESSION		0	999	05/01/2017	12/31/9999	1	O6	0.00	E
0006M	ONCOLOGY, MRNA EXPRESSION LEVELS OF 16		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
0007M	ONCOLOGY, REAL-TIME PCR EXPRESSION ANALY		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
0007U	DRUG TEST(S)		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0008U	HELICOBACTER PYLORI DETECTION AND ANTIBI		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0009U	ONCOLOGY IMAGE DEP		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0010U	INFECTIOUS DISEASE SEQ		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0011A	ADM SARSCOV2 100MCG/0.5ML1ST		18	999	02/01/2021	12/31/9999	1	O1	15.50	S
0011M	PROSTATE CANCER MRNA ASSAY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0011U	RX DRUG MONITOR, EVAL OF DRUGS		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0012A	ADM SARSCOV2 100MCG/0.5ML1ST		18	999	02/01/2021	12/31/9999	1	O1	25.50	S
0012F	CAP BACTERIAL ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0012M	ONCOLOGY MRNA		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0013A	ADM SARSCOV2 100MCG/0.5ML3RD		12	999	08/12/2021	12/31/9999	1	O1	31.26	S
0013M	ONCOLOGY MRNA RECURRENT		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0014F	COMP PREOP CATA SUR W/LENS REPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0014M	LIVER DS ALYS 3 BMRK SRM ALG		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0015F	MELANOMA FU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0015M	ADRNL CORTCL TUM BCHM ASY 25		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0016M	ONC BLADDER MRNA 209 GEN ALG		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0016U	ONCOLOGY RNA		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0017M	ONC DLBCL MRNA 20 GENES ALG		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0017U	ONCOLOGY JAK2 MUTATION		0	999	08/01/2017	12/31/9999	1	O6	0.00	E
0018M	TRNSPLJ RNL MEAS CD154+CLL		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0018U	ONC THYR 10 MICRORNA SEQ ALG		0	999	10/01/2017	12/31/9999	1	O6	0.00	E
0019U	ONCO TARGET/ONCO TREAT		0	999	10/01/2017	12/31/9999	1	O6	0.00	E
0021U	APIFINY		0	999	10/01/2017	12/31/9999	1	O6	0.00	E
0022U	TRGT GEN SEQ DNA&RNA 1-23 GN		0	999	10/01/2017	12/31/9999	1	O6	0.00	E
0023U	LEUKOSTRAT CDX FLT3 MUTATION		0	999	10/01/2017	12/31/9999	1	O6	0.00	E
0024U	GLYCA		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0025U	URSURE TENOFOVIR QUANTIFICATION		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0026U	THYROSEQ GENOMIC CLASSIFIER		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0027U	JAKS EXONS 12 TO 15		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0029U	FOCUSED PHARMACOGENOMICS PANEL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0030U	WARFARIN RESPONSE GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0031A	ADM SARSCOV2 VAC AD26 .5ML		18	999	07/01/2021	12/31/9999	1	O1	31.26	S
0031U	CYTOCHROME P450 1A2 GENOTYPE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0032U	CATECHOL-O-METHYLTRANSFERASE (COMT) GENO		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0033U	SEROTONIN RECEPTOR GENOTYPE HTR2A/HTR2C		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0034A	ADM SARSCOV2 VAC AD26 .5ML B		18	999	10/20/2021	12/31/9999	1	O1	31.26	S
0034U	THIOPURINE METHYLTRANSFERASE TPMT/NUDIX		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0035U	NEURO CSF PRION PRTN QUAL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0036U	EXOME SOMATIC MUTATIONS		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0038U	VITAMIN D, 25 HYDROXY D2 AND D3		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0039U	DEOXYRIBONUCLEIC ACID (DNA)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0040U	BCR/ABL1 (T (9;22)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST		18	999	07/13/2022	12/31/2299	1	O1	35.58	S
0041U	BORRELIA BURGDORFERI IGM		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND		18	999	07/13/2022	12/31/2299	1	O1	35.58	S
0042T	CT PERFUSION W/CONTRAST, CBF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0042U	BORRELIA BURGDORFERI IGG		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0043U	TICK-BORNE RELAPSE BORRELIA IGM		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0044U	TICK-BORNE RELAPSE BORRELIA IGG		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
0045U	ONCOLOGY BREAST DUCTAL IN SITU MRNA		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0046U	FLT3 FMS-RELATED TYROSINE KINASE 3		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0047U	ONCOLOGY (PROSTATE), MRNA		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0048U	ONCOLOGY SOLID ORGAN NEOPLASIA DNA		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0049U	NPM1 QUANTITATIVE		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0050U	TARGET GENOMIC SEQ ANALYSIS PANEL		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0051A	ADM SARSCV2 30MCG TRS-SUCR 1		12	999	01/03/2022	12/31/9999	1	O1	35.58	S
0051U	RX MNTR LC-MS/MS UR/BLD 31		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0052A	ADM SARSCV2 30MCG TRS-SUCR 2		12	999	01/03/2022	12/31/9999	1	O1	35.58	S
0052U	LIPOPROTEIN, BLOOD, HIGH RES		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0053A	ADM SARSCV2 30MCG TRS-SUCR 3		12	999	01/03/2022	12/31/9999	1	O1	35.58	S
0053U	ONCOLOGY (PROSTATE CANCER		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0054A	ADM SARSCV2 30MCG TRS-SUCR B		12	999	01/03/2022	12/31/9999	1	O1	35.58	S
0054T	COMP ASSIST MSK SURG NAVIG ORTHO PROC, F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0054U	PRESCR DRUG MONITORING 14+		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0055T	'BONE SURGERY USING COMPUTER'		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0055U	CARDIOLOGY (HEART TRANSPLANT)		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0058U	ONCOLOGY MERKEL CELL CARCINOMA		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0059U	ONCOLOGY MERKEL CELL CARCINOMA		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0060U	TWIN ZYGOSITY		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0061U	TRANSQ MEASURE 5 BIOMARKERS		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0062U	AI SLE IGG&IGM ALYS 80 BMRK		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0063U	NEURO AUTISM 32 AMINES ALG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0064A	ADM SARSCOV2 50MCG/0.25MLBST		18	999	10/20/2021	12/31/9999	1	O1	31.26	S
0064U	ANTB TP TOTAL&RPR IA QUAL		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0065U	SYFLS TST NONTREPONEMAL ANTB		0	999	07/01/2020	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0066U	PAMG-1 IA CERVICO-VAG FLUID		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0067U	ONC BRST IMHCHEM PRFL 4 BMRK		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0068U	CANDIDA SPECIES PNL AMP PRB		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0069U	ONC CLRCT MICRORNA MIR-31-3P		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0070U	CYP2D6 GEN COM&SLCT RAR VRNT		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0071A	ADM SARSCV2 10MCG TRS-SUCR 1		5	11	10/29/2021	12/31/9999	1	O1	31.26	S
0071T	U/S LEIOMYOMATA ABLATE <200		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0071U	CYP2D6 FULL GENE SEQUENCE		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0072A	ADM SARSCV2 10MCG TRS-SUCR 2		5	11	10/29/2021	12/31/9999	1	O1	31.26	S
0072T	U/S LEIOMYOMATA ABLATE >200		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0073A	FEE COVID-19 VAC 8 BOOSTER		5	11	01/03/2022	12/31/9999	1	O1	35.58	S
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0074A	ADM SARSCV2 (PED) 10MCG TRS-SUCR B		5	11	05/17/2022	12/31/9999	1	O1	35.58	S
0074U	CYP2D6 NONDUPLICATED GENE		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0075T	PERQ STENT/CHEST VERT ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0075U	CYP2D6 5' GENE DUP/MLT		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0076T	S&I STENT/CHEST VERT ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0076U	CYP2D6 3' GENE DUP/MLT		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0077U	IG PARAPROTEIN QUAL BLD/UR		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0078U	PAIN MGT OPI USE GNOTYP PNL		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
0079U	CMPRTV DNA ALYS MLT SNPS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
0080U	ONC LNG 5 CLIN RSK FACTR ALG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0081A	ADM SARSCV2 3MCG TRS-SUCR 1		0	4	06/17/2022	12/31/2299	1	O1	35.58	S
0082A	ADM SARSCV2 3MCG TRS-SUCR 2		0	4	06/17/2022	12/31/2299	1	O1	35.58	S
0082U	RX TEST DEF 90+ RX/SBSTS UR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0083A	ADM SARSCV2 3MCG TRS-SUCR 3		0	4	06/17/2022	12/31/2299	1	O1	35.58	S
0083U	ONC RSPSE CHEMO CNTRST TOMOG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0084U	RBC DNA GNOTYP 10 BLD GROUPS		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0086U	NFCT DS BACT&FNG ORG ID 6+		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0087U	CRD HRT TRNSPL MRNA 1283 GEN		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0088U	TRNSPLJ KDN ALGRFT REJ 1494		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0089U	ONC MLNMA PRAME & LINC00518		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0090U	ONC CUTAN MLNMA MRNA 23 GENE		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST		6	11	06/17/2022	12/31/2299	1	O1	35.58	S
0091U	ONC CLRCT SCR WHL BLD ALG		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND		6	11	06/17/2022	12/31/2299	1	O1	35.58	S
0092U	ONC LNG 3 PRTN BMRK PLSM ALG		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD		6	11	06/17/2022	12/31/2299	1	O1	35.58	S
0093U	RX MNTR 65 COM DRUGS URINE		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0094A	ADM SARSCOV2 50 MCG/.5 MLBST		18	999	03/29/2022	12/31/9999	1	O1	35.58	S
0094U	GENOME RAPID SEQUENCE ALYS		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0095T	REML TOL DIS ARTHPY, ANT CERVICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0095U	INFLM EE ELISA ALYS ALG		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0096U	HPV HI RISK TYPES MALE URINE		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0098T	REV TOL ARTHPY DIS ARTHPY , ANT CERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0100T	PLC SUBCONJ RETIN PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0101T	EXTRCORP SHOCKWAVE NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0101U	HERED COLON CA DO 15 GENES		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0102T	EXTRCORP SHOCKWAVE BY PHYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0102U	HERED BRST CA RLTD DO 17 GEN		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0103U	HERED OVA CA PNL 24 GENES		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0105U	NEPH, MULTI ELECT ASSAY FAC RECP 1		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0106T	QUANTIT SENS TESTING (QST)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0106U	GAST EMPTY, 7X BREATH SPEC		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0107T	VIBR STIMU FIBER SENSATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0107U	CLOST DIDD TOX ANT DETECT		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0108T	COOLING STIM SMALL NERV SENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0108U	BARRETS ESOPH, DIG IMAGE, 9 PROTEIN		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0109T	HEAT-PAIN STIM SM NERVE FIBER SENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0109U	ASPERIGULLUS SPECIES, DECT OF DNA		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0110T	OTH STIMULI ASSESS SENSATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0110U	DRUG MONITOR, 1 OR MORE ONC		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0111A	ADM SARSCOV2 25MCG/0.25ML1ST		0	5	06/17/2022	12/31/2299	1	O1	35.58	S
0111U	COLON CANCER, TARGET KRAS AND NRAS		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0112A	ADM SARSCOV2 25MCG/0.25ML2ND		0	5	06/17/2022	12/31/2299	1	O1	35.58	S
0112U	INF AGENT DETECT AND IDENT, TAR SEQ		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0113A	ADM SARSCOV2 25MCG/0.25ML3RD		0	5	06/17/2022	12/31/2299	1	O1	35.58	S
0113U	PROSTATE, MEAS OF PCA3 AND TMPRSS2-ERG		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0114U	BARRETS ESOPH, VIM AMD CCNA1		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0115U	RESP INF DECT 18 VIRAL TYPE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0116U	DRUG MONITOR, 35 OR MORE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0117U	PAIN MANAGEMENT, 11 ENDO ANALYTES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0118U	TRANSPLNT MED, QUAN OF DONOR CELLS		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0119U	CARD, CERAMIDES BY LIQUID CHROM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0120U	B-CELL LYMPH, 58 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0121U	SICKLE CELL, VCAM1, WHOLE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0122U	SICKLE CELL, P SELEC, WHOLE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0123U	MECH FRAG, RBC, ANALY PRO		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0129U	HERED BRST GENOMIC DO ANALYS PNL		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0130U	HERED COLON CA DO, ANALYS PNL		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0131U	HERED BRST CA 13 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0132U	HERED OVA CA 17 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0133U	HERED PROS CA 11 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0134U	HERED PAN CA, 18 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0135U	HERED GYN CA 12 GENES		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0136U	ATM MRNA SEQUENCE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0137U	PALB2 MRNA SEQUENCE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0138U	BRCA1 MRNA SEQUENCE		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
0140U	NFCT DS FUNGI DNA 15 TRGT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0141U	NFCT DS BACT&FNG GRAM POS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0142U	ANESTH KNEE JOINT CASTING		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0143U	DRUG ASSAY 120+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0144U	DRUG ASSAY 160+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0145U	DRUG ASSAY 65+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0146U	DRUG ASSAY 80+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0147U	DRUG ASSAY 85+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0148U	DRUG ASSAY 100+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0149U	DRUG ASSAY 60+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0150U	DRUG ASSAY 120+ RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0152U	NFCT DS DNA UNTRGT NGNRJ SEQ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0153U	ONC BREAST MRNA 101 GENES		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0154U	ONC URTHL CA RNA FGFR3 GENE		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0155U	ONC BRST CA DNA PIK3CA GENE		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0156U	COPY NUMBER SEQUENCE ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0157U	APC MRNA SEQ ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0158U	MLH1 MRNA SEQ ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0159U	MSH2 MRNA SEQ ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0160U	MSH6 MRNA SEQ ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0161U	PMS2 MRNA SEQ ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0162U	HERED COLON CA TRGT MRNA PNL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0163T	TOL DIS ARTHPY , ANT PREPA LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0163U	ONC CLRCT SCR 3 PRTN ALG		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0164T	REML TOL DIS ARTHPY, ANT LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0164U	GI IBS IA ANTI-CDTB&VINCULIN		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0165T	REPLCMNT TOL ARTHPY, ANT LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0165U	PEANUT ALLG SPEC ASMT 64 EPI		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0166U	LIVER DS 10 BIOCHEM ASY SRM		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0167U	CHORNC GONADOTROPIN HCG IA		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0169U	NUDT15&TPMT GENE COM VRNT		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0170U	NEURO ASD RNA NEXT GEN SEQ		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0171U	TRGT GEN SEQ ALYS PNL DNA 23		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
0172U	ONC SLD TUM ALYS BRCA1 BRCA2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0173U	PSYC GEN ALYS PANEL 14 GENES		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0174T	CAD CXR WITH INTERP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0174U	ONC SOLID TUMOR 30 PRTN TRGT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0175T	CAD CXR REMOTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0175U	PSYC GEN ALYS PANEL 15 GENES		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0176U	CDTB&VINCULIN IGG ANTB IA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0177U	ONC BRST CA DNA PIK3CA 11		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0178U	PEANUT ALLG ASMT EPI CLIN RX		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0179U	ONC NONSM CLL LNG CA ALYS 23		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0180U	ABO GNOTYP ABO 7 EXONS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0181U	CO GNOTYP AQP1 EXON 1		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0182U	CROM GNOTYP CD55 EXONS 1-10		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0183U	DI GNOTYP SLC4A1 EXON 19		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0184T	EXC RECTAL TUMOR ENDOSCOPIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0184U	DO GNOTYP ART4 EXON 2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0185U	FUT1 GNOTYP FUT1 EXON 4		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0186U	FUT2 GNOTYP FUT2 EXON 2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0187U	FY GNOTYP ACKR1 EXONS 1-2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0188U	GE GNOTYP GYPC EXONS 1-4		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0189U	GYPA GNOTYP NTRNS 1 5 EXON 2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0190U	GYPB GNOTYP NTRNS 1 5 SEUX 3		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0191U	IN GNOTYP CD44 EXONS 2 3 6		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0192U	JK GNOTYP SLC14A1 EXON 9		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0193U	JR GNOTYP ABCG2 EXONS 2-26		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0194U	KEL GNOTYP KEL EXON 8		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0195U	KLF1 TARGETED SEQUENCING		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0196U	LU GNOTYP BCAM EXON 3		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0197U	LW GNOTYP ICAM4 EXON 1		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0198T	OCULAR BLOOD FLOW MEASURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0198U	RHD&RHCE GNTYP RHD1-10&RHCE5		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0199U	SC GNOTYP ERMAP EXONS 4 12		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0200T	PERCUTANEOUS SACRAL AUGMENTATION, UNILAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0200U	XK GNOTYP XK EXONS 1-3		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0201T	PERCUTANEOUS SACRAL AUGMENTATION, BILATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0201U	YT GNOTYP ACHE EXON 2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0202T	POST VERT ARTHRPLST 1 LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0202U	NFCT DS 22 TRGT SARS-COV-2		0	999	06/25/2020	12/31/9999	2	O6	0.00	E
0203U	AI IBD MRNA XPRSN PRFL 17		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0204U	ONC THYR MRNA XPRSN ALYS 593		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0205U	OPH AMD ALYS 3 GENE VARIANTS		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0206U	NEURO ALZHEIMER CELL AGGREGJ		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0207T	CLEAR EYELID GLAND W/HEAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0207U	NEURO ALZHEIMER QUAN IMAGING		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0208T	AUDIOMETRY AIR ONLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0209T	AUDIOMETRY AIR & BONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0209U	CYTOG CONST ALYS INTERROG		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0210T	SPEECH AUDIOMETRY THRESHOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0210U	SYPHILIS TST ANTB IA QUAN		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0211T	SPEECH AUDIOM THRESH & RECOG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0212T	COMPRE AUDIOMETRY EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0212U	RARE DS GEN DNA ALYS PROBAND		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0213T	NJX PARAVERT W/US CER/THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0213U	RARE DS GEN DNA ALYS EA COMP		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0214T	NJX PARAVERT W/US CER/THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0214U	RARE DS XOM DNA ALYS PROBAND		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0215T	NJX PARAVERT W/US CER/THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0215U	RARE DS XOM DNA ALYS EA COMP		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0216T	NJX PARAVERT W/US LUMB/SAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0216U	NEURO INH ATAXIA DNA 12 COM		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0217T	NJX PARAVERT W/US LUMB/SAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0217U	NEURO INH ATAXIA DNA 51 GENE		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0218T	NJX PARAVERT W/US LUMB/SAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0218U	NEURO MUSC DYS DMD SEQ ALYS		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0219T	PLMT POST FACET IMPLT CERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0219U	NFCT AGT HIV GNRJ SEQ ALYS		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0220T	PLMT POST FACET IMPLT THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0220U	ONC BRST CA AI ASSMT 12 FEAT		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0221T	PLMT POST FACET IMPLT LUMB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0221U	ABO GNOTYP NEXT GNRJ SEQ ABO		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0222T	PLMT POST FACET IMPLT ADDL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0222U	RHD&RHCE GNTYP NEXT GNRJ SEQ		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
0223U	NFCT DS 22 TRGT SARS-COV-2		0	999	06/25/2020	12/31/9999	1	O6	0.00	E
0224U	ANTIBODY SARS-COV-2 TITER(S)		0	999	06/25/2020	12/31/9999	2	O6	0.00	E
0225U	NFCT DS DNA&RNA 21 SARSCOV2		0	999	08/10/2020	12/31/9999	2	O6	0.00	E
0226U	SVNT SARSCOV2 ELISA PLSM SRM		0	999	08/10/2020	12/31/9999	2	O6	0.00	E
0227U	RX ASY PRSMV 30+RX/METABLT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0228U	ONC PRST8 MA MOLEC PRFL ALG		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0229U	BCAT1&IKZF1 PRMTR MTHYLN ALY		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0230U	AR FULL SEQUENCE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0231U	CACNA1A FULL GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0232T	INJ PLSM IMG GUID HRVSTG&PREP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0232U	CSTB FULL GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0233U	FXN GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0234T	TRLUML PERIP ATHRC RENAL ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0234U	MECP2 FULL GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0235T	TRLUML PERIP ATHRC VISCERAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
0235U	PTEN FULL GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0236T	TRLUML PERIP ATHRC ABD AORTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0236U	SMN1&SMN2 FULL GENE ANALYSIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0237T	TRLUML PERIP ATHRC BRCHIOCPH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0237U	CAR ION CHNLPTHY GEN SEQ PNL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0238T	TRLUML PERIP ATHRC ILIAC ART		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0238U	ONC LNCH SYN GEN DNA SEQ ALY		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0239U	TRGT GEN SEQ ALYS PNL 311+		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0240U	NFCT DS VIR RESP RNA 3 TRGT		0	999	10/06/2020	12/31/9999	1	O6	0.00	E
0241U	NFCT DS VIR RESP RNA 4 TRGT		0	999	10/06/2020	12/31/9999	1	O6	0.00	E
0242U	TRGT GEN SEQ ALYS PNL 55-74		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0243U	OB PE BIOCHEM ASSAY PGF ALG		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0244U	ONC SOLID ORGN DNA 257 GENES		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0245U	ONC THYR MUT ALYS 10 GEN&37		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0246U	RBC DNA GNOTYP 16 BLD GROUPS		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0247U	OB PRTRM BRTH IBP4 SHBG MEAS		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
0248U	ONC BRN SPHRD CLL 12 RX PNL		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0249U	ONC BRST ALYS 32 PHSPRTN ALG		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0250U	ONC SLD ORG NEO DNA 505 GENE		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0251U	HEPCIDIN-25 ELISA SERUM/PLSM		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0252U	FTL ANEUPLOIDY STR ALYS DNA		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0253U	RPRDTVE MED RNA GEN PRFL 238		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0254U	REPRDTVE MED ALYS 24 CHRMSM		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0255U	ANDROLOGY INFERTILITY ASSMT		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0256U	TMA/TMAO PRFL MS/MS UR ALG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0257U	VLCAD LEUK NZM ACTV WHL BLD		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0258U	AI PSOR MRNA 50-100 GEN ALG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0259U	NEPH CKD NUC MRS MEAS GFR		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0260U	RARE DS ID OPT GENOME MAPG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0261U	ONC CLRCT CA IMG ALYS W/AI		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0262U	ONC SLD TUM RTPCR 7 GEN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0263T	IM BONE MARROW CELL THERAPY CMPLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0263U	NEURO ASD MEAS 16 C METBLT		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0264T	IM BONE MARROW THERAPY NO HARV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0264U	RARE DS ID OPT GENOME MAPG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0265T	IM BONE MARROW THERAPY HARV ONLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0265U	RAR DO WHL GN&MTCDRL DNA ALS		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0266T	IMPLANTATION OR REPLACEMENT OF		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0266U	UNXPL CNST HRTBL DO GN XPRSN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0267T	IMPLANTATION OR REPLACEMENT OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0267U	RARE DO ID OPT GEN MAPG&SEQ		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0268T	IMPLANTATION OR REPLACEMENT OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0268U	HEM AHUS GEN SEQ ALYS 15 GEN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0269T	REVISION OR REMOVAL OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0269U	HEM AUT DM CGEN TRMBCTPNA 14		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0270T	REVISION OR REMOVAL OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0270U	HEM CGEN COAGJ DO 20 GENES		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0271T	REVISION OR REMOVAL OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0271U	HEM CGEN NEUTROPENIA 23 GEN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0272T	INTERROGATION DEVICE EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0272U	HEM GENETIC BLD DO 51 GENES		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0273T	INTERROGATION DEVICE EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0273U	HEM GEN HYPRFIBRNLYSIS 8 GEN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0274T	PERQ LAMINOTMY/LAMINECTMY CERV/THOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0274U	HEM GEN PLTLT DO 43 GENES		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0275T	PERQ LAMINOTMY/LAMINECTMY UNI/BIL LUMBAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0275U	HEM HEPRN NDUC TRMBCTPNA SRM		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0276U	HEM INH THROMBOCYTOPENIA 23		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0277U	HEM GEN PLTLT FUNCJ DO 31		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0278T	SCRAMBLER THERAPY EA TRT SESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0278U	HEM GEN THROMBOSIS 12 GENES		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0279U	HEM VW FACTOR&CLGN III BNDG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0280U	HEM VW FACTOR&CLGN IV BNDG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0281U	HEM VWD PROPEPTIDE AG LVL		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0282U	RBC DNA GNTYP 12 BLD GRP GEN		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0283U	VW FACTOR TYPE 2B EVAL PLSM		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0284U	VW FACTOR TYPE 2N EVAL PLSM		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
0285U	ONC RSPS RADJ CLL FR DNA TOX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0286U	CEP72 NUDT15&TPMT GENE ALYS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0287U	ONC THYR DNA&MRNA 112 GENES		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0288U	ONC LUNG MRNA QUAN PCR 11&3		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0289U	NEURO ALZHEIMER MRNA 24 GEN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0290U	PAIN MGMT MRNA GEN XPRSN 36		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0291U	PSYC MOOD DO MRNA 144 GENES		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0292U	PSYC STRS DO MRNA 72 GENES		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0293U	PSYC SUICIDAL IDEA MRNA 54		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0294U	LNGVTY&MRTLTY RSK MRNA 18GEN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0295U	ONC BRST DUX CARC 7 PROTEINS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0296U	ONC ORL&/OROP CA 20 MLC FEAT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0297U	ONC PAN TUM WHL GEN SEQ DNA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0298U	ONC PAN TUM WHL TRNS SEQ RNA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0299U	ONC PAN TUM WHL GEN OPT MAPG		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0300U	ONC PAN TUM WHL GEN SEQ&OPT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0301U	IADNA BARTONELLA DDPCR		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0302U	IADNA BRTNLA DDPCR FLWG LIQ		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0303U	HEM RBC ADS WHL BLD HYPOXIC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0304U	HEM RBC ADS WHL BLD NORMOXIC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0305U	HEM RBC FNCLTY&DFRM SHR STRS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0306U	ONC MRD NXT-GNRJ ALYS 1ST		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0307U	ONC MRD NXT-GNRJ ALYS SBSQ		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0308T	INSJ OCULAR TELESCOPE PROSTH		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0308U	CRD CAD ALYS 3 PRTN PLSM ALG		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0309U	CRD CV DS ALY 4 PRTN PLM ALG		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0310U	PED VSCLTS KD ALYS 3 BMRKS		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0311U	NFCT DS BCT QUAN ANTMCRB SC		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0312T	LAPS IMPLTJ NSTIM VAGUS		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0312U	AI DS SLE ALYS 8 IGG AUTOANT		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0313T	LAPS RMVL NSTIM ARRAY VAGUS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0313U	ONC PNCRS DNA&MRNA SEQ 74		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0314T	LAPS RMVL VGL ARRY & PLS GEN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0314U	ONC CUTAN MLNMA MRNA 35 GENE		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0315T	RMVL VAGUS NERVE PLS GEN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0315U	ONC CUTAN SQ CLL CA MRNA 40		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0316T	REPLC VAGUS NERVE PLS GEN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0316U	B BRGDRFERI LYME DS OSPA EVL		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0317T	ELEC ALYS VAGUS NRV PLS GEN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0317U	ONC LUNG CA 4-PRB FISH ASSAY		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0318U	PED WHL GEN MTHYLTN ALYS 50+		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0319U	NEPH RNA PRETRNSPL PERPH BLD		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0320U	NEPH RNA PSTTRNSPL PERPH BLD		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0321U	IADNA GU PTHGN 20BCT&FNG ORG		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0322U	NEURO ASD MEAS 14 ACYL CARN		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
0323U	IADNA CNS PTHGN NEXT GEN SEQ		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0324U	ONC OVAR SPHRD CELL 4 RX PNL		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0325U	ONC OVAR SPHRD CELL PARP		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0326U	TRGT GEN SEQ ALYS PNL 83+		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0328U	DRUG ASSAY 120+ RX&METABLT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0329T	MONITOR INTRAOCULAR PRESSURE 24 HRS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0329U	ONC NEO XOME&TRNS SEQ ALYS		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0330T	TEAR FILM IMAGE UNILAT OR BILAT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0330U	IADNA VAG PTHGN PANEL 27 ORG		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0331T	MYOCARDIAL IMAG PLANAR QUAL/QUANT ASSESS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0331U	ONC HL NEO OPT GEN MAPPING		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0332T	MYCARDIOL PLANAR QUAL/QUANT ASSESSMNT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0332U	Onc pan tum gen prflg 8 dna		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0333T	VISUAL EP ACUITY SCREEN AUTOMATED		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0333U	Onc lvr surveilanc hcc cfdna		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0334U	Onc sld orgn tgsa dna 84/+		0	999	10/01/2022	12/31/9999	1	O6	0.00	E

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0335T	EXTRA-OSSEOUS JOINT IMPLANT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0335U	Rare ds whl gen seq feta		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0336U	Rare ds whl gen seq bld/slv		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0337U	Onc plsm cell do&myeloma id		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0338T	TRANSCATH RENAL SYMP DENERVATION UNILAT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0338U	Onc sld tum crcg tum cl slct		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0339T	TRANSCATH RENAL SYMP DENERVATION BILAT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0339U	Onc prst8 mrna hoxc6 & dlx1		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0340U	Onc pan ca alys mrd plasma		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0341U	Ftl aneup dna seq cmpr alys		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0342T	THERAPEUTIC APHERESIS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
0342U	Onc pncrtc ca mult ia eclia		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0343U	Onc prst8 xom aly 442 sncrna		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0344U	Hep nafld semiq evl 28 lipid		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0345T	TRANSCATH MITRAL VALVE REPAIR,INITIAL		0	999	01/01/2014	12/31/9999	1	O6	0.00	C
0345U	Psyc genom alys pnl 15 gen		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0346U	Beta amyl a-40&a-42 lc-ms/ms		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0347T	PLACEMENT INTERSTITIAL DEV (RSA)		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0347U	Rx metab/pcx dna 16 gen alys		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0348T	RAD EXAM (RSA) SPINE		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0348U	Rx metab/pcx dna 25 gen alys		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0349T	RAD EXAM (RSA) UPPER EXTR		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0349U	Rx metab/pcx dna 27gen rx ia		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0350T	RAD EXAM (RSA) LOWER EXTR		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0350U	Rx metab/pcx dna 27 gen alys		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0351T	OPTIC TOMOGRAPHY BREAST		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0351U	Nfct ds bct/viral trail ip10		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0352T	OPTIC TOMOGRAPHY BREAST		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0352U	Nfct ds bv&vaginitis amp prb		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0353T	OPTIC TOMOGRAPHY BREAST		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0353U	Iadna chlmyd&gonorr amp prb		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0354T	OPTIC TOMOGRAPHY BREAST		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0354U	Hpv hi rsk qual mrna e6/e7		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
0358T	BIA WHOLE BODY		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
0362T	BEHAVIORAL FOLLOWUP		0	20	07/01/2014	12/31/9999	1	O6	0.00	E
0373T	EXPOSURE BEHAV TRTMNT		0	20	07/01/2014	12/31/9999	1	O6	0.00	E
0378T	VISUAL FIELD ASSESSMENT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
0379T	TECHNICIAL SUPPORT AND PATIENT INSTRUCTI		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
0394T	HDR ELCTRNC SKN SURF BRCHYTX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0395T	HDR ELCTR NTRST/NTRCV BRCHTX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0397T	ERCP W/OPTICAL ENDOMICROSCPY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0398T	MRGFUS STRTCTC LES ABLTJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0402T	COLGN CRS-LINK CRN&PACHYMTRY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0403T	DIABETES PREV STANDARD CURR		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0404T	TRNSCRV UTERIN FIBROID ABLTJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0408T	INSJ/RPLC CARDIAC MODULJ SYS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0409T	INSJ/RPLC CARDIAC MODULJ PLS GN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0410T	INSJ/RPLC CAR MODULJ ATR ELT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0411T	INSJ/RPLC CAR MODULJ VNT ELT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0412T	RMVL CARDIAC MODULJ PLS GEN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0413T	RMVL CAR MODULJ TRANVNS ELT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0414T	RMVL & RPL CAR MODULJ PLS GN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0415T	REPOS CAR MODULJ TRANVNS ELT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0416T	RELOC SKIN POCKET PLS GEN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0417T	PRGRMG EVAL CARDIAC MODULJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0418T	INTERRO EVAL CARDIAC MODULJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0419T	DSTRJ NEUROFIBROMA XTNSV		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0420T	DSTRJ NEUROFIBROMA XTNSV		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0421T	WATERJET PROSTATE ABLTJ CMPL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0422T	TACTILE BREAST IMG UNI/BI		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0424T	INSJ/RPLC NSTIM APNEA COMPL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0425T	INSJ/RPLC NSTIM APNEA SEN LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0426T	INSJ/RPLC NSTIM APNEA STM LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0427T	INSJ/RPLC NSTIM APNEA PLS GN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0428T	RMVL NSTIM APNEA PLS GEN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0429T	RMVL NSTIM APNEA SEN LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0430T	RMVL NSTIM APNEA STIMJ LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0431T	RMVL/RPLC NSTIM APNEA PLS GN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0432T	REPOS NSTIM APNEA STIMJ LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0433T	REPOS NSTIM APNEA SENSING LD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0434T	INTERRO EVAL NPGS SLEEP APNEA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0435T	PRGRMG EVAL NPGS APNEA 1 SES		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0436T	PRGRMG EVAL NPGS APNEA STUDY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0439T	MYOCRD CONTRAST PRFUJ ECHO		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0440T	ABLTJ PERC UXTR/PERPH NRV		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0441T	ABLTJ PERC LXTR/PERPH NRV		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0442T	ABLTJ PERC PLEX/TRNCL NRV		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0443T	R-T SPCTRL ALYS PRST8 TISS		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0444T	1ST PLMT DRUG ELUT OC INS		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0445T	SBSQT PLMT DRUG ELUT OC INS		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
0446T	CREATE SUBQ POCKET IMPLANT INTERSTITIAL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0447T	REM IMPLANTABLE INTRSTTL GLUC SNSR SUBQ		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0448T	REM IMPLANTABLE INTRSTTL GLUC SNSR INCL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0449T	INSERT AQS DRAIN DEV INT DEV		0	999	01/01/2017	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0450T	INSERT AQS DRAIN DEV INT DEV EA ADDL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0464T	VISUAL EVOKED POTENTIAL, TESTING FOR GLA		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLO		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
0469T	RTA POLARIZE SCAN OC SCR BI		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0470T	OCT SKN IMG ACQUISJ I&R 1ST		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0471T	OCT SKN IMG ACQUISJ I&R ADDL		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0472T	PRGRMG IO RTA ELTRD RA		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0473T	REPRGRMG IO RTA ELTRD RA		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0474T	INSJ AQUEOUS DRG DEV IO RSVR		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0475T	REC FTL CAR SGL 3 CH I&R		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0476T	REC FTL CAR SGL ELEC TR DATA		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0477T	REC FTL CAR SGL XRTJ ALYS		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0478T	REC FTL CAR 3 CH REV I&R		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
0479T	FRACTIONAL ABLATION OF BURN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0480T	FRACTIONAL ABLATION OF BURN		0	999	01/01/2018	12/31/9999	4	O6	0.00	E
0481T	INJECTION(S) AUTOLOGOUS WBC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0483T	TMVI W/PROSTHETIC VALVE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
0484T	TMVI W/PROSTHETIC VALVE		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
0485T	OCT MIDDLE EAR; UNI		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0486T	OCT MIDDLE EAR; BI		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0487T	BIOMECH MAPPING W/RPT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0488T	AUTOLOGOUS ADIPOSE-DERIVED THERAPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0489T	CELL THERAPY SCLERO HANDS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0490T	CELL THERAPY SCLERO HANDS; MULT INJECT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0491T	ABLAT LASER TREATMENT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0492T	ABLAT LASER TREATMENT		0	999	01/01/2018	12/31/9999	4	O6	0.00	E
0493T	SPECTROSCOPY OF WOUNDS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0494T	SURG PREP OF CADAVER LUNG(S)		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
0495T	INITIATE/MONITOR CADVER LUNG(S);1ST 2 HR		0	999	01/01/2018	12/31/9999	1	O6	0.00	C
0496T	INITIATE/MONITOR CADAVER LUNG(S);EACH AD		0	999	01/01/2018	12/31/9999	4	O6	0.00	C
0497T	CARDIAC EVENT RECORDER; IN-OFFICE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0498T	CARDIAC EVENT RECORDER; INTERPRETATION		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0499T	CYSTOURETHROSCOPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0500F	INITIAL PRENATAL CARE VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0500T	INFECTIOUS AGENT DETECT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0501F	PRENATAL FLOW SHEET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0501T	NONINVASIVE CORONARY FFR		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0502F	SUBSEQUENT PRENATAL CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0502T	NONINVASIVE CORONARY FFR		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0503F	POSTPARTUM CARE VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0503T	NONINVASIVE CORONARY FFR		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0504T	NONINVASIVE CORONARY FFR		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
0505F	HEMODIALYSIS PLAN DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0505T	EV FEMPOP ARTL REVSC		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0506T	MAC PGMT OPT DNS MEAS HFP		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0507F	PERITON DIALYSIS PLAN DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0507T	NEAR IFR 21MG MIBMN GLND I&R		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0508T	PLS ECHO US B1 DNS MEAS TIB		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
0509F	URINE INCON PLAN DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0509T	PATTERN ERG W/I&R		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0510T	RMVL SINUS TARSI IMPLANT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0511T	RMVL&RINSJ SINUS TARSI IMPLT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0512T	ESW INTEG WND HLG 1ST WND		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0513F	ELVE BP PLN OF CARE DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0513T	ESW INTEG WND HLG EA ADDL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0514F	POC ELVE HEM PT REC ESA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0514T	INTRAOP VIS AXIS ID PT FIXJ		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0515T	INSJ WCS LV COMPL SYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0516F	ANEMIA POC DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0516T	INSJ WCS LV ELTRD ONLY		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0517F	GLAUCO POC DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0517T	INSJ WCS LV PG COMPNT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0518F	FALLS POC DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0518T	RMVL PG COMPNT WCS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0519F	PLAND CHEMOD DOCD B/4 TXMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0519T	RMVL & RPLCMT PG COMPNT WCS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0520F	RAD DOS LIMTS B/4 3D RAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0520T	RMVL&RPLCMT PG WCS NEW ELTRD		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0521F	PLAN OF CARE 4 PAIN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0521T	INTERROG DEV EVAL WCS IP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0522T	PRGRMG DEV EVAL WCS IP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0523T	NTRAPX C FFR W/3D FUNCJL MAP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0524T	EV CATH DIR CHEM ABLTJ W/IMG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0525F	INT VISIT EPIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0525T	INSJ/RPLCMT COMPL IIMS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0526F	SUBSEQT VISIT EPIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0526T	INSJ/RPLCMT IIMS ELTRD ONLY		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0527T	INSJ/RPLCMT IIMS IMPLT MNTR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0528F	RCMND FLW-UP 10 YRS DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0528T	PRGRMG DEV EVAL IIMS IP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0529F	INTRVL 3+YRS PTS CLNSCP DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0529T	INTERROG DEV EVAL IIMS IP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0530T	REMOVAL COMPLETE IIMS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0531T	REMOVAL IIMS ELECTRODE ONLY		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0532T	REMOVAL IIMS IMPLT MNTR ONLY		0	999	01/01/2019	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0533T	CONT REC MVMT DO 6-10 DAYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0534T	CONT REC MVMT DO SETUP&TRAIN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0535F	DYSPNEA MNGMNT PLAN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0535T	CONT REC MVMT DO REPRT CNFIG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0536T	CONT REC MVMT DO DL W/I&R		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0537T	BLD DRV T LYMPHCYT CAR-T CLL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0538T	BLD DRV T LYMPHCYT PREP TRNS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0539T	RECEIPT&PREP CAR-T CLL ADMN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0540F	GLUCO MNGMNT PLAN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0540T	CAR-T CLL ADMN AUTOLOGOUS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0541T	MYOCARDIAL IMAGING MCG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0542T	MYOCARDIAL IMAGING MCG I&R		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
0543T	MITRAL VALVE REPAIR		0	999	07/01/2019	12/31/9999	1	O6	0.00	C
0544T	MITRAL VALVE ANNULUS RECON		0	999	07/01/2019	12/31/9999	1	O6	0.00	C
0545F	FOLLOW UP CARE PLAN MDD DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0545T	TRICUSPID VALVE ANNULUS RECON		0	999	07/01/2019	12/31/9999	1	O6	0.00	C
0546T	RADIOFREQ SPECTRO MASTECTOMY		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0547T	BONE MATERIAL QUALITY TEST		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0550F	CYTOPATHOLOGY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0551F	CYTOPATHOLOGY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0552T	LOW-LEVEL LASER THERAPY		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0553T	ARTERIOVEN ANASTOMOSIS IMPLANT		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0554T	BONE STRENGTH ASSESS NTPRET RPT		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0555F	SYMPTOM MANAGEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0555T	BONE STRENGTH SCAN DATA		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0556F	PLAN OF CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0556T	BONE STRENGTH ASSESSMENT		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0557F	PLAN OF CARE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0557T	BONE STRENGTH INTERPRET RPT		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0558T	COMPUTED TOMOGRAPHY ANALYSIS		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0559T	ANATOMIC MODEL 3D-PRINT FIRST		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0560T	ANATOMIC MODEL 3D-PRINT ADDL		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0561T	ANATOMIC GUIDE 3D-PRINT FIRST		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0562T	ANATOMIC GUIDE 3D-PRINT ADDL		0	999	07/01/2019	12/31/9999	1	O6	0.00	E
0563T	EVAC MEIBOMIAN GLND HEAT BI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0564T	ONC CHEMO RX CYTOTOX CSC 14		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0565T	AUTOL CELL IMPLT ADPS HRVG		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0566T	AUTOL CELL IMPLT ADPS NJX		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0567T	PERM FLP TUBE OCCLS W/IMPLT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0568T	INTRO MIX SALINE&AIR F/SSG		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0569T	TTVR PERQ APPR 1ST PROSTH		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
0570T	TTVR PERQ EA ADDL PROSTH		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
0571T	INSJ/RPLCMT ICDS SS ELTRD		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0572T	INSERTION SS DFB ELECTRODE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0573T	REMOVAL SS DFB ELECTRODE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0574T	REPOS PREV SS IMPL DFB ELTRD		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0575F	HIV RNA PLAN CARE DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
0575T	PRGRMG DEV EVAL ICDS SS IP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0576T	INTERROG DEV EVAL ICDS SS IP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0577T	EPHYS EVAL ICDS SS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0578T	REM INTERROG DEV ICDS PHYS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0579T	REM INTERROG DEV ICDS TECH		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0580F	MULTIDISCIPLINARY CARE PLAN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0580T	RMVL SS IMPL DFB PG ONLY		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0581F	PT TRNSFRD FROM ANESTH TO CC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0581T	ABLTJ MAL BRST TUM PERQ CRTX		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0582F	NO TRNSFR FROM ANESTH TO CC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0582T	TRURL ABLTJ MAL PRST8 TISS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0583F	TRANSFER CARE CHECKLIST USED		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0583T	TMPST AUTO TUBE DLVR SYS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0584F	NO TRANSFERCARE CHKLIST USED		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
0584T	PERQ ISLET CELL TRANSPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
0585T	LAPS ISLET CELL TRANSPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
0586T	OPEN ISLET CELL TRANSPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	C
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0588T	REVISION/REMOVAL ISDNS PTN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0589T	ELEC ALYS SMPL PRGRMG IINS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0590T	ELEC ALYS CPLX PRGRMG IINS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0591T	HLTH&WB COACHING INDIV 1ST		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0592T	HLTH&WB COACHING INDIV F-UP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0593T	HLTH&WB COACHING GROUP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0594T	OSTEOT HUM XTRNL LNGTH DEV		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0596T	TEMP FML IU VLV-PMP 1ST INSJ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0597T	TEMP FML IU VALVE-PMP RPLCMT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0598T	NCNTC R-T FLUOR WND IMG 1ST		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0599T	NCNTC R-T FLUOR WND IMG EA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0600T	IRE ABLTJ 1+TUM ORGAN PERQ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0601T	IRE ABLTJ 1+TUMORS OPEN		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0602T	TRANSDERMAL GFR MEASUREMENTS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0603T	TRANSDERMAL GFR MONITORING		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0604T	REM OCT RTA DEV SETUP&EDUCAJ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0605T	REM OCT RTA TECHL SPRT MIN 8		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0606T	REM OCT RTA PHYS/QHP EA 30D		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0607T	REM MNTR PULM FLU MNTR SETUP		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0608T	REM MNTR PULM FLU MNTR ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0609T	MRS DISC PAIN ACQUISJ DATA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0610T	MRS DISC PAIN TRANSMIS DATA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0611T	MRS DISC PAIN ALG ALYS DATA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0612T	MRS DISCOGENIC PAIN I&R		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0613T	PERQ TCAT INTRATRL SEPTL SHT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0614T	RMVL&RPLCMT SS IMPL DFB PG		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0615T	EYE MVMT ALYS W/O CALBRJ I&R		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0616T	INSERTION OF IRIS PROSTHESIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0617T	INSJ IRIS PROSTH W/RMVL&INSJ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0618T	INSJ IRIS PROSTH SEC IO LENS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0619T	CYSTO W/PRST8 COMMISSUROTOMY		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0620T	EVASC VEN ARTLZ TIBL/PRNL VN		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0621T	TRABECULOSTOMY INTERNO LASER		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0622T	TRABECULOSTOMY INT LSR W/SCP		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0623T	AUTO QUANTIFICATION C PLAQUE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0624T	AUTO QUAN C PLAQ DATA PREP		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0625T	AUTO QUAN C PLAQ CPTR ALYS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0626T	AUTO QUAN C PLAQ I&R		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0627T	PERQ NJX ALGC FLUOR LMBR 1ST		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0628T	PERQ NJX ALGC FLUOR LMBR EA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0629T	PERQ NJX ALGC CT LMBR 1ST		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0630T	PERQ NJX ALGC CT LMBR EA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0631T	TC VIS LIT HYPERSPECTRAL IMG		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0632T	PERQ TCAT US ABLTJ NRV P-ART		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
0633T	CT BREAST W/3D UNI C-		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0634T	CT BREAST W/3D UNI C+		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0635T	CT BREAST W/3D UNI C-/C+		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0636T	CT BREAST W/3D BI C-		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0637T	CT BREAST W/3D BI C+		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0638T	CT BREAST W/3D BI C-/C+		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0639T	WRLS SKN SNR ANISOTROPY MEAS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
0640T	NCNTC NR IFR SPCTRSC WND		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0641T	NCNTC NR IFR SPCTRSC WND IMG		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0642T	NCNTC NR IFR SPCTRSC WND I&R		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0643T	TCAT L VENTR RSTRJ DEV IMPLT		0	999	07/01/2021	12/31/9999	1	O6	0.00	C
0644T	TCAT RMVL/DBLK ICAR MAS PERQ		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0645T	TCAT IMPLTJ C SINS RDCTJ DEV		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0647T	INSJ GTUBE PERQ MAG GASTRPXY		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0648T	QUAN MR ALYS TISS W/O MRI		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0649T	QUAN MR ALYS TISS W/MRI		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0650T	PRGRMG DEV EVAL SCRMS REMOTE		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0651T	MAG CTRLD CAPSULE ENDOSCOPY		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0652T	EGD FLX TRANSNASAL DX BR/WA		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0653T	EGD FLX TRANSNASAL BX 1/MLT		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0654T	EGD FLX TRANSNASAL TUBE/CATH		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0655T	TPRNL FOCAL ABLTJ MAL PRST8		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0656T	VRT BDY TETHERING ANT <7 SEG		0	999	07/01/2021	12/31/9999	1	O6	0.00	C
0657T	VRT BDY TETHERING ANT 8+ SEG		0	999	07/01/2021	12/31/9999	1	O6	0.00	C
0658T	ELEC IMPD SPECTRSC 1+SKN LES		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0659T	TCAT INTRA-C NFS SUPERSAT O2		0	999	07/01/2021	12/31/9999	1	O6	0.00	C
0660T	IMPLT ANT SGM IO NBIO RX SYS		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0661T	RMVL&RIMPLTJ ANT SGM IMPLT		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0662T	SCALP COOL 1ST MEAS&CALBRJ		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0663T	SCALP COOL PLMT MNTR RMVL		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0664T	DON HYSTERECTOMY OPEN CDVR		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0665T	DON HYSTERECTOMY OPEN LIV		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0666T	DON HYSTERECTOMY LAPS LIV		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0667T	DON HYSTERECTOMY RCP UTER		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0668T	BKBENCH PREP DON UTER ALGRFT		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0669T	BKBENCH RCNSTJ DON UTER VEN		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0670T	BKBENCH RCNSTJ DON UTER ARTL		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
0671T	INSJ ANT SGM AQ DRG DEV 1+		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0672T	NDOVAG CRYG RF REMDL TISS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0673T	ABLTJ B9 THYR NDUL PERQ LASR		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0674T	LAPS INSJ NW/RPCMT PRM ISDSS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0675T	LAPS INSJ NW/RPCMT ISDSS 1LD		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0676T	LAPS INSJ NW/RPCMT ISDSS EA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0677T	LAPS REPOS LEAD ISDSS 1ST LD		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0678T	LAPS REPOS LEAD ISDSS EA ADD		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0679T	LAPS RMVL LEAD ISDSS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0680T	INSJ/RPLCMT PG ONLY ISDSS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0681T	RLCJ PULSE GEN ONLY ISDSS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0682T	REMOVAL PULSE GEN ONLY ISDSS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0683T	PRGRMG DEV EVAL ISDSS IP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0684T	PERI-PX DEV EVAL ISDSS IP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0685T	INTERROG DEV EVAL ISDSS IP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0686T	HISTOTRIPSY MAL HEPATCEL TIS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0687T	TX AMBLYOPIA DEV SETUP 1ST		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0688T	TX AMBLYOPIA ASSMT W/REPORT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0689T	QUAN US TIS CHARAC W/O DX US		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0690T	QUAN US TIS CHARAC W/DX US		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0691T	AUTO ALYS XST CT STD VRT FX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0692T	THERAPEUTIC ULTRAFILTRATION		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0693T	COMPRE FUL BDY 3D MTN ALYS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
0694T	3D VOL IMG&RCNSTJ BRST/AX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0695T	BDY SRF MPG PM/CVDFB TM IMPL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0696T	BDY SURF MAPG PM/CVDFB F/UP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0697T	QUAN MR TIS WO MRI MLT ORGN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0698T	QUAN MR TISS W/MRI MLT ORGN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0699T	NJX PST CHMBR EYE MEDICATION		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0700T	MOLEC FLUOR IMG SUS NEV 1ST		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0701T	MOLEC FLUOR IMG SUS NEV EA		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0702T	REM THER MNTR OL TECH SPRT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0703T	REM THER MNTR OL COG BHV		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0704T	REM TX AMBLYOPIA SETUP&EDU		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0705T	REM TX AMBLYOPIA TECH SPRT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0706T	REM TX AMBLYOPIA I&R PHY/QHP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0707T	NJX B1 SUB MTRL SBCHDRL DFCT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0708T	ID CA IMMNTX PREP & 1ST NJX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0709T	ID CA IMMNTX EACH ADDL NJX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0710T	N-INVAS ARTL PLAQ ALYS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0711T	N-NVS ARTL PLAQ ALYS DAT PRP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0712T	N-NVS ARTL PLAQ ALYS QUAN		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0713T	N-NVS ARTL PLAQ ALYS RVW I&R		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
0714T	TPRNL LSR ABLT B9 PRST8 HYPR		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0715T	PERQ TRLUML CORONRY LITHOTRP		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0716T	CAR ACOUS WAVFRM REC CAD RSK		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0717T	ADRC THER PRTL RC TEAR		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0718T	ADRC THER PRTL RC TEAR NJX		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0719T	PST VRT JT RPLCMT LMBR 1 SGM		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0720T	PRQ ELC NRV STIM CN WO IMPLT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0721T	QUAN CT TISS CHARAC W/O CT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0722T	QUAN CT TISS CHARAC W/CT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0723T	QMRCP W/O DX MRI SM ANAT SES		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0724T	QMRCP W/DX MRI SAME ANATOMY		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0725T	VESTIBULAR DEV IMPLTJ UNI		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0726T	RMVL IMPLT VSTIBULAR DEV UNI		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0727T	RMVL&RPLCMT IMPLT VSTBLR DEV		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0728T	DX ALYS VSTBLR IMPLT UNI 1ST		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0729T	DX ALYS VSTBLR IMPLT UNI SBQ		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0730T	TRABECULOTOMY LSR W/OCT GDN		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0731T	AUGMNT AI-BASED FCL PHNT A/R		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0732T	IMMNTX ADMN ELECTROPORATN IM		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0733T	REM BDY&LMB KNMTC THER SPLY		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0734T	REM BDY&LMB KNMTC TX MGMT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0735T	PREP TUM CAV IORT PRIM CRNOT		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0736T	COLONIC LAVAGE 35+L WATER		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
0737T	XENOGRAFT IMPLTJ ARTCLR SURF		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
1000F	TOBACCO USE, SMOKING, ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1002F	ASSESS ANGINAL SYMPTOM/LEVEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1003F	LEVEL OF ACTIVITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1004F	CLINIC SYMP VOL OVERLOAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1005F	ASTHMA SYMP EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1006F	OSTEOARTHRITIS SYMP ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1007F	USE OF OTC MEDS FOR SPYM RELIEF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1008F	GASTRO & RENAL RISK FAC ASSESS NSAID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1010F	SEVERITY OF ANGINA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1011F	ANGINA PRESENT (CAD)1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1012F	ANGINA ABSENT (CAD)1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1015F	COPD SYMPTOMS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1018F	ASSESS DYSPNEA NOT PRESENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1019F	ASSESS DYSPNEA PRESENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1022F	PNEUMO IMM STATUS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1026F	CO-MORBID CONDITION ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1030F	INFLUENZA IMM STATUS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1031F	SMOKING STAT/EXP 2ND HAND SMOKE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1032F	CURR TOBACCO SMOKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1033F	CURRENT TOBACCO NON-SMOKER A		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1034F	CURRENT TOBACCO SMOKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1035F	SMOKELESS TOBACCO USER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1036F	TOBACCO NON-USER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1038F	PERSISTENT ASTHMA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1039F	INTERMITTENT ASTHMA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1040F	DMS-5 INITIAL EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1050F	HISTORY OF MOLE CHGS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1052F	PATIENT QUERIED ABOUT PAIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
1055F	VISUAL FUNCT STATUS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1060F	DOC PERM CONT PARAX ATR FIB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1061F	DOC LACK PERM CONT PAROX FIB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1065F	ISCHM STROKE SYMP LT 3 HRSB/4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1066F	ISCHM STROKE SYMP GE3 HRSB/4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1070F	ALARM SYMP ASSESSED - ABSENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1071F	ALARM SYMP ASSESSED -1+ PRSNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1090F	PRES / ABSN URINE INCON ASESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1091F	URINE INCON CHARACTERIZED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1100F	PTFALLS ASSESS - DOCD GE2+/YR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1101F	PT FALLS ASSESS - DOCD LE1/YR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1110F	PT LFT INPT FAC W/ IN 60 DAYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1111F	DSCHRG MED / CURRENT MED MERGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
1116F	AURIC/ PERI PAIN ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1118F	GERD AFR 12 MON OF THRY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1119F	INT EVAL CONDTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1121F	SUBSQNT EVAL CONDTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1123F	ADV CAR DISCD DOCD,PT NME SURRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1124F	ADV CAR DISCD DOCD,PT NT NME SURRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1125F	PN SEVE PRESNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1126F	PN SEVE ; NO PN PRESNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1127F	NW EPIS CONDTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1128F	SUBSEQT EPIS CONDTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1130F	BACK PN FUNCTN ASSESSD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1134F	EPIS BCK PN 6 WEEKS OR LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1135F	EPISBCK PN LONGR THN 6WEEKS /LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1136F	EPIS PN 12 WEEKS OR LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1137F	EPIS PN LONGR THN 12 WEEKS/LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1150F	DOC PT RSK DEATH W/IN 1 YR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1151F	DOC NO PT RSK DEATH W/IN 1 YR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1152F	DOC ADVNCD DIS COMFORT 1ST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1153F	DOC ADVNCD DIS COMFORT NOT 1ST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1157F	ADVNC CARE PLAN IN RCRD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1158F	ADVNC CARE PLAN TLK DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1159F	MED LIST DOCD IN RCRD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1160F	RVW MEDS BY RX/DR IN RCRD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1170F	FXNL STATUS ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1175F	FUNCTIONAL STATUS FOR DEMENTIA ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1180F	THROMBOEMB RISK ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1181F	NEUROPSYCHIATRIC SYMPTOMS ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1182F	NEUROPSYCHIATRIC SYMPTOMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1183F	NEUROPSYCHIATRIC SYMPTOMS, ABSENT (DEM)1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1200F	SEIZURE TYPE& FREQU DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1205F	EPI ETIOL SYND RVWD AND DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1220F	PT SCREENED FOR DEPRESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1400F	PRKNS DIAG RVIEWED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1450F	SYMPTOMS IMPROVED OR REMAINED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1451F	SYMPTOMS DEMONSTRATED CLINICALLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1460F	QUALIFYING CARDIAC EVENT/DIAGN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1461F	NO QUALIFYING CARDIAC EVENT/DIAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1490F	DEMENTIA SEVERITY MILD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1491F	DEMENTIA SEVERITY MODERATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1493F	DEMENTIA SEVERITY SEVERE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1494F	COGNITION ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
1500F	SYMPTOM+SIGN SYMM POLYNEURO		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
1501F	NOT INITIAL EVAL FOR COND		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
1502F	PT QUERIED PAIN FXN W/ INSTR		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
1503F	PT QUERIED SYMP RESP INSUFF		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
1504F	PT HAS RESP INSUFFICIENCY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
1505F	PT HAS NO RESP INSUFFICIENCY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
2000F	BLOOD PRESSURE, MEASURED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2001F	WEIGHT RECORDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2002F	CLINIC SIGNS VOL OVERLOAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2004F	INIT EXAM OF JOINT(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2010F	VITAL SIGNS RECORDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2014F	MENTAL STATUS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2015F	ASTHMA IMPAIRMENT ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2016F	ASTHMA RISK ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2018F	HYDRATION STATUS ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2019F	DILATED MACULAR EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2020F	DILATED FUNDUS EVAL W/ I 6 MOS SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2021F	DIL MACULAR OR FUNDUS EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2022F	DILATED RETINAL EYE EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2023F	DILATED EYE EXAM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
2024F	7 STANDARD FIELD STERIOSCOPIC RETINAL PH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2025F	7 STAND FLD STRERO RETINAL PHOTO		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
2026F	EYE IMAGING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2027F	OPTIC NERVE HEAD EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2028F	FOOT EXAM PERFORMED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2029F	COMPL PHY SKIN EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2030F	H2O STAT DOC'D NORMAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2031F	H2O STATE DOC'D DEHYDRATED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2033F	EYE IMG VAL FROM 7 STAND PHOTO		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
2035F	TYMP MEMB MOTION EXAM'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2040F	PHY EXAM DT INIT LOW BK PN PERFMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2044F	DOCD MEN HLTH INTVNT BK PN 6WKS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2050F	WOUND CHAR SIZE ETC DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
2060F	PT TALK EVAL HLTHWKR RE MDD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3006F	CXR DOC REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3008F	BODY MASS INDEX DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3011F	LIPID PANEL DOC REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3014F	SCREEN MAMMO DOC REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3015F	CERV CANCER SCREEN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3016F	PT SCRND UNHLTHY OH USE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3017F	COLREC CA SCREEN RESLT DOCD/ REWD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3018F	PRE-PRXD RSK ET AL DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3019F	LVEF ASSESSMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3020F	LVF ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
3021F	LVEF MOD/SEVER DEPRS SYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3022F	LVEF >=40% SYSTOLIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3023F	SPIROM DOC REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3025F	SPIROM FEV/FVC<70% W COPD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3027F	SPIROM FEV/FVC=70%/ W/O COPD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3028F	O2 SATURATION DOC REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3035F	O2 SATURATION 0.88 /PA0 55		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3037F	O2 SATURATION> 0.88 /PAO>55		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3038F	PULM FX W/IN 12 MON B/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3040F	FEV<40% PREDICTED VALUE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3042F	FEV= 0.4 PREDICTED VALUE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3044F	HG A1C LEVEL <7.0 (DM)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3046F	HEMOGLOBIN A1C LEVEL > 0.09		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3048F	LDL-C <100 MG/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3049F	LDL-C 100-129 MG/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3050F	LDL-C = 130 MG/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3051F	A1C LVL >= 7.0 AND <8.0%		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
3052F	A1C LVL >=8.0% AND <=9.0%		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
3055F	LVEF LESS <= 35% (HF)1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3056F	LVEF> 35% NO RESULT AVAIL (HF)1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3060F	POS MICROALBUMINURIA REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3061F	NEG MICROALBUMINURIA REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3062F	POS MACROALBUMINURIA REV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3066F	NEPHROPATHY DOC TX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3072F	LOW RISK FOR RETINOPATHY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3073F	PRE-SUR AXL, CRNL INTRA LENS WI 12MM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3074F	SYST BP LT 130 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3075F	SYST BP 130-139 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3077F	SYST BP = 140 MM HG6 IT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3078F	DIAST BP < 80 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3079F	DIAST BP 80-89 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3080F	DIAST BP = 90 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3082F	KT/V<1.2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3083F	KT/V>=1.2 AND <1.7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3084F	KT/V>1.7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3085F	SUICIDE RISK ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3088F	MDD MILD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3089F	MDD MODERATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3090F	MDD SEVERE W/O PSYCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3091F	MDD SEVERE W/ PSYCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3092F	MDD IN REMISSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3093F	DOC NEW DIAG 1ST/ADDL MDD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3095F	DXA RESULTS DOC'D (OP)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3096F	CENTRAL DEXA ORDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3100F	IMAGE TEST REF CAROT DIAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3110F	PRES/ABSN HMRHG/LESION DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3111F	CT/MRI BRAIN DONE W/IN 24HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3112F	CT/MRI BRAIN DONE >24 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3115F	QUANTITATIVE RESULTS OF AN EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3117F	HEART FAILURE DISEASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3118F	NEW YORK HEART ASSOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3119F	NO EVALU LEVEL ACTIVITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3120F	12-LEAD ECG PERFORMED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3126F	ESOPHAGEAL BIOPSY RPT		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
3130F	UPPER GI ENDOSCOPY PERFORMED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3132F	DOC REF UPPER GI ENDOSCOPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3140F	UPPER GI ENDO SHOWS BARRTT'S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3141F	UPPER GI ENDO NOT BARRETT'S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3142F	BARIUM SWALLOW TEST ORDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3150F	FORCEPS ESOPH BIOPSY DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3155F	CYTOGEN TEST MARROW B/4 TX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3160F	DOC FE+ STORES B/4 EPO THX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3170F	BASELIN FLO CYTOMETRY B/4 TX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3200F	BARIUM SWALLOW TEST NOT REQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3210F	GRP A STREP TEST PERFORMED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3215F	PT IMMUNITY TO HEP A DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3216F	PT IMMUNITY TO HEP B DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3218F	RNA TESTG HEP C WITHIN 6 MNTS PIR TRTMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3220F	HEP C QUANT RNA TSTNG DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3230F	NOTE HRING TST W/ IN 6 MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3250F	NONPRIM LOC ANAT BX SITE TUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3260F	PT CAT/ PN CAT/ HIST GRD DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3265F	RIB TESTG HEP C VIREMIA ORDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3266F	HEP C GENTP TESTG DOCD PIR INT/ANTVI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3267F	PATH RPT INCL PT, PN , GLEASON SCORE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3268F	PSA AND TUM , GLEAN CD DOCD PIR INIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3269F	BNE SCAN PIR INIT TRMNT PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3270F	BNE SCN NT/PIR INIT TRMNT PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3271F	LOW RISK RECURR, PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3272F	INTMED RISK RECURR PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3273F	HIGH RSIK RECURR PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3274F	PROST CA RECURR NT DET /LW/INTM/HI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3278F	SER LEV CAL, PHOS, PARTYD AND LIP ORD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3279F	HEM >/= TO 13 G/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3280F	HEM 11G/DL TO 13.9 G/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
3281F	HEM < 11 G/DL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3284F	INTRORE REDU BY VAL >/= 15% PRETN LEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3285F	INTRORE REDU BY VAL < 15% PRETN LEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3288F	FALLS RISK ASSESS DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3290F	PT IS D (RH) NEG AND UNSENZD		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
3291F	PT IS D (RH) POS AND SENZD		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
3292F	HIV TESTG ORD/DOC & REVD 1ST/2ND PNL VI		9	60	09/01/2012	12/31/9999	1	O6	0.00	E
3293F	ABO RH BLOOD TYPING DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3294F	GRP B STREP SCREENING DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3300F	AJCC STAGE DOCD AND REVWD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3301F	CA STAG DOCD MED REC METAS/REVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3315F	ER AND PR POS BREAST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3316F	ER AND PR NEG BREAST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3317F	PATH CONFM MAL DOCD MED REC CHEMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3318F	PATH CONFM MAL DOCD MED REC RADTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3319F	X-RAY/CT/ULTRSND ET AL ORD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3320F	NONE CH X-RY, CT, ULTSND, MRI, PET, NU M		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3321F	AJCC CNCR O/IA MELAN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3322F	MELAN>AJCC STAGE O OR IA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3323F	CLIN NODE STGNG DOCDB/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3324F	MRI CT SCAN ORD RVWD RQSTD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3325F	PRE-OP FUNCN/MED IND SURG PIR CAT SURG W		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3328F	PRFRMNC DOCD 2 WKS B/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3330F	IMG STUDY ORDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3331F	IMG STUDY NOT ORDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3340F	MAMMO CAT INCOMP ADD IMG EVAL DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3341F	MAMMO ASSESS CAT NEG DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3342F	MAMMO ASSESS CAT BENIGN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3343F	MAMMO ASSESS CAT PRO BEN DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3344F	MAMMO ASSESS CAT SUSPS DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3345F	MAMMO ASSESS CAT HI SUGG MAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3350F	MAMMO ASSESS CAT KNWN BIO MAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3351F	NEG SCRN DEP SYMP BY DEPTOOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3352F	NO SIG DEP SYMP BY DEPTOOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3353F	MILD-MOD DEP SYMP BY DEPTOOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3354F	CLIN SIG DEP SYM BY DEPTOOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3370F	AJCC BRST CNCR STAGE O DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3372F	AJCC BRST CNCR STAGE 1+DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3374F	AJCC BRST CNCR STAGE 1+DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3376F	AJCC BRST CNCR STAGE 2 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3378F	AJCC BRST CNCR STAGE 3 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3380F	AJCC BRST CNCR STAGE 4 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3382F	AJCC CLN CNCR STAGE 0 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3384F	AJCC CLN CNCR STAGE 1 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3386F	AJCC CLN CNCR STAGE 2 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3388F	AJCC CNCR STAGE 3 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3390F	AJCC CLN CNCR STAGE 4 DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3394F	QUANTITATIVE HER2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3395F	QUANTITATIVE NON-HER2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3450F	DYSPNEA SCRND, NO-MILD DYSP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3451F	DYSPNEA SCRND MOD-HIGH DYSP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3452F	DYSPNEA NOT SCREENED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3455F	TB SCRNG DONE-INTERPD 6 MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3470F	RA DISEASE ACTIVITY, LOW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3471F	RA DISEASE ACTIVITY, MOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3472F	RA DISEASE ACTIVITY, HIGH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3475F	DISEASE PROGN RA POOR DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3476F	DISEASE PROGN RA GOOD DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3490F	HISTORY - AIDS-DEFINING COND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3491F	HIV UNSURE BABY OF HIV+MOMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3492F	HISTORY CD4+CELL COUNT <350		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3493F	NO HIST CD4+CELL CNT <350		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3494F	CD4+CELL COUNT <200CELLS/MM3		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3495F	CD4+CELL CNT 200-499 CELLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3496F	CD4+CELLCOUNT 500 CELLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3497F	CD4+CELL PERCENTAGE <15%		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3498F	CD4+CELL PERCENTAGE 15%		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3500F	CD4+CELL CNT/% DOCD AS DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3502F	HIV RNA VRL LD<LMTS QUANTIF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3503F	HIV RNA VRL LDNOT<LMTS QUNTF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3510F	DOC TB SCRNG-RSLTS INTERPD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3511F	CHLMYD/GONRH TSTS DOCD DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3512F	SYPH SCRNG DOCD AS DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3513F	HEP B SCRNG DOCD AS DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3514F	HEP C SCRNG DOCD AS DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3515F	PT HAS DOCD IMMUN TO HEP C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3517F	HEP B STAT 1 YR PRIOR ANTI-TNF THRPY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3520F	CLOSTRIDIUM DIFFICILE TST IBD10		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3550F	LOW RISK THROMBOEMBOLISM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3551F	INTRMED RSK THROMBOEMBOLISM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3552F	HIGH RISK FOR THROMBOEMBOLISM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3555F	PT INR MEASUREMENT PERFORMED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3570F	RPRT BONE SCINT XREF W XRAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3572F	PT CONSID POSS RISK FX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3573F	PT NOT CONSID POSS RISK FX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
3650F	EEG ORDERED RVWD REQSTD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3700F	PSYCH DISORDERS ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3720F	COGNIT IMPAIRMENT ASSESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3725F	SCREENING FOR DEPRESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
3750F	PT NO REC CORTICO>=10MG/DAY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3751F	ELECTRODIAG POLYNEURO 6MON		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3752F	NO ELECTRODIAG POLYNEURO6MON		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3753F	PT HAS SYMP+SIGNS NEUROPATHY		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3754F	SCREENING TESTS DM DONE		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3755F	COG+BEHAV IMPRMNT SCRNG DONE		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3756F	PT W/PSEUDOBULB AFFECT/ALS		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
3757F	PT W/NO PSEUDOBULBAFFECT/ALS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3758F	PT REF PULMON FX TEST/PEAK FLOW		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3760F	PT W/ DYSPHAG/WT LOSS/NUTR		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3761F	PT W/O DYSPHAG/WT LOSS/NUTR		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3762F	PATIENT IS DYSARTHRIC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3763F	PATIENT IS NOT DYSARTHRIC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
3775F	ADENOMA DETECTED		0	999	04/01/2014	12/31/9999	1	O6	0.00	E
3776F	ADENOMA NOT DETECTED		0	999	04/01/2014	12/31/9999	1	O6	0.00	E
4000F	TOBACCO USE TXMNT COUNSELING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4001F	TOBACCO USE TXMNT, PHARMACOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4003F	PATIENT EDUC /HEART FAILURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4004F	PT TOBACCO SCREEN RCVD TLK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4005F	PHARM THERAPY FOR OSTEOPOROSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4008F	BETA BLOCKER THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4010F	ANGIOTENSIN CONVERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4011F	ORAL ANTIPLATELET THERAPY RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4012F	WARFARIN THERAPY PRESCRIBED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4013F	STATIN THERAPY PRESC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4014F	WRIT DISCHRG INSTR TO HEART FAILURE PATI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4015F	PERSISTENT ASTHMA, LONG TERM CONTROL MED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4016F	ANTI-INFL/ANLGSC PRESCR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4017F	GASTRO PROPHLX FOR NSAID USE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4018F	THERAP EXERC FOR JOINT(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4019F	DOC OF REC COUNS EXERCISE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4025F	INHALED BRONCHODILATOR RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4030F	OXYGEN THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4033F	PULMONARY REHAB REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4035F	INFLUENZA IMM REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4037F	INFLUENZA IMM ORDER/ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4040F	PNU VACC ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4041F	DOC ORDER CEFAZOLIN / CEFUROX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4042F	DOC ANTIBIO NOT GIVEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4043F	DOC ORDER GIVEN STOP ANTIBIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4044F	DOC ORDER GIVEN VTE PROPHYLX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4045F	EMPIRIC ANTIBIOTIC RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4046F	DOC ANTIBIO GIVEN B/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4047F	DOC ANTIBIO GIVEN B/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4048F	DOC ANTIBIO GIVEN B/4 SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4049F	DOC ORDER GIVEN STOP ANTIBIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4050F	HT CARE PLAN DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4051F	REFERRED FOR AN AV FISTULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4052F	HEMODIALYSIS VIA AV FISTULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4053F	HEMODIALYSIS VIA AV GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4054F	HEMODIALYSIS VIA CATHETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4055F	PT RCVNG PERITON DIALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4056F	APPROP ORAL REHYD RECOMM'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4058F	PED GASTRO ED GIVE, CAREGVR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4060F	PSYCH SVCS PROVIDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4062F	PT REFERRAL PSYCH DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4063F	ANTIDEPRES RXTHXPY NOT RXD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4064F	ANTIDEPRESSANT RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4065F	ANTIPSYCHOTIC RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4066F	ECT PROVIDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4067F	PT REFERRAL FOR ECT DOC'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4069F	VTE RECEIVED IBD10		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4070F	DVT PROPHYLX RECVD DAY 2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4073F	ORAL ANTIPLAT THX RX DISCHRG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4075F	ANTICOAG THX RX AT DISCHRG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4077F	DOC T-PA ADMIN CONSIDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4079F	DOC REHAB SVCS CONSIDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4084F	ASPIRIN RECVD W/ IN 24 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4086F	ASPIRIN OR CLOPIDOGREL PRESC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4090F	PT RCVING EPO THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4095F	PT NOT RECVNG EPO THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4100F	BISHOS THXPY VEIN ORD/ RECVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4110F	INT MAN ART USED FOR CABG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4115F	BETA BLCKR ADMIN W/ IN 24 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4120F	ANTIBIOT RX'D/ GIVEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4124F	ANTIBIOT NOT RX'D/GIVEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4130F	TOPICAL PREP RX, AOE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4131F	SYST ANTIMICROBIAL THX RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4132F	NO SYST ANTIMICROBIAL THX RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4133F	ANTIHIST/ DECONG RX/ RECOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
4134F	NO ANTIHIST/ DECONG RX/ RECOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4135F	SYSTEMIC CORICOSTEROIDS RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4136F	SYST CORTICOSTEROIDS NOT RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4140F	INHALED CORTICOSTEROIDS PRESC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4142F	CORTICO SPAR THEPY PRESC IBD10		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4144F	ALTER LONG-TERM CONTROL MED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4145F	TWO + ANTI-HYPERTENSIVE AGENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4148F	HEP A VAC INJXN ADMIN/RECVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4149F	HEP B VAC INJXN ADMIN/RECVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4150F	PT RECVNG ANTIVIR TXMNT HEPC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4151F	PT NOT RECVNG ANTIV HEP C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4153F	COMBO PEGINTF/ RIB RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4155F	HEP A VAC SERIES PREV RECVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4157F	HEP B VAC SERIES PREV RECVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4158F	PT EDU RE ALCOH DRNKNG DONE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4159F	CONTRCP TALK B/4 ANTIV TXMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4163F	PT COUNL MIN CLINC LOCZD PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4164F	ADJUVANT HORML THPY PRESCRD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4165F	3D RADTHRY / INT RAD THPR RECD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4167F	HD BED ELVA (30-45 DG) 1ST VENT ORD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4168F	PT RECD ICU RECD VENTN, 24 HRS / LESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4169F	PT NT RECD ICU, VENTN / REC VENT > 24HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4171F	PT RECD ERYTHR STIM AGENTS THPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4172F	PT NT RECD ERY STIM AGENTS THPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4174F	COUNL IMPC GLAUC VIS FUNC / TRTMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4175F	CORR VIS ACTY 20/40 WI/N 90 DAYS SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4176F	COUSL UV NUTR SUPP CATA DEV TO PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4177F	COUNL BENE/RSK AGE EYE DIS/MAC DEG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4178F	ANTI-D IMM GLBN REC 26 & 30 WKS GES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4179F	TAMFN ARMO INHIB PRESCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4180F	ADJV THXPYRXD/RCVD STG3A-C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4181F	CONFML RAD THPY RECD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4182F	CONFML RAD THPY NT RECD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4185F	CNT (12 MNTS) THPY W/PRTN PMP REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4186F	NO CNT (12 MNTS) THPY W/ EITR PRTN PMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4187F	DIS MOD ANTI-RH DRG THPY PRE/DISPD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4188F	ACE ANG RCPT BLKR THPY TST ORD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4189F	DIG THPC MODG TEST ORD OR PERMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4190F	DIU THPC MODG TST ORD OR PRMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4191F	ANTICVULT THPC MOD TST ORD/PRMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4192F	PT NOT RCVNG GLUCOCO THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4193F	PT RCVNG<10MG DAILY PREDNISO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4194F	PT RCVNG<10MG DAILY PREDNISO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4195F	PT RCVNG ANTI-RHEUM THXPY RA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4196F	PT NOT RCVNG ANTI-RHEUM THXPY RA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4200F	EXTERNAL BEAM TO PROST ONLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4201F	EXTRNL BEAM OTHER THAN PROST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4210F	ACE/ ANG RCPT BLKR MED THPY 6MM/ MRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4220F	DIG MED THPY 6 MM OR MORE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4221F	DUIR MED THPY FOR 6MM/ MORE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4230F	ANTICVULT MED THPY 6 MM/ MORE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4240F	INST THRPC FU PHY BKP LNGR 12 WKS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4242F	COUNL SUPV PROG PT BKP LNGR 12 WKS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4245F	PT COUL INT VI MNT/RESM NORM ACTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4248F	PT COUNL MIN CLINC LOCZD PROST CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4250F	WRMNG 4 SURG - NORMOTHERMIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4255F	ANESTH 60+ MIN AS DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4256F	ANESTHE <60 MIN AS DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4260F	WOUND SRFC CULTURETECH USED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4261F	TECH OTHER THAN SURFC CULTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4265F	WET-DRY DRESSINGS RX-RECMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4266F	NO WET-DRY DRSSINGS RX-RECMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4267F	COMPRSSION THXPY PRESCRIBED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4268F	PT ED RE COMP THXPY RCVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4269F	APPROPOS MTHS OFFLOADING RXD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4270F	PT RCVNG ANT-R VIRAL THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4271F	PT RCVNG ANTI-R-VIRAL THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4274F	FLU IMMUNO ADMIN'D RCVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4276F	POTENT ANTIVIR THXPY RXD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4279F	PCP PROPHYLAXIS RXD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4280F	PCP PROPHYLAXIS 3 MON LOW %		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4290F	PT SCRNED FOR INJ DRUG USE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4293F	PT SCRND- HIGH-RSK SEX BEHAV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4300F	PT RCVNG WARF THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4301F	PT NOT RCVNG WARF THXPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4305F	PT ED RE FT CARE INSPCT RCVD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4306F	PT TLK PSYCH & RX OPD ADDIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4320F	PT TALK PSYCHSOC+RX OH DPND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4322F	CAREGIVER PROV W EDUC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4324F	PT QUERIED PRKNS COMPLIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4325F	MED TXMNT OPTIONS RVWD W/PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4326F	PT ASKED RE SYMP AUTO DYSFXN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4328F	PT ASKED RE SLEEP DISTURB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4330F	CNSLNG EPI SPEC SFTY ISSUES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4340F	CNSLNG CHLDBRNG WOMEN EPI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
4350F	COUNSELING PROVIDED ON SYMPTOM MGMT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4400F	REHAB THXPY OPTIONS W/PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4450F	SELF-CARE EDUC PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4470F	ICD COUNSELING PROV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4480F	PT REC ACE INHIBITOR/ARB THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4481F	P REC ACE INHIBITOR/ARB THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4500F	REFERRED TO AN O/P CARDIAC REHAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4510F	PREV CARDIAC REHAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4525F	NEUROPSYCHIATRIC INTERVENTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4526F	NEUROPSYCHIATRIC INTERVENTION REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
4540F	DISEASE MODIF PHARMACOTHXPY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4541F	PT OFFERED TX FOR PSEUDOBULB		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4550F	NONINVAS RESP SUPPORT TALK		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4551F	NUTRITIONAL SUPPORT OFFERED		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4552F	PT REF FOR SPEECH LANG PATH		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4553F	PT ASST RE END LIFE ISSUES		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4554F	PT RECVD INHAL ANESTHETIC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4555F	PT RECVD NO INHAL ANESTHIC		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4556F	PTW/ 3+ POST-OP NAUSEA+VOMM		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4557F	PT W/O 3+ POST-OPNAUSEA+VOMM		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4558F	PT RECVD 2 RX ANTI-EMETAGNTS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4559F	1 BODYTEMP >=35.5CW/IN 30MIN		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4560F	ANESTH W/O GEN/NEURAX ANESTH		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4561F	PT W/ CORONARY ARTERY STENT		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4562F	PT W/O CORONARY ARTERY STENT		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
4563F	PT RECVD ASPIRIN W/IN 24 HRS		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
5005F	PT COUNS SELF-EXAM NEW / CHGNG MOLES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5010F	FIND DIL MACULAR OR FUNDUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5015F	DOC OF FRACT / OSTEOPOROSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5020F	TXMNTS 2 MAIN DR BY 1 MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5050F	TREMT PROV MANG CARE W/I 1 MM OF DIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5060F	FND DIAG MAMM PT ONC WI 3 DAYS EXM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5062F	FIND DIAG MAMM PT WI 5 DAYS EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5100F	RSK FX REF W/N 24 HRS X-RAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5200F	EVAL APPROS SURG THXPY EPI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
5250F	ASTHMA DISCHG PLAN PROV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6005F	RATIONALE - LEVEL OF CARE DOC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
6010F	DYSPHAG TEST DONE B/4 EATING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6015F	PT RECVNG/ OR FOR EATING/ SWAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6020F	NPO (NOTHING - MOUTH) ORDERED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6030F	MAX STERILE BARRIERS FOLLWD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6040F	RAD DOSE DEVC TECH MOD EXPO DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6045F	RAD EXPO OR TM RPT PRO FLUOR, DOCD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6070F	PT ASKED/CNSLD AED EFFECTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6080F	PT/CAREGIVER QUERIED FALLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6090F	PT/CAREGIVER COUNSEL SAFETY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6100F	TIMEOUT VERIFY CORR PT, SITE & PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6101F	SAFETY COUNSEL DEMENTIA PROV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6102F	SAFETY COUNSELING DEMETIA ORDRD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6110F	COUNSELING PROV DRIVING RISKS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
6150F	PT NO 1ST COURSE ANTI-TNF THRPY		0	999	01/01/2013	12/31/9999	2	O6	0.00	E
7010F	PT INFO INTO RECALL SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
7020F	MAMM BRST IMG INTL DB ABN INPRT RT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
7025F	PT INFO REMINF SYS W/ DT NEXT MAMMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
9001F	AORTIC ANEURYSM < 5.0 CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9002F	AORTIC ANEURYSM 5.0-5.4 CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9003F	AORTIC ANEURSYM 5.5-5.9 CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9004F	AORTIC ANEURYSM 6.0 CM +		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9005F	ASYMPT CAROTID STENOSIS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9006F	SYMP CAROTID STENOSIS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
9007F	OTH CAROTID STENOSIS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
A0021	OUTSIDE STATE AMBULANCE SERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0080	PER MILE - VEHICLE PROV BY VOLUNTEER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0090	INTEREST ESCORT IN NON ER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0140	AIR FARES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0160	PER MILE - CASE WKR OR SOCIAL WKR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0170	TRANSPORTATION ANCILLARY: PARKING FEES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0180	ANCILLARY: LODGING - RECIPIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0190	ANCILLARY: MEALS - RECIPIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0200	ANCILLARY: LODGING - ESCORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0210	ANCILLARY: MEALS - ESCORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0225	AMBULANCE SERVICE NEONATAL TRA		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
A0380	BLS MILEAGE (PER MILE)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0382	BASIC SUPPORT ROUTINE SUPPLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0384	BLS DEFIBRILLATION SUPPLIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0390	ALS MILEAGE (PER MILE IN OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0392	ALS DEFIBRILLATION SUPPLIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0394	ALS IV DRUG THERAPY SUPPLIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0396	ALS ESOPHAGEAL INTUB SUPPLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0398	ALS ROUTINE DISPOSBLE SUPPLS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0420	AMBULANCE WAITING 1/2 HR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0422	AMBULANCE 02 LIFE SUSTAINING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0424	EXTRA AMBULANCE ATTENDANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0425	GROUND MILEAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0426	ALS 1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A0427	ALS1-EMERGENCY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0428	AMBULANCE SERVICE, BASIC LIFE SUP, NET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0429	BLS-EMERGENCY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0430	FIXED WING AIR TRANSPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0431	ROTARY WING AIR TRANSPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0432	PI VOLUNTEER AMBULANCE CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0433	ALS 2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0434	SPECIALTY CARE TRANSPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0435	FIXED WING AIR MILEAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0436	ROTARY WING AIR MILEAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0888	NONCOVERED AMBULANCE MILEAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0998	Ambulance response/treatment		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A0999	NON-EMERG TRANS CASE MANAGEMEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A2001	INNOVAMATRIX AC, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2002	MIRRAGEN ADV WND MAT PER SQ		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2003	BIO-CONNEKT WOUND MATRIX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2004	XCELLISTEM, 1 MG		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2005	MICROLYTE MATRIX, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2006	NOVOSORB SYNPATH PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2007	RESTRATA, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2008	THERAGENESIS, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2009	SYMPHONY, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2010	APIS, PER SQUARE CENTIMETER		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A2011	SUPRA SDRM, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
A2012	SUPRATHEL, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
A2013	INNOVAMATRIX FS, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
A2014	Omeza collag per 100 mg		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A2015	Phoenix wnd mtrx, per sq cm		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A2016	Permeaderm b, per sq cm		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A2017	Permeaderm glove, each		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A2018	Permeaderm c, per sq cm		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A4100	SKIN SUB FDA CLRD AS DEV NOS		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
A4206	1 CC STERILE SYRINGE&NEEDLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4207	SYRINGE WITH NEEDLE, STERILE 2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4208	SYRINGE WITH NEEDLE, STERILE 3		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4209	SYRINGE W/NEEDLE, STERILE 5CC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4210	NEEDLE-FREE INJECTION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4211	SUPP FOR SELF-ADM INJECTIONS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4212	NON-CORING NEEDLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4213	SYRINGE, STERILE, 20CC OR GREA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4215	STERILE NEEDLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4216	STERILE WATER/SALINE, 10 ML		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4217	STERILE WATER/SALINE, 500 ML		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4218	STERILE SALINE OR WATER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4220	INFUSION PUMP REFILL KIT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4221	SUPP NON-INSULIN INF CATH/WK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4222	INFUSION SUPPLIES WITH PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4223	INFUSION SUPPLIES W/O PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4224	INSULIN INF CATH/WK		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A4225	SUP/EXT INSULIN INF PUMP SYR		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A4226	WEEKLY SUPPLY MAINT CGS PUMP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
A4230	INFUS INSULIN PUMP NON NEEDL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4231	INFUSION INSULIN PUMP NEEDLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4232	SYRINGE W/NEEDLE INSULIN 3CC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4233	ALKALIN BATT FOR GLUCOSEMON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4234	J-CELL BATT FOR GLUCOSE MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4235	LITHIUM BATT FOR GLUCOSE MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4236	SILVR OXIDE BATT GLUCOSE MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4238	ADJU CGM SUPPLY ALLOWANCE		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
A4244	ALCOHOL OR PEROXIDE, PER PINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4245	ALCOHOL WIPES, PER BOX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4246	BETADINE OR PHISOHEX SOLUTION,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4247	BETADINE OR IODINE SWABS/WIPES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4248	CHLORHEXIDINE ANTISEPT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4250	URINE REAGENT STRIPS/TABLETS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4252	BLOOD KETONE TEST/REAGENT STRIP EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4253	BLOOD GLUCOSE TEST OR REAGENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4255	GLUCOSE MONITOR PLATFORMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4256	NORMAL, LOW, AND HIGH CALIBRAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4257	REPLACE LENSSHIELD CARTRIDGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4258	LANCET DEVICE EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4259	LANCETS, PER BOX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4261	CERVICAL CAP CONTRACEPTIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4262	TEMPORARY, ABSORBABLE LACRIMAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4263	PERMANENT, LONG TERM, NON-DISS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4264	INTRATUBAL OCCLUSION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4265	PARAFFIN, PER POUND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4266	DIAPHRAGM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4267	MALE CONDOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4268	FEMALE CONDOM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4269	SPERMICIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4270	DISPOSABLE ENDOSCOPE SHEATH, E		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4280	BRST PRSTHS ADHSV ATTCHMNT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4281	REPLACEMENT BREASTPUMP TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4282	REPLACEMENT BREASTPUMP ADPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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A4283	REPLACEMENT BREASTPUMP CAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4284	REPLCMNT BREAST PUMP SHIELD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4285	REPLCMNT BREAST PUMP BOTTLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4286	REPLCMNT BREASTPUMP LOK RING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4290	SACRAL NERVE STIM TEST LEAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4300	CATH IMPL VASC ACCESS PORTAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4301	IMPLANTABLE ACCESS SYST PERC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4305	DISPOSABLE DRUG DELIVERY SYSTE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4306	DRUG DELIVERY SYSTEM <=50ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4310	INSERTION TRAY WITHOUT DRAINAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4311	INSERTION TRAY WITHOUT DRAINAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4312	INSERTION TRAY WITHOUT DRAINAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4313	CATHETER W/BAG 3-WAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4314	INSERTION TRAY WITH DRAINAGE B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4315	INSERTION TRAY WITH DRAINAGE B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4316	INSERTION TRAY WITH DRAINAGE B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4320	IRRIGATION TRAY WITH BULB OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4321	CATH THERAPEUTIC IRRIG AGENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4322	SYRINGE, PISTON, BULB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4326	MALE EXTERNAL CATHETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4327	FEMALE EXTERNAL URINARY COLLEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4328	FEMALE EXTERNAL URINARY COLLEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4330	PERIANAL FECAL COLLECTION POUC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4331	EXTENSION DRAINAGE TUBING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4332	LUBE STERILE PACKET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4333	URINARY CATH ANCHOR DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4334	URINARY CATH LEG STRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4335	INCONTINENCE SUPPLY; MISCELLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4336	URETHRAL INSERT EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4337	INCONTINENCE SPLY RECTAL ANY TYPE EA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
A4338	INDWELLING CATHETER,FOLEY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4340	INDWELLING CATHETER; SPECIALTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4344	INDWELLING CATHETER, FOLEY T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4346	INDWELLING CATHETER; FOLEY TYP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4349	URINARY COLLECTION, AND RETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4351	STRAIGHT TIP URINE CATHETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4352	COUDE TIP URINARY CATHETER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4353	INTERMITTENT URINARY CATH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4354	INSERTION TRAY WITH DRAINAGE B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4355	IRRIGATION TUBING SET FOR CONT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4356	EXTERNAL URETHRAL CLAMP OR COM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4357	BEDSIDE DRAINAGE BAG, DAY OR N		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4358	URINARY LEG OR ABDOMEN BAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4360	DISPOSABLE EXT URETHRAL DEV EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4361	OSTOMY FACE PLATE, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4362	SKIN BARRIER, SOLID 4 X 4 OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4363	Ostomy clamp, replacement		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4364	OSTOMY ADHESIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4366	OSTOMY VENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4367	OSTOMY BELT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4368	OSTOMY FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4369	SKIN BARRIER LIQUID PER OZ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4371	SKIN BARRIER POWDER PER OZ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4372	SKIN BARRIER SOLID 4X4 EQUIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4373	SKIN BARRIER WITH FLANGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4375	DRAINABLE PLASTIC PCH W FCPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4376	DRAINABLE RUBBER PCH W FCPLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4377	DRAINABLE PLSTIC PCH W/O FP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4378	DRAINABLE RUBBER PCH W/O FP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4379	URINARY PLASTIC POUCH W FCPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4380	URINARY RUBBER POUCH W FCPLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4381	URINARY PLASTIC POUCH W/O FP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4382	URINARY HVY PLSTC PCH W/O FP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4383	URINARY RUBBER POUCH W/O FP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4384	OSTOMY FACEPLT/SILICONE RING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4385	OST SKN BARRIER SLD EXT WEAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4387	OST CLSD POUCH W ATT ST BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4388	DRAINABLE PCH W EX WEAR BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4389	DRAINABLE PCH W ST WEAR BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4390	DRAINABLE PCH EX WEAR CONVEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4391	URINARY POUCH W EX WEAR BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4392	URINARY POUCH W ST WEAR BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4393	URINE PCH W EX WEAR BAR CONV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4394	OSTOMY POUCH LIQ DEODORANT PER OZ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4395	OSTOMY POUCH SOLID DEODORANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4396	PERISTOMAL HERNIA SUPPRT BLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4398	OSTOMY IRRIGATION BAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4399	OSTOMY IRRIG CONE/CATH W BRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4400	OSTOMY IRRIGATION SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4402	LUBRICANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4404	OSTOMY RING, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4405	NONPECTIN BASED OSTOMY PASTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4406	PECTIN BASED OSTOMY PASTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4407	EXT WEAR OST SKN BARR <=4SQ+		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4408	EXT WEAR OST SKN BARR >4SQ+		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A4409	OST SKN BARR CONVEX <=4 SQ I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4410	OST SKN BARR EXTND >4 SQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4411	OST SKN BARR EXTND =4SQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4412	OST POUCH DRAIN HIGH OUTPUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4413	2 PC DRAINABLE OST POUCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4414	OST SKNBAR W/O CONV<=4 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4415	OST SKN BARR W/O CONV >4 SQI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4416	OST PCH CLSD W BARRIER/FILTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4417	OST PCH W BAR/BLTINCONV/FLTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4418	OST PCH CLSD W/O BAR W FILTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4419	OST PCH FOR BAR W FLANGE/FLT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4420	OST PCH CLSD FOR BAR W LK FL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4421	OSTOMY SUPPLY; MISCELLANEOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4422	OST POUCH ABSORBENT MATERIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4423	OST PCH FOR BAR W LK FL/FLTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4424	OST PCH DRAIN W BAR & FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4425	OST PCH DRAIN FOR BARRIER FL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4426	OST PCH DRAIN 2 PIECE SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4427	OST PCH DRAIN/BARR LK FLNG/F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4428	URINE OST POUCH W FAUCET/TAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4429	URINE OST POUCH W BLTINCONV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4430	OST URINE PCH W B/BLTIN CONV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4431	OST PCH URINE W BARRIER/TAPV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4432	OS PCH URINE W BAR/FANGE/TAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4433	URINE OST PCH BAR W LOCK FLN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4434	OST PCH URINE W LOCK FLNG/FT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4435	1 PC OST PCH DRAIN HGH OUTPUT, EACH		0	999	01/01/2013	12/31/9999	35	O6	0.00	E
A4436	IRR SUPPLY SLEEV REUS PER MO		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A4437	IRR SUPPLY SLEEV DISP PER MO		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
A4450	NON-WATERPROOF TAPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4452	WATERPROOF TAPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4453	REC CATH MAN PUMP ENEMA REPL		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
A4455	ADHESIVE REMOVER,PER OUNCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4456	ADHESIVE REMOVER, WIPES EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4458	REUSABLE ENEMA BAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4459	MANUAL PUMP-OPERATED ENEMA SYS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
A4461	Surgicl dress hold non-reuse		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4463	Surgical dress holder reuse		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4465	NON-ELASTIC BINDER FOR EXTREMI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4467	BELT STRAP SLEEV COVER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A4470	GRAVLEE JET WASHER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4480	VABRA ASPIRATOR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4481	TRACHEOSTOMA FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4483	MOISTURE EXCHANGER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4490	SURGICAL STOCKINGS ABOVE KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4495	SURGICAL STOCKINGS THIGH LENG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4500	SURGICAL STOCKING BELOW KNEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4510	SURGICAL STOCKINGS FULL LENGT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4520	INCONTINENCE GARMENT ANYTYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4550	SURGICAL TRAYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4553	NONDISP UNDERPADS ALL SIZES		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A4554	DISPOSABLE UNDERPADS, ALL SIZ		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4555	CA TX E-STIM ELECTR/TRANSDUC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
A4556	ELECTRODES, PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4557	LEAD WIRES, PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4558	CONDUCTIVE GEL OR PASTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4559	Coupling gel or paste		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4561	PESSARY RUBBER, ANY TYPE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4562	PESSARY, NON RUBBER,ANY TYPE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4563	VAG INSER RECTAL CONTROL SYS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
A4565	SLINGS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4566	SHOULDR SLING/VEST/ABRESTRAIN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4570	SPLINT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4575	HYPERBARIC O2 CHAMBER DISPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4580	CAST SUPPLIES (E.G. PLASTER)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4590	SPECIAL CASTING MATERIAL (E.G.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4595	TENS SUPPL 2 LEAD PER MONTH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4596	Ces system monthly supp		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
A4600	SLEEVE, INTER LIMB COMP DEV REPL ONLY EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4601	LITHIUM ION BATT REPLACMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4602	REPLC BATT EXTRNL INFUS PUMP 1.5V EA		0	999	01/01/2015	12/31/9999	10	O6	0.00	E
A4604	TUBING WITH HEATING ELEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4605	TRACH SUCTION CATH CLOSE SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4606	OXYGEN PROBE USED W OXIMETER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4608	TRANSTRACHEAL OXYGEN CATH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4611	BATTERY, HEAVY DUTY; REPLACEME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4612	BATTERY CABLES; REPLACEMENT FO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4613	BATTERY CHARGER; REPLACEMENT F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4614	HAND-HELD PEFR METER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4615	CANNULA NASAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4616	TUBING, (OXYGEN), PER FOOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4617	MOUTH PIECE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4618	BREATHING CIRCUITS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4619	FACE TENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4620	VARIABLE CONCENTRATION MASK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A4623	TRACHEOSTOMY INNER CANNULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4624	TRACHEAL SUCTION TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4625	TRACHEOSTOMY CARE KIT FOR NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4626	TRACHEOSTOMY CLEANING BRUSH, E		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4627	SPACER BAG/RESERVOIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4628	OROPHARYNGEAL SUCTION CATH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4629	TRACHEOSTOMY CARE KIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4630	REPL BAT T.E.N.S. OWN BY PT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4633	UVL REPLACEMENT BULB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4634	REPLACEMENT BULB TH LIGHTBOX		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A4635	UNDERARM PAD, CRUTCH, REPLACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4636	REPLACEMENT, HANDGRIP, CANE, C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4637	RPLC TIP, CANE, CRUTCH, WALKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4638	REPL BATT PULSE GEN SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4639	INFRARED HT SYS REPLCMNT PAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4640	REPLACEMENT PAD FOR USE WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4641	RADIOPHARM DX AGENT NOC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4642	IN111 SATUMOMAB		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4648	IMPLANTABLE TISSUE MARKER EA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4649	SURGICAL SUPPLIES		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4650	IMPLANT RADIATION DOSIMETER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4651	CALIBRATED MICROCAP TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4652	MICROCAPILLARY TUBE SEALANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4653	PD CATHETER ANCHOR BELT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4657	SYRINGE W/WO NEEDLE		0	20	09/01/2012	12/31/9999	1	O1	0.00	N
A4660	SPHYG/BP APP W CUFF AND STET		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4663	DIALYSIS BLOOD PRESSURE CUFF		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4670	AUTOMATIC BP MONITOR, DIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4671	DISPOSABLE CYCLER SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4672	DRAINAGE EXT LINE, DIALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4673	EXT LINE W EASY LOCK CONNECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4674	CHEM/ANTISEPT SOLUTION, 8OZ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4680	ACTIVATED CARBON FILTERS FOR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4690	DIALYZER'S ARTIFICIAL KIDNEY'		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4706	BICARBONATE CONC SOL PER GAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4707	BICARBONATE CONC POW PER PAC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4708	ACETATE CONC SOL PER GALLON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4709	ACID CONC SOL PER GALLON		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4714	TREATED WATER (DEIONIZED, DIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4719	Y SET TUBING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4720	DIALYSATE ADMINISTRATION SET		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4721	DIALYSAT SOL FLD VOL > 999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4722	DIALYS SOL FLD VOL > 1999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4723	DIALYS SOL FLD VOL > 2999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4724	DIALYS SOL FLD VOL > 3999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4725	DIALYS SOL FLD VOL > 4999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4726	DIALYS SOL FLD VOL > 5999CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4728	DIALYSATE SOLUTION, NON-DEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A4730	FISTULA CANNULATION SET FOR D		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4736	TOPICAL ANESTHETIC, PER GRAM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4737	INJ ANESTHETIC PER 10 ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4740	SHUNT ACCESSORIES FOR DIALYSI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4750	BLOOD TUBING FOR DIALYSIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4755	BLOOD TUBING, ART AND VENOUS COMBINED		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4760	DIALYSATE TESTING SUPPLIES FO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4765	DIALYSATE CONCENTRATE ADDITIVES, EACH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4766	DIALYSATE CONC SOL ADD 10 ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4770	BLOOD TESTING SUPPLIES FOR DI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4771	SERUM CLOTTING TIME TUBE, PER BOX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4772	DEXTRO STIX STRIPS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4773	HEMAOSTIX, PER BOTTLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4774	AMMONIA TEST PAPER, PER BOX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4802	PROTAMINE SULFATE PER 50 MG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4860	DISPOSABLE CATHETER CAPS FOR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4870	PLUMBING AND/OR ELECTRICAL WO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4890	REPAIR/MAINT CONT HEMO EQUIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4911	DRAIN BAG/BOTTLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4913	MISC DIALYSIS SUPPLIES NOC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4918	VENOUS PRESSURE CLAMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4927	NON-STERILE GLOVES		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4928	SURGICAL MASK		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4929	TOURNIQUET FOR DIALYSIS, EA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4930	STERILE, GLOVES PER PAIR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A4931	REUSABLE ORAL THERMOMETER		0	20	09/01/2012	12/31/9999	1	O1	0.00	N
A4932	REUSABLE RECTAL THERMOMETER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A5051	POUCH CLSD W BARR ATTACHED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5052	CLSD OSTOMY POUCH W/O BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5053	CLSD OSTOMY POUCH FACEPLATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5054	CLSD OSTOMY POUCH W/FLANGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5055	STOMA CAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5056	OST POUCH, DRAINABLE, EXT WEAR BARR , FI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5057	OST POUCH DRAIN EXT WEAR BARR CONVEX FI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5061	POUCH, DRAINABLE; WITH BARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5062	DRNBLE OSTOMY POUCH W/O BARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5063	DRAIN OSTOMY POUCH W/FLANGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A5071	URINARY POUCH W/BARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5072	URINARY POUCH W/O BARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5073	URINARY POUCH ON BARR W/FLNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5081	STOMA PLUG OR SEAL, ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5082	CONTINENT DEVICE; CATHETER FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5083	STOMA ABSORPTIVE COVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5093	OSTOMY ACCESSORY; CONVEX INSER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5102	BEDSIDE DRAIN BTL W/WO TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5105	URINARY SUSPENSORY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5112	URINARY LEG BAG		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A5113	LATEX LEG STRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5114	FOAM/FABRIC LEG STRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5120	SKIN BARRIER, WIPE OR SWAB, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5121	SKIN BARRIER, SOLID, 6 X 6 OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5122	SKIN BARRIER, SOLID, 8 X 8 OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5126	DISK/FOAM PAD +OR- ADHESIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5131	APPLIANCE CLEANER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5200	PERCUTANEOUS CATHETER ANCHOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5500	DIAB SHOE FOR DENSITY INSERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5501	DIABETIC CUSTOM MOLDED SHOE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5503	DIABETIC SHOE W/ROLLER/ROCKR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5504	DIABETIC SHOE WITH WEDGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5505	DIAB SHOE W/METATARSAL BAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5506	DIABETIC SHOE W/OFF SET HEEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5507	MODIFICATION DIABETIC SHOE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5508	DIABETIC DELUXE SHOE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5510	COMPRESSION FORM SHOE INSERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5512	MULTI DEN INSERT DIRECT FORM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5513	MULTI DEN INSERT CUSTOM MOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A5514	MULT DEN INSERT DIR CARV/CAM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
A6000	WOUND WARMING WOUND COVER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6010	'COLLAGEN BASED WOUND FILLER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6011	COLLAGEN GEL/PASTE WOUND FIL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6021	COLLAGEN DRESSING<=16 SQ IN,EACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6022	COLLAGEN DRSG>16<=48 SQ IN, EACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6023	COLLAGEN DRESSING>48SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6024	'COLLAGEN DSG WOUND FILLER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6025	SILICONE GEL SHEET, EACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6154	WOUND POUCH EACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6196	ALGINATE DRESSING <=16 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6197	ALGINATE DRESSING >16 <= 48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6198	ALGINATE DRESSING >48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6199	ALGINATE DRESSING PER 6 INCHES		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6203	'COMPOSITE DRSG <= 16 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6204	'COMPOSITE DRSG >16<=48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6205	'COMPOSITE DRSG > 48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6206	'CONTACT LAYER <= 16 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6207	'CONTACT LAYER >16<= 48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6208	'CONTACT LAYER > 48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6209	'FOAM DRSG <=16 SQ IN W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6210	'FOAM DRG >16<=48 SQ IN W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6211	'FOAM DRG > 48 SQ IN W/O BRDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6212	'FOAM DRG <=16 SQ IN W/BORDER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6213	'FOAM DRG >16<=48 SQ IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6214	'FOAM DRG > 48 SQ IN W/BORDER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6215	'FOAM DRESSING WOUND FILLER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6216	NON-STERILE GAUZE<=16 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6217	NON-STERILE GAUZE>16<=48 SQ		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6218	NON-STERILE GAUZE > 48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6219	'GAUZE <= 16 SQ IN W/BORDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6220	'GAUZE >16 <=48 SQ IN W/BORDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6221	'GAUZE > 48 SQ IN W/BORDER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6222	'GAUZE <=16 IN NO W/SAL W/O B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6223	'GAUZE >16<=48 NO W/SAL W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6224	'GAUZE > 48 IN NO W/SAL W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6228	'GAUZE <= 16 SQ IN WATER/SAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6229	'GAUZE >16<=48 SQ IN WATR/SAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6230	'GAUZE > 48 SQ IN WATER/SALNE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6231	'HYDROGEL DSG<=16 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6232	'HYDROGEL DSG>16<=48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6233	'HYDROGEL DRESSING >48 SQ IN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6234	HYDROCOLLD DRG <=16 W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6235	HYDROCOLLD DRG >16<=48 W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6236	HYDROCOLLD DRG > 48 IN W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6237	HYDROCOLLD DRG <=16 IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6238	HYDROCOLLD DRG >16<=48 W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6239	HYDROCOLLD DRG > 48 IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6240	HYDROCOLLD DRG FILLER PASTE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6241	HYDROCOLLOID DRG FILLER DRY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6242	HYDROGEL DRG <=16 IN W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6243	HYDROGEL DRG >16<=48 W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6244	HYDROGEL DRG >48 IN W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6245	HYDROGEL DRG <= 16 IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6246	HYDROGEL DRG >16<=48 IN W/B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6247	HYDROGEL DRG > 48 SQ IN W/B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A6248	HYDROGEL DRSG GEL FILLER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6250	SKIN SEAL PROTECT MOISTURIZR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6251	ABSORPT DRG <=16 SQ IN W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6252	ABSORPT DRG >16 <=48 W/O BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6253	ABSORPT DRG > 48 SQ IN W/O B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6254	ABSORPT DRG <=16 SQ IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6255	ABSORPT DRG >16<=48 IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6256	ABSORPT DRG > 48 SQ IN W/BDR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6257	TRANSPARENT FILM <= 16 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6258	TRANSPARENT FILM >16<=48 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6259	TRANSPARENT FILM > 48 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6260	WOUND CLEANSER ANY TYPE/SIZE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6261	WOUND FILLER GEL/PASTE /OZ		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6262	WOUND FILLER DRY FORM / GRAM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6266	IMPREG GAUZE NO H20/SAL/YARD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6402	STERILE GAUZE <= 16 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6403	STERILE GAUZE>16 <= 48 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6404	STERILE GAUZE > 48 SQ IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6407	PACKING STRIPS, NON-IMPREG		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6410	STERILE EYE PAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6411	NON-STERILE EYE PAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6412	OCCLUSIVE EYE PATCH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6413	ADHESIVE BANDAGE, FIRST-AID EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6441	PAD BAND W>=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6442	CONFORM BAND N/S W<3/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6443	CONFORM BAND N/S W>=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6444	CONFORM BAND N/S W>=5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6445	CONFORM BAND S W <3/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6446	CONFORM BAND S W>=3 <5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6447	CONFORM BAND S W >=5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6448	LT COMPRES BAND W<3/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6449	LT COMPRESS BAND W>3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6450	LT COMPRES BAND >=5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6451	MOD COMPRESS BAND W>=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6452	HIGH COMPRES BAND W>=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6453	SELF-ADHER BAND W <3/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6454	SELF-ADHER BAND W>=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6455	SELF-ADHER BAND W>=5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6456	ZINC PASTE BAND W >=3<5/YD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6457	TUBULAR DRESSING		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6460	SYNTHETIC DRSG <= 16 SQ IN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
A6461	SYNTHETIC DRSG >16<=48 SQ IN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
A6501	COMPRES BURNGARMENT BODYSUIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6502	COMPRES BURNGARMENT CHINSTRP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6503	COMPRES BURNGARMENT FACEHOOD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6504	CMPRSBURNGARMENT GLOVE-WRIST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6505	CMPRSBURNGARMENT GLOVE-ELBOW		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6506	CMPRSBURNGRMNT GLOVE-AXILLA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6507	CMPRS BURNGARMENT FOOT-KNEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6508	CMPRS BURNGARMENT FOOT-THIGH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6509	COMPRES BURN GARMENT JACKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6510	COMPRES BURN GARMENT LEOTARD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6511	COMPRES BURN GARMENT PANTY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6512	COMPRES BURN GARMENT, NOC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6513	COMPRESS BURN MASK FACE/NECK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A6530	COMPRESSION STOCKING BK18-30		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6531	COMPRESSION STOCKING BK30-40		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6532	COMPRESSION STOCKING BK40-50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6533	GC STOCKING THIGHLNGTH 18-30		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6534	GC STOCKING THIGHLNGTH 30-40		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6535	GC STOCKING THIGHLNGTH 40-50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6536	GC STOCKING FULL LNGTH 18-30		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6537	GC STOCKING FULL LNGTH 30-40		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6538	GC STOCKING FULL LNGTH 40-50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6539	GC STOCKING WAISTLNGTH 18-30		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6540	GC STOCKING WAISTLNGTH 30-40		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6541	GC STOCKING WAISTLNGTH 40-50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6544	GC STOCKING GARTER BELT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6545	GRAD COMP NON-ELAS BK 30-50 MM HG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6549	G COMPRESSION STOCKING NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A6550	NEG PRES WOUND THER DRSG SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7000	DISPOSABLE CANISTER FOR PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7001	NONDISPOSABLE PUMP CANISTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7002	TUBING USED W SUCTION PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7003	NEBULIZER ADMINISTRATION SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7004	DISPOSABLE NEBULIZER SML VOL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7005	NONDISPOSABLE NEBULIZER SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7006	FILTERED NEBULIZER ADMIN SET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7007	LG VOL NEBULIZER DISPOSABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7008	DISPOSABLE NEBULIZER PREFILL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7009	NEBULIZER RESERVOIR BOTTLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7010	DISPOSABLE CORRUGATED TUBING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7012	NEBULIZER WATER COLLEC DEVIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7013	DISPOSABLE COMPRESSOR FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7014	COMPRESSOR NONDISPOS FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A7015	AEROSOL MASK USED W NEBULIZE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7016	NEBULIZER DOME & MOUTHPIECE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7017	NEBULIZER NOT USED W OXYGEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7018	WATER DISTILLED W/NEBULIZER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7020	INTERFACE, COUGH STIM DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7025	REPLACE CHEST COMPRESS VEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7026	REPLACE CHST CMPRSS SYS HOSE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7027	COMBINATION ORAL/NASAL MASK CPAP EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7028	REPL ORAL CUSHION COMBO MASK EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7029	REPL NASAL PILLOW COMB MASK PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7030	CPAP FULL FACE MASK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7031	REPLACEMENT FACEMASK INTERFA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7032	REPLACEMENT NASAL CUSHION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7033	REPLACEMENT NASAL PILLOWS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7034	NASAL APPLICATION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7035	POS AIRWAY PRESS HEADGEAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7036	POS AIRWAY PRESS CHINSTRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7037	POS AIRWAY PRESSURE TUBING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7038	POS AIRWAY PRESSURE FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7039	FILTER, NON DISPOSABLE W PAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7040	ONE WAY CHEST DRAIN VALVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7041	WATER SEAL DRAIN CONTAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7044	PAP ORAL INTERFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7045	REPL EXHALATION PORT FOR PAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7046	REPL WATER CHAMBER, PAP DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7047	RESP SUCTION ORAL INTERFACE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
A7048	VAC DRAIN COLL UNIT EA		0	20	01/01/2015	12/31/9999	10	O6	0.00	E
A7501	TRACHEOSTOMA VALVE W DIAPHRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7502	REPLACEMENT DIAPHRAGM/FPLATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7503	HMES FILTER HOLDER OR CAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7504	TRACHEOSTOMA HMES FILTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7505	HMES OR TRACH VALVE HOUSING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7506	HMES/TRACHVALVE ADHESIVEDISK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7507	INTEGRATED FILTER & HOLDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7508	HOUSING & INTEGRATED ADHESIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7509	HEAT & MOISTURE EXCHANGE SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7520	TRACH/LARYN TUBE NON-CUFFED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7521	TRACH/LARYN TUBE CUFFED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7522	TRACH/LARYN TUBE STAINLESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7523	TRACHEOSTOMY SHOWER PROTECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7524	TRACHEOSTOMA STENT/STUD/BTTN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7525	TRACHEOSTOMY MASK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7526	TRACHEOSTOMY TUBE COLLAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A7527	TRACH/LARYN TUBE PLUG/STOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A8000	Soft protect helmet prefab		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A8001	Hard protect helmet prefab		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A8002	Soft protect helmet custom		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A8003	Hard protect helmet custom		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A8004	Repl soft interface, helmet		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
A9150	NON-PRESCRIPTION DRUGS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9152	SINGLE VITAMIN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9153	MULTI-VITAMIN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9155	ARTIFICIAL SALIVA 30 ML		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9180	LICE TREATMENT, TOPICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9270	NON-COVERED ITEM OR SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9272	DISP WOUND SUCT, DRSG/ACCESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9273	HOT/COLD H2OBOT/CAP/COL/WRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9274	EXT AMB INSULIN DEL SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9275	DISP HOME GLUCOSE MONITOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9276	DISPOSABLE SENSOR, CGM SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9277	EXTERNAL TRANSMITTER, CGM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9278	EXTERNAL RECEIVER, CGM SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9279	Monitoring feature/deviceNOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9280	ALERT DEVICE, NOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9281	REACHING/GRABBING DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9282	WIG ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9283	FOOT PRESS OFF LOAD SUPP DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9284	NON-ELECTRONIC SPIROMETER + ACC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9285	INVERSION EVERSION COR DEVIC		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A9286	ANY HYGIENIC ITEM/DEVICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A9291	PRES DIGITAL BEHAV THERA FDA		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
A9300	EXERCISE EQUIPMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9500	TC99M SESTAMIBI PER STUDY DOSE		18	999	01/01/2015	12/31/9999	3	O1	0.00	N
A9501	TECHNETIUM TC-99M TEBOROXIME PER DOSE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9502	TC99M TETROFOSMIN		18	999	01/01/2015	12/31/9999	3	O1	0.00	N
A9503	TC99M MEDRONATE		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9504	TC99M APCITIDE		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9505	TL201 THALLIUM		18	999	01/01/2015	12/31/9999	4	O1	0.00	N
A9507	IN111 CAPROMAB		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9508	I131 IODOBENGUATE, DX		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9509	IODINE I-123 SOD IODIDE MIL		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9510	TC99M DISOFENIN		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9512	TC99M PERTECHNETATE		0	999	01/01/2015	12/31/9999	10	O1	0.00	N
A9513	LUTETIUM LU 177 DOTATAT THER	Y	18	999	07/01/2021	12/31/9999	200	O1	266.59	K
A9515	CHOLINE C-11		18	999	07/01/2019	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
A9516	IODINE I-123 SOD IODIDE MIC		18	999	09/01/2012	12/31/9999	4	O1	0.00	N
A9517	I131 IODIDE CAP, RX		0	999	07/01/2021	12/31/9999	200	O1	20.12	K
A9520	TECHNETIUM TC-99M TILMANOCEPT,DIAG UP TO		18	999	07/01/2016	12/31/9999	1	O1	0.00	N
A9521	TC99M EXAMETAZIME		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9524	I131 SERUM ALBUMIN, DX		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9526	NITROGEN N-13 AMMONIA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9527	Iodine I-125 sodium iodide		0	999	07/01/2021	12/31/9999	195	O1	20.89	U
A9528	IODINE I-131 IODIDE CAP, DX		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9529	I131 IODIDE SOL, DX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9530	ODINE I-131 SODIUM IODIDE SOLUTION		0	999	07/01/2021	12/31/9999	200	O1	13.34	K
A9531	I131 MAX 100UCI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9532	I125 SERUM ALBUMIN, DX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9536	TC99M DEPREOTIDE		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9537	TC99M MEBROFENIN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9538	TC99M PYROPHOSPHATE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9539	TC99M PENTETATE		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9540	TC99M MAA		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9541	TC99M SULFUR COLLOID		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9542	IN111 IBRITUMOMAB, DX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9543	Y90 IBRITUMOMAB, RX		0	999	07/01/2021	12/31/9999	1	O1	58,910.18	K
A9546	CO57/58		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9547	IN111 OXYQUINOLINE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9548	IN111 PENTETATE		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9550	TC99M GLUCEPTATE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9551	TC99M SUCCIMER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9552	F18 FDG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9553	CR51 CHROMATE		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
A9554	I125 IOTHALAMATE, DX		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9555	RB82 RUBIDIUM		0	999	01/01/2016	12/31/9999	2	O1	0.00	N
A9556	GA67 GALLIUM		18	999	01/01/2015	12/31/9999	10	O1	0.00	N
A9557	TC99M BICISATE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9558	XE133 XENON 10MCI		18	999	01/01/2015	12/31/9999	2	O1	0.00	N
A9559	CO57 CYANO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9560	TC99M LABELED RBC		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9561	TC99M OXIDRONATE		18	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9562	TC99M MERTIATIDE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9563	P32 NA PHOSPHATE		0	999	07/01/2021	12/31/9999	10	O1	458.34	K
A9564	P32 CHROMIC PHOSPHATE		0	999	07/01/2020	12/31/9999	20	O1	71.14	B
A9566	TC99M FANOLESOMAB		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9567	TECHNETIUM TC-99M AEROSOL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9569	TECHNETIUM TC-99M AUTO WBC PER DOSE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9570	INDIUM IN-111 AUTO WBC PER DOSE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9571	INDIUM IN-111 AUTO PLATELET PER DOSE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9572	INDIUM IN-111 PENTETREOTIDE UP TO 6 MILL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9575	GADOTERATE MEGLUMINE INJ 0.1 ML		2	999	01/01/2014	12/31/9999	32	O1	0.00	N
A9576	INJ PROHANCE MULTIPACK PER ML		0	999	07/01/2020	12/31/9999	100	O1	0.00	N
A9577	INJ MULTIHANCE PER ML		0	999	07/01/2020	12/31/9999	50	O1	0.00	N
A9578	INJ MULTIHANCE MULTIPACK PER ML		0	999	07/01/2020	12/31/9999	50	O1	0.00	N
A9579	GAD-BASE MR CONTRAST NOS,1ML PER ML		0	999	07/01/2020	12/31/9999	100	O1	0.00	N
A9580	SODIUM FLUORIDE F-18 PER STUDY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9581	GADOXETATE DISODIUM INJ 1 ML		0	999	09/01/2012	12/31/9999	14	O1	0.00	N
A9582	IODINE I-123 IOBENGUANE 15 MILL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9583	GADOFOSVESET TRISODIUM 1 ML		0	999	09/01/2012	12/31/9999	17	O1	0.00	N
A9584	IODINE 1-123 IOFLUPANE DIAG PER STUDY DO		21	999	07/01/2020	12/31/9999	1	O1	0.00	N
A9585	GADOBUTROL INJ, 0.1 ML		2	999	04/01/2017	12/31/9999	300	O1	0.00	N
A9586	FLORBETAPIR F18, UP TO 10 MILLICURIES		18	999	01/01/2013	12/31/9999	1	O6	0.00	E
A9587	GALLIUM GA-68		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
A9588	FLUCICLOVINE F-18 1MC		18	999	07/01/2020	12/31/9999	10	O1	0.00	N
A9589	INSTI HEXAMINOLEVULINATE HCL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
A9590	IODINE I-131 IOBENGUANE 1MCI		12	999	01/01/2020	12/31/9999	1	O6	0.00	E
A9591	FLUOROESTRADIOL F 18		18	999	01/01/2021	12/31/9999	6	O1	0.75	G
A9592	COPPER CU 64 DOTATATE DIAG		18	999	04/01/2021	12/31/9999	4	O1	917.96	G
A9593	GALLIUM GA-68 PSMA-11 UCSF		0	999	07/01/2021	12/31/9999	6	O1	0.00	N
A9594	GALLIUM GA-68 PSMA-11, UCLA		0	999	07/01/2021	12/31/9999	6	O1	0.00	N
A9595	PIFLU F-18, DIA 1 MILLICURIE		18	999	01/01/2022	12/31/9999	10	O1	526.44	G
A9596	GALLIUM ILLUCCIX 1 MILLICURE		18	999	07/01/2022	12/31/9999	1	O6	0.00	E
A9597	PET RADIOPHRM TUMOR NOS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A9598	PET RADIOPHRM NON-TUMOR NOS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
A9600	SR89 STRONTIUM	Y	0	999	07/01/2021	12/31/9999	7	O1	3,975.00	K
A9601	FLORTAUCIPIR INJ 1 MILLICURI		18	999	07/01/2022	12/31/9999	1	O6	0.00	E
A9602	FLUORODOPA F-18 DIAG PER MCI		0	999	10/01/2022	12/31/2299	5	O1	528.80	G
A9604	SM 153 LEXIDRONAM		0	999	07/01/2021	12/31/9999	1	O1	17,089.61	K
A9606	RADIUM RA223 DICHLORIDE THER		18	999	07/01/2021	12/31/9999	224	O1	143.39	K
A9607	LUTETIUM LU 177 VIPIVOTIDE		18	999	10/01/2022	12/31/2299	200	O1	43,775.00	G
A9698	NON-RAD CONTRAST MATERIALNOC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9699	RADIOPHARM RX AGENT NOC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
A9700	ECHOCARDIOGRAPHY CONTRAST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9800	GALLIUM LOCAMETZ 1 MILLICURI		18	999	10/01/2022	12/31/2299	7	O1	5,936.00	G
A9900	SUPPLY/ACCESSORY/SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9901	DELIVERY/SET UP/DISPENSING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
A9999	DME SUPPLY OR ACCESSORY, NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4034	ENTER FEED SUPKIT SYR BY DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4035	ENTERAL FEED SUPP PUMP PER D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4036	ENTERAL FEED SUP KIT GRAV BY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4081	NASOGASTRIC TUBING WITH STYLET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
B4082	NG TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4083	LEVINE TUBES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4087	GASTRO/JEJUNO TUBE, STD EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4088	GASTRO/JEJUNO TUBE, LOW-PRO EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4100	FOOD THICKENER ORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4102	EF ADULT FLUIDS AND ELECTRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4103	EF PED FLUID AND ELECTROLYTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4104	ADDITIVE FOR ENTERAL FORMULA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4105	ENZYME CARTRIDGE ENTERAL NUT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
B4149	EF BLENDERIZED FOODS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4150	EF COMPLET W/INTACT NUTRIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4152	EF CALORIE DENSE>/=1.5KCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4153	EF HYDROLYZED/AMINO ACIDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4154	EF SPEC METABOLIC NONINHERIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4155	EF INCOMPLETE/MODULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4157	EF SPECIAL METABOLIC INHERIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4158	EF PED COMPLETE INTACT NUT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4159	EF PED COMPLETE SOY BASED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4160	EF PED CALORIC DENSE>/=0.7KC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4161	EF PED HYDROLYZED/AMINO ACID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4162	EF PED SPECMETABOLIC INHERIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4164	PARENTERAL NUTRITION SOLUTION:		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4168	PARENTERAL NUTRITION SOLUTION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4172	PARENTERAL NUTRITION SOLUTION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4176	PARENTERAL NUTRITION SOLUTION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4178	PARENTAL NUTRITION SOLUTION :		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4180	PARENTERAL NUTRITION SOLUTION;		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4185	PN SOLN NOS 10 GRAMS LIPIDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4187	OMEGAVEN, 10 GRAMS LIPIDS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
B4189	PARENTERAL NUTRITION SOLUTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4193	PARENTERAL NUTRITION SOLUTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4197	PARENTERAL NUTRITION SOLUTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4199	PARENTERAL NUTRITION SOLUTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4216	PARENTERAL NUTRITION; ADDITIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4220	PARENTERAL NUTRITION SUPPLY KI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4222	PARENTERAL NUTRITION SUPPLY KI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B4224	PARENTERAL NUTRITION ADMINISTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B5000	PARENTERAL NUTRI SOL RENAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B5100	PARENTERAL NUTRI SOL HEPATIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B5200	PARENTERAL NUTRI SOL STRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B9002	ENTER NUTR INF PUMP ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B9004	PARENTERAL INFUS PUMP PORTAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B9006	PARENTERAL INFUS PUMP STATIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B9998	NOC FOR ENTERNAL SUPPLIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
B9999	NOC FOR PARENTERAL SUPPLIES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1052	HEMOSTATIC AGENT, GI, TOPIC		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C1062	INTRAVERTEBRAL FX AUG IMPL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C1713	ANCHOR/SCREW BN/BN,TIS/BN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1714	CATH, TRANS ATHERECTOMY, DIR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1715	BRACHYTHERAPY NEEDLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1716	BRACHYTX SOURCE, GOLD 198		0	999	07/01/2021	12/31/9999	4	O1	225.38	U
C1717	BRACHYTX SOURCE, HDR IR-192		0	999	07/01/2021	12/31/9999	10	O1	261.59	U
C1719	BRACHYTX SOUR,NON-HDR IR-192		0	999	07/01/2021	12/31/9999	99	O1	220.75	U
C1721	AICD, DUAL CHAMBER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1722	AICD, SINGLE CHAMBER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1724	CATH, TRANS ATHEREC,ROTATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1725	CATH, TRANSLUMIN NON-LASER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1726	CATH, BAL DIL, NON-VASCULAR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1727	CATH, BAL TIS DIS, NON-VAS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1728	CATH, BRACHYTX SEED ADM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1729	CATH, DRAINAGE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1730	CATH, EP, 19 OR FEW ELECT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1731	CATH, EP, 20 OR MORE ELEC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1732	CATH, EP, DIAG/ABL, 3D/VECT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1733	CATH, EP, OTHR THAN COOL-TIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C1748	ENDOSCOPE, SINGLE, UGI		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C1749	ENDO COLON RETRO IMAGING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1750	CATH, HEMODIALYSIS,LONG-TERM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1751	CATH, INF, PER/CENT/MIDLINE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1752	CATH,HEMODIALYSIS,SHORT-TERM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1753	CATH, INTRAVAS ULTRASOUND		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1754	CATHETER, INTRADISCAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1755	CATHETER, INTRASPINAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1756	CATH, PACING, TRANSESOPH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1757	CATH, THROMBECTOMY/EMBOLECT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1758	CATHETER, URETERAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1759	CATH, INTRA ECHOCARDIOGRAPHY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1760	CLOSURE DEV, VASC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1761	CATH, TRANS INTRA LITHO/CORO		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
C1762	CONN TISS, HUMAN(INC FASCIA)		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1763	CONN TISS, NON-HUMAN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1764	EVENT RECORDER, CARDIAC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1765	ADHESION BARRIER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1766	INTRO/SHEATH,STRBLE,NON-PEEL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
C1767	GENERATOR NEURO NON-RECHARGE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1768	GRAFT, VASCULAR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1769	GUIDE WIRE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1770	IMAGING COIL, MR, INSERTABLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1771	REP DEV, URINARY, W/SLING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1772	INFUSION PUMP, PROGRAMMABLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1773	RET DEV, INSERTABLE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1776	JOINT DEVICE (IMPLANTABLE)		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1777	LEAD, AICD, ENDO SINGLE COIL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1778	LEAD, NEUROSTIMULATOR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1779	LEAD, PMKR, TRANSVENOUS VDD		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1780	LENS, INTRAOCULAR (NEW TECH)		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1781	MESH (IMPLANTABLE)		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1782	MORCELLATOR		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1783	OCULAR IMP, AQUEOUS DRAIN DE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1784	OCULAR DEV, INTRAOP, DET RET		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1785	PMKR, DUAL, RATE-RESP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1786	PMKR, SINGLE, RATE-RESP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1787	PATIENT PROGR, NEUROSTIM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1788	PORT, INDWELLING, IMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1789	PROSTHESIS, BREAST, IMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1813	PROSTHESIS, PENILE, INFLATAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1814	RETINAL TAMPONADE DEVICE, SI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1815	PROS, URINARY SPH, IMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1816	RECEIVER/TRANSMITTER, NEURO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1817	SEPTAL DEFECT IMP SYS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1818	INTEGRATED KERATOPROSTHESIS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1819	TISSUE LOCALIZATION-EXCISION DEV		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1820	GEN, NEURO, NON-HF RECHG BAT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1821	Interspinous implant		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1822	GEN, NEURO, HF, RECHG BAT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
C1823	GEN, NEURO, TRANS SEN/STIM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
C1824	GENERATOR, CCM, IMPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C1825	GEN, NEURO, CAROT SINUS BARO		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C1830	POWER BONE MARROW BX NEEDLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1831	PERSONALIZED INTERBODY CAGE		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
C1832	AUTO CELL PROCESS SYS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
C1833	CARDIAC MONITOR SYS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
C1834	Pressure sensor system, im		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
C1839	IRIS PROSTHESIS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C1840	TELESCOPIC INTRAOCULAR LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1841	RETINAL PROSTH INT/EXT COMP		0	999	10/01/2013	12/31/9999	1	O6	0.00	E
C1842	RETINAL PROSTH ALL COMP ADD-ON C1841		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
C1849	SKIN SUBSTITUTE, SYNTHETIC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C1874	STENT, COATED/COV W/DEL SYS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1875	STENT, COATED/COV W/O DEL SY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1876	STENT, NON-COA/NON-COV W/DEL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1877	STENT, NON-COAT/COV W/O DEL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1878	MATRL FOR VOCAL CORD		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1880	VENA CAVA FILTER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1881	DIALYSIS ACCESS SYSTEM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1882	AICD, OTHER THAN SING/DUAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1883	ADAPT/EXT, PACING/NEURO LEAD		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1884	EMBOLIZATION PROTECT SYS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1885	CATH, TRANSLUMIN ANGIO LASER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1886	CATHETER, EXTRAVASC TISSUE ABLATION, ANY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C1887	CATHETER, GUIDING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1888	ENDOVAS NON-CARDIAC ABL CATH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1889	IMPL/INSERT DEV INTEN PROC NOS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
C1890	NO DEVICE W/DEV-INTENSIVE PX		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
C1891	INFUSION PUMP,NON-PROG, PERM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1893	INTRO/SHEATH, FIXED,NON-PEEL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1894	INTRO/SHEATH, NON-LASER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1895	LEAD, AICD, ENDO DUAL COIL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1896	LEAD, AICD, NON SING/DUAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1897	LEAD, NEUROSTIM TEST KIT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1898	LEAD, PMKR, OTHER THAN TRANS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1899	LEAD, PMKR/AICD COMBINATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1900	LEAD, CORONARY VENOUS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C1982	CATH, PRESSURE,VALVE-OCCLU		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C2596	PROBE, ROBOTIC, WATER-JET		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C2613	LUNG BX PLUG W/DEL SYS		0	999	07/01/2015	12/31/9999	1	O6	0.00	E
C2614	PROBE, PERC LUMB DISC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2615	SEALANT, PULMONARY, LIQUID		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2616	BRACHYTX SOURCE, YTTRIUM-90		0	999	07/01/2021	12/31/9999	1	O1	13,597.96	U
C2617	STENT, NON-COR, TEM W/O DEL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2618	PROBE, CRYOABLATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2619	PMKR, DUAL, NON RATE-RESP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2620	PMKR, SINGLE, NON RATE-RESP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2621	PMKR, OTHER THAN SING/DUAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2622	PROSTHESIS, PENILE, NON-INF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C2623	CATH TRANSLUMIN DRUG-COAT		0	999	04/01/2015	12/31/9999	1	O1	0.00	N
C2624	IMPLANT WIRELESS PULMON ARTERY SENSOR		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
C2625	STENT, NON-COR, TEM W/DEL SY		0	999	09/01/2012	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
C2626	INFUSION PUMP, NON-PROG,TEMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2628	CATHETER, OCCLUSION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2629	INTRO/SHEATH, LASER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2630	CATH, EP, COOL-TIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2631	REP DEV, URINARY, W/O SLING		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C2634	BRACHYTX SOURCE, HA, I-125		0	999	07/01/2021	12/31/9999	24	O1	115.75	U
C2635	BRACHYTX SOURCE, HA, P-103		0	999	07/01/2021	12/31/9999	124	O1	35.60	U
C2636	BRACHYTX LINEAR SOURCE, P-103		0	999	07/01/2021	12/31/9999	690	O1	24.55	U
C2637	BRACHYTX, YTTERBIUM-169		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C2638	BRCHTHRPY STRANDED IODINE-125		0	999	07/01/2021	12/31/9999	150	O1	29.23	U
C2639	BRCHTHRPY NON-STRANDED IODINE-125		0	999	07/01/2021	12/31/9999	150	O1	26.66	U
C2640	BRCHTHRPY STRANDED PALLADIUM-103		0	999	07/01/2021	12/31/9999	150	O1	68.58	U
C2641	BRCHTHRPY NON-STRANDED PALLADIUM-130		0	999	07/01/2021	12/31/9999	150	O1	54.32	U
C2642	BRCHTHRPY STRANDED CESIUM-131		0	999	07/01/2021	12/31/9999	150	O1	56.17	U
C2643	BRCHTHRPY NON-STRANDED CESIUM-131		0	999	07/01/2021	12/31/9999	150	O1	62.80	U
C2644	BRACHYTX CESIUM-131		0	999	07/01/2020	12/31/9999	500	O1	86.48	U
C2645	BRACHYTX PLANAR, P-103		18	999	07/01/2021	12/31/9999	4608	O1	3.66	U
C2698	BRCHTHRPY STRANDED NOS		0	999	07/01/2021	12/31/9999	1	O1	29.23	U
C2699	BRCHYTHRPY NON-STRANDED NOS		0	999	07/01/2021	12/31/9999	1	O1	24.55	U
C5271	APPL SKIN SUB TRUNK 1-25 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5272	APPL SKIN SUB TRUNK EA ADDL 25 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5273	APPL SKIN SUB TRUNK 100+ SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5274	APPL SKIN SUB TRUNK EA ADDL 100 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5275	APPL SKIN SUB FACE 1-25 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5276	APPL SKIN SUB FACE EA ADDL 25 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5277	APPL SKIN SUB FACE 100+ SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C5278	APPL SKIN SUB FACE EA ADDL 100 SQ CM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
C8900	MRA W/CONT, ABD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8901	MRA W/O CONT, ABD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8902	MRA W/O FOL W/CONT, ABD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8903	MRI W/CONT, BREAST, UNI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8905	MRI W/O FOL W/CONT, BRST, UN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8906	MRI W/CONT, BREAST, BI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8908	MRI W/O FOL W/CONT, BREAST,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8909	MRA W/CONT, CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8910	MRA W/O CONT, CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8911	MRA W/O FOL W/CONT, CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8912	MRA W/CONT, LWR EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8913	MRA W/O CONT, LWR EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8914	MRA W/O FOL W/CONT, LWR EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8918	MRA W/CONT, PELVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8919	MRA W/O CONT, PELVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8920	MRA W/O FOL W/CONT, PELVIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8921	COMP TRANSTHO ECHO W/CONTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8922	TTE W OR W/O FOL W/CONT, F/U		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8923	TRANSTHOR ECG CONTRST W/O COLOR DOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8924	TRANSTHOR ECG CONTRST LIMITED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8925	2D TEE W/CONTRAST, INT/REPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8926	CONG TEE W/CONTR, INT/REPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8927	TEE W/CONTRAST; MONITOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8928	TRANSTHOR ECG AT REST OR STRESSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8929	TTE W OR WO FOL WCON,DOPPLER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8930	TTE W OR W/O CONTR, CONT ECG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8931	MRA W/CONTR SPINE/CONTENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8932	MRA W/O CONTR SPINE/CONTENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8933	MRA W/O CONTR-W/CONTR SPINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8934	MRA W/CONTR UPPER EXTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8935	MRA W/O CONTR UPPER EXTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8936	MRA W/O CONTR-W/CONTR UPR EXT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C8937	CAD BREAST MRI		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
C8957	PROLONGED IV INF REQ PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9046	COCAINE HCL NASAL SOLUTION, 1MG		0	999	07/01/2021	12/31/9999	160	O1	1.26	G
C9047	INJECTION, CAPLACIZUMAB-YHDP		18	999	07/01/2021	12/31/9999	22	O1	691.29	G
C9067	GALLIUM GA-68 DOTATOC		0	999	10/01/2020	12/31/9999	540	O6	0.00	E
C9088	INSTILL, BUPIVAC AND MELOXIC		18	999	01/01/2022	12/31/9999	400	O1	0.00	N
C9089	BUPIVACAINE IMPLANT, 1 MG		18	999	01/01/2022	12/31/9999	300	O1	0.00	N
C9101	INJ, OLICERIDINE 0.1 MG		18	999	10/01/2022	12/31/2299	270	O1	0.39	G
C9113	INJ PANTOPRAZOLE SODIUM, VIA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9142	INJ, ALYMSYS, 10 MG		18	999	10/01/2022	12/31/2299	237	O1	74.02	G
C9248	INJ, CLEVIDIPINE BUTYRATE 1 MG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9250	ARTISS FIBRIN SEALANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9254	INJECTION, LACOSAMIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9257	BEVACIZUMAB INJECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9285	PATCH, LIDOCAINE/TETRACAINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9290	BUPIVACAINE LIPOSOME INJ		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9293	INJ, GLUCARPIDASE, 10 UNITS		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9352	NEURAGEN NERVE GUIDE, PER CM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9353	NEURAWRAP NERVE PROTECTOR,CM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9354	ACELL PERICARD TISS NONHUMAN VERITAS PER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9355	COLLAGEN NERVE CUFF NEUROMATRIX PER .5 C		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9356	TENOGLIDE TENDON PROCT, CM2		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9358	SURGIMEND, 0.5CM2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9359	IMPLANT, BONE VOID FILLER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9360	SURGIMEND, NEONATAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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C9361	NEUROMEND NERVE WRAP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9362	IMPLNT,BON VOID FILLER-STRIP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9363	INTEGRA MESHED BIL WOUND MAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9364	PORCINE IMPLANT, PERMACOL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Y	0	999	01/01/2015	12/31/9999	9999	O5	0.00	A
C9460	INJECTION, CANGRELOR		18	999	07/01/2021	12/31/9999	100	O1	15.46	K
C9462	DELAFLOXACIN INJ 1 MG		18	999	07/01/2021	12/31/9999	600	O1	0.29	G
C9482	SOTALOL HYDROCHLORIDE IV 1 MG		2	999	07/01/2021	12/31/9999	300	O1	16.00	K
C9488	CONIVAPTAN HCL INJ, 1MG		18	999	07/01/2021	12/31/9999	40	O1	36.17	K
C9507	COVID-19 CONVALESCENT PLASMA		0	999	12/28/2021	12/31/9999	1	O1	750.50	R
C9600	PERC DRUG-EL COR STENT SING		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9601	PERC DRUG-EL COR STENT BRAN		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9602	PERC DRUG-EL COR STENT ATHER S		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9603	PERC D-E COR STENT ATHER BR		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9604	PERC D-E COR REVASC CABG S		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9605	PERC D-E COR REVASC CABG B		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9606	PERC D-E COR REVASC T CABG B, SINGLE VES		0	999	07/01/2013	12/31/9999	1	O6	0.00	C
C9607	PERC D-E COR REVASC CHRO SIN, SINGLE VES		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9608	PERCD-E COR REVASC CHRO ADD		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9725	PLACE ENDORECTAL APP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9726	RXT BREAST APPL PLACE/REMOV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9727	NSERT PALATE IMPLANTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9728	PLACE DEVICE/MARKER, NON PRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
C9733	NON-OPHTHALMIC FVA		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
C9734	U/S TRTMT NOT LEIOMYOMATA		0	999	04/01/2013	12/31/9999	1	O6	0.00	E
C9738	BLUE LIGHT CYSTO IMAG AGENT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
C9739	CYCSTOSCOPY PROSTATIC IMP 1-3		0	999	04/01/2014	12/31/9999	1	O6	0.00	E
C9740	CYCSTO IMPL 4 OR MORE		0	999	04/01/2014	12/31/9999	1	O6	0.00	E
C9751	MICROWAVE BRONCH, 3D, EBUS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
C9756	FLUORESCENCE LYMPH MAP W/ICG		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
C9757	SPINE/LUMBAR DISK SURGERY		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C9758	BLIND INTERATRIAL SHUNT IDE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
C9759	TRANSCATH INTRAOP MICROINF		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9760	NON-BLIND INTERATRIAL SHUNT		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9761	CYSTO, LITHO, VACUUM KIDNEY		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
C9762	CARDIAC MRI SEG DYS STRAIN		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9763	CARDIAC MRI SEG DYS STRESS		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9764	REVASC INTRAVASC LITHOTRIPSY		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9765	REVASC INTRA LITHOTRIP-STENT		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9766	REVASC INTRA LITHOTRIP-ATHER		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9767	REVASC LITHOTRIP-STENT-ATHER		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
C9768	ENDO US-GUIDE HEP PORTO GRAD		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
C9769	CYSTO W/TEMP PROS IMPLANT		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
C9770	VITREC/MECH PARS, SUBRET INJ		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9771	NSL/SINS CRYO POST NASAL TIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9772	REVASC LITHOTRIP TIBI/PERONE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9773	REVASC LITHOTR-STENT TIB/PER		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9774	REVASC LITHOTR-ATHER TIB/PER		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9775	REVASC LITH-STEN-ATH TIB/PER		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
C9776	FLUO BILE DUCT IMAGING W/ICG		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
C9777	ESOPHAG MUCOSAL INTEG ADD-ON		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
C9778	COLPOPEXY, MIN/INV, EX-PERIT		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
C9779	ESD ENDOSCOPY OR COLONOSCOPY		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
C9780	INSERT CV CATH INF & SUP APP		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
C9781	ARTHRO/SHOUL SURG; W/SPACER		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
C9782	BLIND MYOCAR TRPL BON MARROW		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
C9783	BLIND COR SINUS REDUCER IMPL		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
C9803	HOSP OUTPT SPEC COLL (SARS-COV-2) , ANY		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
C9898	INPUT STAY RADIOLABELED ITEM		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
C9899	INPT IMPLANT PROS DEV,NO COV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0120	PERIODIC ORAL EXAM ESTABLISHED PATIENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D0140	LIMIT ORAL EVAL PROBLM FOCUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0145	ORAL EVAL <3 YRS		0	2	09/01/2012	12/31/9999	1	O6	0.00	E
D0150	COMPREHENSVE ORAL EVALUATION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D0160	EXTENSV ORAL EVAL PROB FOCUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0170	RE-EVAL,EST PT,PROBLEM FOCUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0171	RE-EVAL POST -OP VISIT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D0180	COMP PERIODONTAL EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0190	SCREENING OF A PATIENT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0191	ASSESSMENT OF A PATIENT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0210	INTRAORAL COMPLT SERIES IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0220	INTRAORAL/PERIAPICAL 1ST IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0230	INTRAORAL/PERIAPICAL EA ADDL IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0240	INTRAORAL/OCCLUSAL IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0250	EXTRA-ORAL 2D PROJ IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0251	EXTRA-ORAL POSTERIOR IMAGE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D0270	BITEWING-SNGL IMAGE	Y	0	999	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D0272	BITEWINGS 2 IMAGES	Y	0	999	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D0273	BITEWINGS 3 IMAGES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0274	BITEWINGS 4 IMAGES	Y	0	999	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D0277	VERTI BITEWINGS 7-8 IMAGES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0310	SIALOGRAPHY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0320	TEMP/MANDIB JNT ARTHRGRM, INCL INJ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0321	OTH TEMPOROMANDIB JNT IMAGE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0322	TOMOGRAPHIC SURVEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D0330	PANORAMIC IMAGE	Y	0	999	07/01/2021	12/31/9999	1	O1	57.25	MT
D0350	2D ORAL/FACIAL PHOTO	Y	0	20	07/01/2021	12/31/9999	1	O1	30.79	MT
D0351	3D PHOTO IMAGE		0	20	01/01/2015	12/31/9999	1	O6	0.00	E
D0364	CONE BEAM CT<1WHOLE JAW+INTERP LMTD VIEW		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0365	CONE BEAM CT MANDIBL+INT FULL VIEW		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0366	CONE BEAM CT-MAXILLA, W/ OR W/OUT CRANIU		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0367	CONE BEAM CT BOTH JAWS W/ OR W/OUT CRANI		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0368	CONE BEAM CT TMJ 2 OR MORE EXPOSURES+IN		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0369	MAXILLOFACIAL MRI+INTERP		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0370	MAXILLOFACIAL ULTRASOUND+INTERP		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0371	SIALOENDOSCOPY+INTERP		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0380	CONE BEAM CT LMTD VIEW <1 WHOLE JAW IMG		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0381	CONE BEAM CT W/ VIEW OF 1 FULL DENTAL MA		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0382	CONE BEAM CT ONE FULL ARCH-MAXILLA W/ OR		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0383	CONE BEAM CT BOTH JAWS, W/OR W/OUT CRAMI		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0384	CONE BEAM CT IMAGE ONLY TMJ 2 OR MORE E		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0385	MAXILLOFACIAL MRI IMAGE ONLY		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0386	MAXILLOFACIAL ULTRASOUND IMAGE ONLY		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0391	INTERP OF IMG BY PRAC NOT ASSOC W/ CAPT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D0393	TRTMENT SIMULATION USING 3D IMAGE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0394	DGTL SUBTRACT OF TEO OR MORE IMGS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0395	FUSIN OF2/MRE 3D IMG VLM OF1/MRE MDLTIS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0411	HBA1C IN-OFFICE POS TESTING		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D0412	BLOOD GLUCOSE TEST		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
D0414	LAB MICRO INCL CULTURE STUDY PREP & RPT		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D0415	COLLECTION OF MICROORGANISMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0416	VIRAL CULTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0417	COLL / PREP SALIVA DIAG TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0418	ANALYSIS SALIVA SAMPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0419	ASSESS OF SALIVARY FLOW		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D0422	COLL/PREP GENETIC SAMPLE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D0423	GENETIC TEST - SPECIMEN ANALYSIS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D0425	CARIES SUSCEPTIBILITY TESTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0431	DIAG TST DETECT MUCOS ABNORM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0460	PULP VITALITY TESTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0470	DIAGNOSTIC CASTS		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D0472	GROSS EXAM, PREP & REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0473	MICRO EXAM, PREP & REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0474	MICRO W EXAM OF SURG MARGINS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0475	DECALCIFICATION PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0476	SPEC STAINS FOR MICROORGANIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0477	SPEC STAINS NOT FOR MICROORG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0478	IMMUNHOHISTOCHEMICAL STAINS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0479	TISSUE IN-SITUHYBRIDIZATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0480	ACC EXFOL CYT SMEARS MICRO EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0481	ELECTRON MICROSCOPY DIAGNOST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0482	DIRECT IMMUNOFLUORESCENCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0483	INDIRECT IMMUNOFLUORESCENCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0484	CONSULT SLIDES PREP ELSEWHER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0485	CONSULT INC PRE OF SLIDES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0486	ACC TRANSEPITHELIAL CYTLGY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0502	OTHR ORAL PATH PROCED, BY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D0600	DIAG REC CHG ENAM DENTIN CEMENTUM		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D0601	CARIES RSK ASSESS/DOC W/FINDINGS LOW RSK		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0602	CARIES RSK ASSESS/DOC W/FINDINGS MOD RSK		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0603	CARIES RSK ASSESS/DOC W/FNDGS HIGH RSK		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D0604	ANTIGEN TEST PUB HLTH PATHOG		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0605	ANTIBODY TEST PUB HLTH PATH		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0606	MOLECULAR TEST PUB HLTH PATH		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D0701	PANO RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0702	2D CEPHAL RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0703	2D ORAL/FACIAL PHOTO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0704	3D PHOTO IMAGE CAPTURE ONLY		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0705	EXTRA ORAL POST RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0706	INTRAORAL OCCLUS RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0707	INTRAORAL PERIAP RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0708	INTRAORAL BITE RADIO IMAGE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0709	INTRAORAL CMPLT RADIO IMAGES		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D0999	UNSPECIFIED DIAGNOSTIC PROCED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1110	PROPHYLAXIS, ADULTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1120	PROPHYLAXIS, CHILDREN	Y	0	20	07/01/2021	12/31/9999	1	O1	31.62	MT
D1206	TOPICAL APPL/FLUORIDE VARNISH	Y	0	20	07/01/2021	12/31/9999	1	O1	26.30	MT
D1208	TOPICAL APPL OF FLUORIDE	Y	0	20	07/01/2021	12/31/9999	1	O1	17.54	MT
D1310	NUTRITIONAL COUNSELING FOR THE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1320	TOBACCO COUNSELING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1321	COUNS FOR HIGH RISK SUB USE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D1330	ORAL HYGIENE INSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1351	SEALANT PER TOOTH	Y	0	20	07/01/2021	12/31/9999	1	O1	29.81	MT
D1352	RESIN RESTORE PERM TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D1353	SEALANT REPAIR		0	20	01/01/2015	12/31/9999	1	O6	0.00	E
D1354	INT CARIES MED APP PER TOOTH		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D1355	CARIES MED APP PER TOOTH		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D1510	SPACE MAINTAINER FXD UNILAT	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D1516	SPACE MAINT FIXED BILAT MAX	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D1517	SPACE MAINT FIXED BILAT MAND	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D1520	REMOVE UNILAT SPACE MAINTAIN	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D1526	SPACE MAINT FIXED BILAT MAX	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D1527	SPACE MAINT FIXED BILAT MAND	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D1551	RECEMENT/REBOND BL SPACE MAINT-MAXILLARY		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1552	RECEMENT/REBOND BL SPACE MAINT-MANDIBULA		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1553	RECEMENT/REBOND UL SPACE MAINTAINER- PER		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1556	R/O FIXED UL SPACE MAINTAIN-PER QUAD		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1557	R/O FIXED BL SPACE MAINT-MAXILLARY		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1558	R/O FIXED BL SPACE MAINT-MANDIBULAR		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D1575	DIST SPACE MAINT, FIXED UNIL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D1701	PFIZER VACC ADMIN 1ST DOSE		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1702	PFIZER VACC ADMIN 2ND DO		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1703	MODERNA VACC ADMIN 1ST DOSE		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1704	MODERNA VACC ADMIN 2ND DOSE		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1705	ASTRAZENECA VACC ADM 1ST DOS		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1706	ASTRAZENECA VACC ADM 2ND DOS		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1707	JANSSEN VACCINE ADMI		0	999	03/16/2021	12/31/9999	1	O6	0.00	E
D1708	PFIZER VACC ADMIN 3RD DOSE		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1709	PFIZER VACCINE ADMIN BOOSTER		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1710	MODERNA VACC ADMIN 3RD DOSE		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1711	MODERNA VACC ADMIN BOOSTER		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1712	JANSSEN VACC ADMIN BOOSTER		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1713	PFIZER VACC ADM PED 1ST DOSE		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1714	PFIZER VACC ADM PED 2ND DOSE		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
D1999	UNSPEC PREV PROCEDURE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D2140	AMALGAM ONE SURFACE PERMANEN	Y	0	20	03/01/2019	12/31/9999	1	O1	69.58	MT
D2150	AMALGAM TWO SURFACES PERMANE	Y	0	20	03/01/2019	12/31/9999	1	O1	90.05	MT
D2160	AMALGAM THREE SURFACES PERMA	Y	0	20	03/01/2019	12/31/9999	1	O1	108.87	MT
D2161	AMALGAM 4 OR > SURFACES PERM	Y	0	20	03/01/2019	12/31/9999	1	O1	132.61	MT
D2330	RESIN-ONE SURFACE, ANTERIOR	Y	0	20	03/01/2019	12/31/9999	1	O1	72.89	MT
D2331	RESIN-TWO SURFACES, ANTERIOR	Y	0	20	03/01/2019	12/31/9999	1	O1	93.03	MT
D2332	RESIN-THREE SURFACES, ANTERIOR	Y	0	20	03/01/2019	12/31/9999	1	O1	113.85	MT
D2335	RESIN-FOUR OR MORE SURFACES ON	Y	0	20	03/01/2019	12/31/9999	1	O1	134.68	MT
D2390	ANT RESIN-BASED CMPST CROWN	Y	0	20	03/01/2019	12/31/9999	1	O1	149.26	MT
D2391	POST 1 SRFC RESINBASED CMPST	Y	0	20	03/01/2019	12/31/9999	1	O1	85.39	MT
D2392	POST 2 SRFC RESINBASED CMPST	Y	0	20	03/01/2019	12/31/9999	1	O1	111.17	MT
D2393	POST 3 SRFC RESINBASED CMPST	Y	0	20	03/01/2019	12/31/9999	1	O1	138.85	MT
D2394	POST >=4SRFC RESINBASE CMPST	Y	0	20	03/01/2019	12/31/9999	1	O1	170.09	MT
D2410	GOLD FOIL - ONE SURFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2420	GOLD FOIL - TWO SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2430	GOLD FOIL - THREE SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2510	INLAY - GOLD, ONE SURFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2520	INLAY - GOLD, TWO SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2530	INLAY - GOLD, THREE SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2542	DENTAL ONLAY METALLIC 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2543	DENTAL ONLAY METALLIC 3 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2544	DENTAL ONLAY METL 4/MORE SUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2610	INLAY - PORCELAIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2620	INLAY - PORCELAIN/CERAMIC-TWO SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2630	INLAY - PORCELAIN/CERAMIC-THREE SURFACES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2642	DENTAL ONLAY PORCELIN 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2643	DENTAL ONLAY PORCELIN 3 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2644	DENTAL ONLAY PORC 4/MORE SUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2650	INLAY COMPOSITE/RESIN ONE SU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2651	INLAY COMPOSITE/RESIN TWO SU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2652	DENTAL INLAY RESIN 3/MRE SUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2662	DENTAL ONLAY RESIN 2 SURFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2663	DENTAL ONLAY RESIN 3 SURFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2664	DENTAL ONLAY RESIN 4/MRE SUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2710	CROWN RESIN BSD COMP (INDIRECT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2712	CROWN 3/4 RESIN-BASED COMPOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2720	PLASTIC WITH GOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2721	PLASTIC WITH NONPRECIOUS META		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2722	PLASTIC WITH SEMIPRECIOUS MET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2740	CROWN-PROC/CER-SUBSTRATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2750	PORCELAIN WITH GOLD	Y	0	20	03/01/2019	12/31/9999	1	O1	549.74	MT
D2751	CROWN-PROCELAIN FUSED TO PREDO		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D2752	PORCELAIN WITH SEMIPRECIOUS M		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D2753	CROWN-PORC FUSED TO TITANIUM AND TITANIU		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D2780	CROWN 3/4 CAST HI NOBLE MET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2781	CROWN 3/4 CAST BASE METAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2782	CROWN 3/4 CAST NOBLE METAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2783	CROWN 3/4 PORCELAIN/CERAMIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2790	GOLD (FULL CAST)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2791	NONPRECIOUS METAL (FULL CAST)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2792	SEMIPRECIOUS METAL (FULL CAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2794	CROWN-TITANIUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2799	INTERIM CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2910	RECEMENT INLAY ONLAY OR PART		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2915	RECEMENT CAST OR PREFAB POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2920	RECEMENT CROWNS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2921	REATTACH TOOTH FRAG INCISAL EDGE/CUSP		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D2928	PREFAB PORC/CER CROWN PERM		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D2929	PREFAB PORCELAIN/CERAMIC CROWN-PRIMARY T		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D2930	PREFABRICATED STAINLESS STEEL	Y	0	20	03/01/2019	12/31/9999	1	O1	134.79	MT

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D2931	PREFABRICATED STAINLESS STEEL	Y	0	20	03/01/2019	12/31/9999	1	O1	152.40	MT
D2932	PREFABRICATED RESIN CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2933	PREFABRICATED STAINLESS STEEL	Y	0	20	03/01/2019	12/31/9999	1	O1	186.27	MT
D2934	PREFAB STEEL CROWN PRIMARY	Y	0	20	03/01/2019	12/31/9999	1	O1	186.27	MT
D2940	PROTECTIVE RESTORATION	Y	0	20	03/01/2019	12/31/9999	1	O1	51.48	MT
D2941	INTERIM THERAP RESTORA-PRIM DENITITION		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D2949	RESTOR FOUNDATION/INDIRECT RESTOR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D2950	CORE BUILDUP INCL PINS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2951	PIN RETENTION - PER TOOTH IN A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D2952	POST & CORE IN ADD CROWN INDIR FAB		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D2953	CROWN EA ADD FAB POST - SAME TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2954	PREFAB POST AND CORE IN ADD TO CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2955	POST REMOVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2957	EACH ADDTNL PREFAB POST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2960	LABIAL VENEER RESIN DIRECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2961	LABIAL VENEER RESIN INDIRECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2962	LABIAL VENEER PORC INDIRECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2971	ADD PROC CONSTRUCT NEW CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2975	COPING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2980	CROWN REPAIR MATERIAL FAILURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D2981	INLAY REPAIR -MATERIAL FAILURE		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D2982	ONLAY REPAIR MATERIAL FAILURE		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D2983	VENEER REPAIR MATERIAL FAILURE		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D2990	RESIN INFILTRATE OF INCIPIENT LOSION		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D2999	UNSPECIFIED RESTORATIVE PROCED	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D3110	PULP CAP - DIRECT (EXCLUDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3120	PULP CAP (INDIRECT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3220	THERAPEUTIC PULPOTOMY	Y	0	20	03/01/2019	12/31/9999	1	O1	97.28	MT
D3221	GROSS PULPAL DEBRIDEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3222	PART PULPOTOMY APEXOGENESIS		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D3230	PULPAL THERAPY ANTERIOR PRIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3240	PULPAL THERAPY POSTERIOR PRI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3310	END THXPY, ANTERIOR TOOTH	Y	0	20	03/01/2019	12/31/9999	1	O1	372.43	MT
D3320	ENDODONTIC THERAPY PREMOLAR BICUS	Y	0	20	03/01/2019	12/31/9999	1	O1	456.41	MT
D3330	ENDODONTIC THERAPY MOLAR	Y	0	20	03/01/2019	12/31/9999	1	O1	565.95	MT
D3331	NON-SURG TX ROOT CANAL OBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3332	INCOMPLETE ENDODONTIC TX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3333	INTERNAL ROOT REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3346	RETREATMENT-ANTERIOR, BY REPOR		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D3347	RETREAT PREV ROOT CANAL THERAPY		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D3348	RETREATMENT-MOLAR, BY REPORT	Y	0	20	03/01/2019	12/31/9999	1	O1	722.96	MT
D3351	APEXIFICATION/RECALCIFICATN-INIT VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3352	APEX/RECALC-INTERIM MED REPLAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3353	APEXIFICATION/RECALCIFICATION-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3355	PULPAL REGENERATION- INITIAL VISIT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3356	PULPAL REGEN-INTERIM MEDICATION RPLCMNT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3357	PULPAL REGENERATION-CMPLTION OF TRTMNT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3410	APICOECTOMY- ANTERIOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3421	APICOECTOMY-BICUSPID PREMOLAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3425	APICOECTOMY MOLAR-FIRST ROOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3426	APICOECTOMY EA ADDL ROOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3428	BONE GRAFT W/PERIRDCULAR SURG PER TOOTH		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3429	BONE GRAFT W/PERIRDCULAR SURG-EACH ADDL		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3430	RETROGRADE FILLING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3431	BIO MATERIAL AID OSSEOUS TISSUE REGEN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3432	TISSUE REGEN/RESORB BARRIER PER STE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D3450	ROOT RESECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3460	ENDODONTIC IMPLANTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3470	INTENTIONAL REPLANTATION (INCL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3471	SURG REP ROOT RES ANTERIOR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3472	SURG REP ROOT RES PREMOLAR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3473	SURG REP ROOT RES MOLAR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3501	SURG EXP ROOT SURF ANTERIOR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3502	SURG EXP ROOT SURF PREMOLAR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3503	SURG EXP ROOT SURF MOLAR		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D3910	SURGICAL PROCEDURE FOR ISOLAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3911	INTRAORIFICE BARRIER		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D3920	HEMISECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3921	DECOR OR SUBMERG ERUPT TOOTH		0	20	01/01/2021	12/31/9999	1	O6	0.00	E
D3950	CANAL PREPARATION AND FITTING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D3999	UNSPECIFIED ENDODONTIC PROCED	Y	0	20	07/01/2021	12/31/9999	1	O1	1,089.18	MT
D4210	GINGIVECTOMY/GINGIVOPLASTY 4+	Y	0	999	03/01/2019	12/31/9999	1	O1	329.17	MT
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3	Y	0	999	03/01/2019	12/31/9999	1	O1	146.30	MT
D4212	GINGIVTMY/GINGPLATY PER TOOTH		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D4230	CROWN EXP 4+ CONTIG TEETH/QUAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4231	CROWN EXP 1-3 TEETH/QUAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4240	GINGIVAL FLAP 4+ TEETH		10	20	03/01/2019	12/31/9999	1	O6	0.00	E
D4241	GINGIVAL FLAP 1-3 TEETH	Y	10	20	03/01/2019	12/31/9999	1	O1	241.40	MT
D4245	APICALLY POSITIONED FLAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4249	CROWN LENGTHENING-HARD AND SOF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4260	OSSEOUS SURGERY 4+		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D4261	OSSEOUS SURGERY 1-3		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D4263	BONE GRAFT FIRST TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4264	BONE GRAFT ADDITIONAL TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4265	BIO MTRLS TO AID SOFT/OS REG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D4266	GUIDED TISS REGEN REABSORB PER SITE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4267	GUIDED TISS REGEN- NON RESORB PER SITE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4268	SURGICAL REVISION PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4270	PEDICLE SOFT TISSUE GRAFTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4273	AUTOGENOUS TISS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4275	NON-AUTOGENOUS TISS GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4276	CON TISSUE W PEDICLE GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4277	FREE SOFT TISS GRAFT 1ST		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D4278	FREE SOFT TISS GRAFT EA ADD		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D4283	AUTOGENOUS TISS GRAFT EA ADD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D4285	NON-AUTOGEN TISS GRAFT EA ADD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D4322	SPLINT INTRA-CORONAL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D4323	SPLINT EXTRA-CORONAL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D4341	PERIODONTAL SCALING & ROOT	Y	10	20	03/01/2019	12/31/9999	1	O1	110.54	MT
D4342	PERIODONTAL SCALING 1-3TEETH		10	20	03/01/2019	12/31/9999	1	O6	0.00	E
D4346	SCALING GINGIVAL INFLAM FULL MOUTH		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D4355	FULL MOUTH DEBRIDE FOR SUBSQ VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4381	LOCAL DELIV OF ANTIMICROBIAL AGENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4910	PERIODONTAL MAINT PROCEDURES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4920	UNSCHEDULED DRESSING CHANGE (		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D4921	GINGIVAL IRRIGATION- PER QUAD		0	999	07/01/2018	12/31/9999	1	O6	0.00	E
D4999	UNSPECIFIED PERIODONTAL SERVI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5110	COMPLETE UPPER		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D5120	COMPLETE LOWER		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D5130	IMMEDIATE UPPER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5140	IMMEDIATE LOWER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5211	MAXILLARY PARTIAL DENTURE-RESIN		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D5212	MANDIBULAR PARTIAL DENTURE-RESIN		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D5213	DENTURES MAXILL PART METAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5214	DENTURES MANDIBL PART METAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5221	IMMED MAX PART DENTURE RESIN		0	20	01/01/2016	12/31/9999	1	O6	0.00	E
D5222	IMMED MAN PART DENTURE RESIN		0	20	01/01/2016	12/31/9999	1	O6	0.00	E
D5223	IMMED MAX PART DENT METAL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D5224	IMMED MAND PART DENT METAL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D5225	MAXILLARY PART DENTURE FLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5226	MANDIBULAR PART DENTURE FLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5227	IMMED MAX PART DENTURE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D5228	IMMED MAND PART DENTURE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D5282	REMOVE UNIL PART DENTURE,MAX		14	20	01/01/2019	12/31/9999	1	O6	0.00	E
D5283	REMOVE UNIL PART DENTURE,MAN		14	20	01/01/2019	12/31/9999	1	O6	0.00	E
D5284	REM UNILAT DENT FLEX BASE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D5286	REM UNILAT DENT 1 PC RESIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D5410	COMPLETE DENTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5411	ADJUST COMPLETE DENTURE - LOWER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5421	PARTIAL DENTURE (UPPER)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D5422	PARTIAL DENTURE (LOWER)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D5511	REP BROKEN CMPLT DENTURE MANDIB		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5512	REP BROKEN CMPLT DENTURE MAXILL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5520	REPL MISS/BROKE TEETH-COMPL DENT ECH TOO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5611	REP RESIN PARTIAL DENT BASE MANDIB		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5612	REP RESIN PARTIAL DENT BASE MAXILL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5621	REP CAST PARTIAL FRMWRK MANDIB		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5622	REP CAST PART FRMWRK MAX		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D5630	REPAIR/REPLACE BROKEN MATERIAL/TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5640	REPLACE BROKEN TOOTH ON DENTU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5650	ADDING TOOTH TO PARTIAL DENTU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5660	ADD CLASP EXISTING DENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5670	REPLC TTH&ACRLC ON MTL FRMWK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5671	REPLC TTH&ACRLC MANDIBULAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5710	DUPLICATE UPPER OR LOWER COMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5711	REBASE COMPLETE LOWER DENTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5720	DUPLICATE UPPER OR LOWER PART		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5721	REBASE LOWER PARTIAL DENTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5725	REBASE HYBRID PROSTHESIS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D5730	DENTURE RELN CMPLT MAX DIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5731	DENTURE RELN CMPLT MAND DIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5740	DENTURE RELN PART MAX DIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5741	DENTURE RELN PART MAND DIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5750	DENTURE RELN CMPLT MAX INDIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5751	DENTURE RELN CMPLT MAND IND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5760	DENTURE RELN PART MAX INDIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5761	DENTURE RELN PART MAND INDIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5765	LINER COMPL/PARTIAL REM DENT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D5810	INTERIM COMPLETE DENTURE (UPPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5811	INTERIM COMPLETE DENTURE (LOWE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5820	DENTURE INTERM PART MAXILL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5821	DENTURE INTERM PART MANDBL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5850	TISSUE CONDITIONING, UPPER-PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5851	TISSUE CONDITIONING, LOWER-PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5862	PRECISION ATTACHMENT, BY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5863	OVERDENTURE- CMPLT MAXILLARY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D5864	OVERDENTURE- PART MAXILLARY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D5865	OVERDENTURE - CMPLT MANDIBULAR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D5866	OVERDENTURE- PART MANDIBULAR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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D5867	REPLACEMENT OF PRECISION ATT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5875	PROSTHESIS MODIFICATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5876	ADD METAL SUBSTRUCT TO ACRYLIC DENTURE		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D5899	UNSPEC REMOV PROSTHDNTIC PROC BY REPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5911	FACIAL MOULAGE (SECTIONAL)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5912	FACIAL MOULAGE (COMPLETE)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5913	NASAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5914	AURICULAR PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5915	ORBITAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5916	OCULAR PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5919	FACIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5922	NASAL SEPTAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5923	OCULAR PROSTHESIS, INTERIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5924	CRANIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5925	FACIAL AUGMENTATION IMPLANT PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5926	NASAL PROSTHESIS REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5927	AURICULAR PROSTHESIS, REPLACEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5928	ORBITAL PROSTHESIS REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5929	FACIAL PROSTHESIS, REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5931	OBTURATOR PROSTHESIS, SURGICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5932	OBTURATOR PROSTHESIS, DEFINITI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5933	OBTURATOR PROSTHESIS, MODIFICA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5934	MANDIBULAR RESECTION PROSTHESI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5935	MANDIBULAR RESECTION PROSTHESI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5936	OBTURATOR/PROSTHESIS, INTERIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5937	TRISMUS APPLIANCE (NOT FOR TMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5951	FEEDING AID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5952	SPEECH AID PROSTHESIS, PEDIATR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5953	SPEECH AID PROSTHESIS, ADULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5954	PALATAL AUGMENTATION PROSTHESI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5955	PALATAL LIFT PROSTHESIS, DEFIN		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D5958	PALATAL LIFT PROSTHESIS, INTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5959	PALATAL LIFT PROSTHESIS, MODIF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5960	SPEECH AID PROSTHESIS, MODIFIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5982	SURGICAL STENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5983	RADIATION CARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5984	RADIATION SHIELD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5985	RADIATION CONE LOCATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5986	FLUORIDE GEL CARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5987	COMMISSURE SPLINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5988	SURIGAL SPLINT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5991	VESICULOBULLOUS DISEASE MED CARR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5992	ADULT PROSTHETIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5993	MAINT MAXIL PROSTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D5995	PERI MEDICAMENT W/SEAL, MAX		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D5996	PERI MEDICAMENT W/SEAL, MAND		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D5999	UNSPEC MAXILLFAC PROSTH, BY REPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6010	ODONTICS ENDOSTEAL IMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6011	SECOND STAGE IMPLANT SURGERY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D6012	SURG PLACE INTERIM IMPLANT BODY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6013	SURGICAL PLACEMENT OF MINI INPLANT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D6040	SUBPERIOSTEAL IMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6050	TRANSASSEOUS IMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6051	INTERIM IMPLANT ABUTMENT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D6055	CONNECTING BAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6056	PREFAB ABUTMENT INCL MOD/PLACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6057	CSTM FAB ABUTMNT INCL PLACMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6058	ABUTMENT SUPPORTED CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6059	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6060	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6061	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6062	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6063	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6064	ABUTMENT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6065	IMPLANT SUPPORTED CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6066	IMPLANT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6067	IMPLANT SUPPORTED MTL CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6068	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6069	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6070	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6071	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6072	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6073	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6074	ABUTMENT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6075	IMPLANT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6076	IMPLANT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6077	IMPLANT SUPPORTED RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6080	IMPLANT MAINTENANCE PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6081	SCALING/DEBRIDEMENT INFLAMM OR MUCOSITIS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D6082	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6083	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6084	IMPL SUPRT CROWN-PORC FUSED TO TITANIUM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6085	INTERIM IMPLANT CROWN		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D6086	IMPL SUPRT CROWN-PREDOM BASE ALLOY		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6087	IMPL SUPRT CROWN- NOBLE ALLOYS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D6088	IMPL SUPRT CROWN- TITANIUM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6090	REPAIR IMPLANT, BY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6091	REPL SEMI/PRECISION ATTACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6092	RECEMENT IMPLANT/CROWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6093	RECEMENT IMPLANT/FIXED PARTIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6094	ABUT SUPPORT CROWN TITANIUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6095	ODONTICS REPR ABUTMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6096	REM BROKE IMPLANT RETAIN SCREW		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D6097	ABUTMENT SUPPORT CROWN-PORC FUSED TO TIT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6098	IMPLT SUPPORT RETAINER-PORC FSED TO PRED		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6099	IMPLANT SUPPORT RETAINER FOR FPD-PORC FS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6100	SURG REMOVAL OF IMPLANT BODY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6101	DEBRIDE OF PERIIMPLANT DEFECT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D6102	DEBRIDE & OSSEOUS CONTOUR OR PERIIMPLANT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D6103	BONE GRAFT PER-IMPLANT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D6104	BONE GRFT @ TIME OF IMPLANT PLCEMENT		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D6110	IMPLANT REMOV ARCH MAX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6111	IMPLANT REMOV ARCH MAN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6112	IMPLANT REMOV PART ARCH MAX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6113	IMPLANT REMOV PART ARCH MAN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6114	IMPLANT FIXED ARCH MAX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6115	IMPLANT FIXED ARCH MAN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6116	IMPLANT FIXED PART ARCH MAX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6117	IMPLANT FIXED PART ARCH MAN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6118	IMPL/ABUT INTERIM FIXED DENT MANDIB		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D6119	IMPL/ABUT INTERIM FIXED DENT MAXILL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
D6120	IMPLT SUPPORT RETAINER-PORC FSED TO TITA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6121	IMPLT SUPPORT RETAINER FOR METAL-ALLOY		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6122	IMPLT SUPPORTED RETAINER FOR METAL FPD-A		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6123	IMPLT SUPPT RETAINER FOR METAL -NOBLE AL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6190	RADIO/SURGICAL IMPLANT INDEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6191	SEMI PRECISION ABUTMENT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D6192	SEMI PRECISION ATTACHMENT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D6194	ABUT SUPPORT RETAINER TITANI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6195	ABUTMENT SUPPORT RETAINER-PORCE TO TITAN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6198	REMOVE INTERIM IMPLANT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D6199	UNSPECIFIED IMPLANT PROCEDURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6205	PONTIC - INDIRECT RESIN BASED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6210	CAST GOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6211	CAST NONPRECIOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6212	CAST SEMI-PRECIOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6214	PONTIC TITANIUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6240	PORCELAIN FUSED TO GOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6241	PORCELAIN FUSED TO NON-PRECIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6242	PORCELAIN FUSED TO SEMI-PRECI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6243	PONTIC-PORC FSD TO TITANIUM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6245	BRIDGE PORCELAIN/CERAMIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6250	PLASTIC PROCESSED TO GOLD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6251	PLASTIC PROCESSED TO NONPRECI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6252	PLASTIC PROCESSED TO SEMIPREC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6253	INTERIM PONTIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6545	RETAINER-CAST METAL FOR ACID E		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6548	PORCELAIN/CERAMIC RETAINER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6549	RESIN RETAINER PROSTHESIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D6600	RETAINER INLAY-PORC/CER 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6601	RETAINER INLAY-PORC/CER 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6602	RETAINER INLAY-CHNM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6603	RETAINER INLAY-CHNM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6604	RETAINER INLAY-CPBM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6605	RETAINER INLAY-CPBM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6606	RETAINER INLAY-CNM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6607	RETAINER INLAY-CNM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6608	RETAINER ONLAY-PORC/CER 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6609	RETAINER ONLAY-PORC/CER 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6610	RETAINER ONLAY-CHNM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6611	RETAINER ONLAY-CHNM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6612	RETAINER ONLAY-CPBM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6613	RETAINER ONLAY-CPBM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6614	RETAINER ONLAY-CNM 2 SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6615	RETAINER ONLAY-CNM 3+ SURF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6624	RETAINER INLAY-TITANIUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6634	RETAINER ONLAY-TITANIUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6710	RETAINER CROWN-IRBC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6720	RETAINER CROWN-RESIN W/HNM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6721	RETAINER CROWN-RESIN W/PBM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6722	RETAINER CROWN-RESIN W/NM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6740	RETAINER CROWN-PROC/CER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6750	RETAINER CROWN-PROC W/HNM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6751	RETAINER CROWN-PROC W/PBM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6752	RETAINER CROWN-PORC W/NM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6753	RETAINER CROWN-PORC FUSED TO TITANIUN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D6780	RETAINER CROWN-3/4 CHNM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6781	RETAINER CROWN-3/4 CPBM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6782	RETAINER CROWN-3/4 CNM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D6783	RETAINER CROWN-3/4 PROC/CER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D7710	MAXILLA - OPEN REDUCTION, COM		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7720	MAXILLA - CLOSED REDUCTION, C		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7730	MANDIBLE - OPEN REDUCTION, CO		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7740	MANDIBLE - CLOSED REDUCTION,		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7750	MALAR AND/OR ZYGOMATIC ARCH,		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7760	MALAR AND/OR ZYGOMATIC ARCH,		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7770	OPEN REDUC COMPD ALVEOLUS FX		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7771	ALVEOLUS CLSD REDUC STBLZ TE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7780	FACIAL BONES REDUCTION W/ FIXATION		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7810	OPEN REDUCTION OF DISLOCATION		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7820	CLOSED REDUCTION OF DISLOCATI		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7830	MANIPULATION UNDER ANESTHESIA		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7840	CONDYLECTOMY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7850	SURGICAL DISCECTOMY, WITH/WITH		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7852	DISC REPAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7854	SYNOVECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7856	MYOTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7858	JOINT RECONSTRUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7860	ARTHROTOMY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7865	ARTHROPLASTY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7870	ARTHROCENTESIS		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7871	LYSIS + LAVAGE W CATHETERS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7872	ARTHRSCOPY, DIAGNOSIS, WITH OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7873	ARTHROSCOPY LAVAGE AND LYSIS OF ADHESION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7874	ARTHROSCOPY DISC REPOSITION/STABILIZE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7875	ARTHROSCOPY SYNOVECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7876	ARTHROSCOPY DISCECTOMY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7877	ARTHROSCOPY DEBRIDEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7880	OCCLUSAL ORTHOTIC APPLIANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7881	OCCLUSAL ORTH DEVICE ADJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D7899	UNSPECIFIED TMD THERAPY, BY RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7910	SIMPLE SUTURE OF RECENT SMALL		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7911	COMPLICATED SUTURE- UP TO 5CM		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7912	COMPLICATED SUTURE- GREATER TH		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7920	SKIN GRAFTS (IDENTIFY DEFECT		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7921	COLLECT/APPLIC OF AUTOLOGOUS BLOOD		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D7922	PLACEMENT OF INTRA-SOCKET BIOLOG DRESS T		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D7940	OSTEOPLASTY FOR ORTHOGNATHIC		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7941	BONE CUTTING RAMUS CLOSED		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7943	CUTTING RAMUS OPEN W/GRAFT		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7945	OSTEOTOMY, BODY OF MANDIBLE		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7946	MAXILLA, TOTAL (LE FORT I)		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7947	MAXILLA, SEGMENTED		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7948	OSTEOPLASTY OF MAXILLA AND/OR		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7949	OSTEOPLASTY OF MAXILLA WITH BO		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7950	OSSEOUS OSTEOPER OR CARTILAGE GRAFT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7951	SINUS AUGMENTATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7952	SINUS AUGUMENT VIA VERTICAL APPROACH		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D7953	BONE REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7955	REPAIR MAXILLOFACIAL DEFECTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7961	BUCCAL/LABIAL FRENECTOMY		0	999	01/01/2021	12/31/9999	1	O1	171.08	MT
D7962	LINGUAL FRENECTOMY		0	999	01/01/2021	12/31/9999	1	O1	171.08	MT
D7963	FRENULOPLASY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7970	EXCISION OF HYPERPLASTIC TISS	Y	0	999	03/01/2019	12/31/9999	1	O1	248.85	MT
D7971	EXCISION OF PERICORONAL GINGIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7972	SURG REDCT FIBROUS TUBEROSIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7979	NON-SURGICAL SIALOLITHOTOMY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7980	SURGICAL SIALOLITHOTOMY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7981	EXCISION OF SALIVARY GLAND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7982	SIALDDOCHOPLASTY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7983	CLOSURE OF SALIVARY FISTULA		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7990	EMERGENCY TRACHEOTOMY		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
D7991	CORONOIDECTOMY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D7993	SURG PLACE CRANIOFACIAL IMPL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D7994	SURG PLACE ZYGOMATIC IMPL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
D7995	SYNTHETIC GRAFT FACIAL BONES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7996	IMPLANT MANDIBLE FOR AUGMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7997	APPLIANCE REMOVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7998	INTRAORAL PLACE FIX DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D7999	UNSPECIFIED ORAL SURGICAL PRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8010	LIMITED DENTAL TX PRIMARY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8020	LIMITED DENTAL TX TRANSITION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8030	LIMITED DENTAL TX ADOLESCENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D8040	LIMITED DENTAL TX ADULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8070	COMPRE DENTAL TX TRANSITION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8080	COMPRE DENTAL TX ADOLESCENT		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D8090	COMPRE DENTAL TX ADULT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8210	REMOVABLE APPLIANCE THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8220	FIXED OR CEMENTED APPLIANCE T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8660	PREORTHODONTIC TX VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8670	PERIODIC OTHRO TRMT VISIT		0	20	03/01/2019	12/31/9999	1	O6	0.00	E
D8680	ORTHODONTIC RETENTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D8681	REMV ORTHOD RETAINER ADJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D8695	REM FIXED ORTH APPL TRMT NOT CMPLT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
D8696	RPR OF ORTHODON APPL-MAX		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8697	RPR OF ORTHODON APPL-MANDIBULAR		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8698	RE-CEMENT OF REBOND FXD RTNR-MAX		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8699	RECEMENT OF REBOND FXD RTNR-MANDIB		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8701	RPR OF FXD RTNR-MAX		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8702	RPR OF FXD RTNR-MAND		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D8703	REPLACE OF LST OF BRKN RETAINER-MAX		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D8704	REPLACE OF LST OF BRKN RETAINER-MAND		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
D8999	UNSPECIFIED ORTHODONTIC TREAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
D9110	PALLIATIVE (EMERGENCY) TREATM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9120	RIXED PARTIAL SECTIONING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9130	MANDIBULAR JOINT DYSFUNC-THERAPIES		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9210	LOCAL (NOT IN CONJUNCTION WIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9211	REGIONAL BLOCK ANESTHESIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9212	TRIGEMINAL DIVISION BLOCK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9215	LOCAL ANESTHESIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9219	EVAL-MOD/DEEP SEDATION OR GEN ANESTH		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D9222	DEEP SEDATION/GEN ANESTH FIRST 15 MIN		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D9223	DEEP SEDATION EA SUB 15 MIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9230	INHAL NITROUS OXIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9239	IV MOD CONCIOUS SEDAT FIRST 15 MIN		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D9243	IV MOD CONCIOUS SEDAT EA SUB 15 MIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9248	NON-IV CONS SEDATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9310	CONSULT DIAG NOT REQ DENTIST OR PHY		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D9311	CONSULT MED HEALTH CARE PROF		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D9410	DENTAL HOUSE CALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9420	HOSP OR ASC CALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9430	OFFICE VISIT DURING REGULARLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9440	OFFICE VISIT AFTER REGULARLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9450	CASE PRESENTATION TX PLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9610	THERAP PARENTERAL DRUG SINGL ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9612	THERAP DRUGS, 2+ ADMIN DIFF MEDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9613	INFILTRATION THERA DRUG		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9630	DRUGS/MEDICAMENTS DISPNSD HOME USE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9910	APPLICATION OF DESENSITIZING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9911	APPL DESENSITIZING RESIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9912	PRE-VISIT PATIENT SCREENING		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D9920	BEHAVIOR MANAGEMENT, BY REPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9930	COMPLICATIONS (POST SURGICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9932	CLEAN/INSP COMPLT DENT MAX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9933	CLEAN/INSP COMPLT DENT MAN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9934	CLEAN/INSP PARTIAL DENT MAX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9935	CLEAN/INSP PARTIAL DENT MAN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
D9941	FABRICATION OF ATHLETIC MOUTHGUARDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9942	REPAIR/RELINE OCCLUSAL GUARD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9943	OCCLUSAL GUARD ADJ		0	20	01/01/2016	12/31/9999	1	O6	0.00	E
D9944	OCCLUSAL GUARD HARD-FULL ARCH		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9945	OCCLUSAL GUARD SOFT-FULL ARCH		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9946	OCCLUSAL GUARD HARD-PARTIAL ARCH		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9947	SLEEP APNEA APPLIANCE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D9948	ADJUST SLEEP APNEA APPLIANCE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D9949	REPAIR SLEEP APNEA APPLIANCE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
D9950	OCCLUSION ANALYSIS (MOUNTED C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9951	OCCLUSAL ADJUSTMENT - LIMITED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9952	OCCLUSAL ADJUSTMENT - COMPLETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9961	DUPLICATE/COPY PATIENT RECORDS		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9970	ENAMEL MICROABRASION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9971	ODONTOPLASTY PER TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9972	EXTRNL BLEACHING PER ARCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9973	EXTRNL BLEACHING PER TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9974	INTRNL BLEACHING PER TOOTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
D9975	EXT BLEACHING HOME PER ARCH		0	999	01/01/2013	12/31/9999	1	O6	0.00	E
D9985	SALES TAX		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
D9986	MISSED APPT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D9987	CANCELLED APPT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
D9990	CERT TRANSLATION/SIGN LANGUAGE/VISIT		0	20	01/01/2019	12/31/9999	1	O6	0.00	E
D9991	CASE MGMT COMPLIANCE BARRIERS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D9992	CASE MGMT CARE COORDINATION		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D9993	CASE MGMT MOTIVATIONAL INTERVIEW		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D9994	CASE MGMT IMPROVE ORAL HLTH LITERACY		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
D9995	TELEDENISTRY - SYNCHRONOUS		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D9996	TELEDENISTRY - ASYNCHRONOUS		0	999	03/01/2019	12/31/9999	1	O6	0.00	E
D9997	DENTAL CSE MANG- PATIENT W/ SPECIAL NEED		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
D9999	UNSPECIFIED (BY REPORT TO BE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0100	CANE ADJUST/FIXED WITH TIP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0105	CANE ADJUST/FIXED QUAD/3 PRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0110	CRUTCH FOREARM PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0111	CRUTCH, FOREARM, ADJ, FIXED EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0112	CRUTCHES, UNDERARM, WOOD, PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0113	CRUTCH, UNDERARM, WOOD, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0114	CRUTCHES, UNDERARM, OTHER THAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0116	CRUTCH UNDERARM EACH NO WOOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0117	UNDERARM SPRINGASSIST CRUTCH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0118	CRUTCH SUBSTITUTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0130	WALKER RIGID ADJUST/FIXED HT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
E0135	WALKER FOLDING ADJUST/FIXED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0140	WALKER W/TRUNK SUPPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0141	RIGID WHEELED WALKER ADJ/FIX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0143	WALKER FOLDING WHEELED W/O S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0144	ENCLOSED WALKER W REAR SEAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0147	WALKER VARIABLE WHEEL RESIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0148	HEAVYDUTY WALKER NO WHEELS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0149	HEAVY DUTY WHEELED WALKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0153	PLATFORM ATTACHMENT, FOREARM		3	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0154	PLATFORM ATTACHMENT, WALKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0155	WALKER WHEEL ATTACHMENT,PAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0156	SEAT ATTACHMENT, WALKER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0157	CRUTCH ATTACHMENT, WALKER,EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0158	WALKER LEG EXTENDERS SET OF4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0159	BRAKE ATTACH FOR WHEELED WALK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0160	SITZ TYPE BATH OR EQUIPMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0161	SITZ TYPE BATH, FITS OVER COMM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0162	SITZ BATH CHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0163	COMMODE CHAIR WITH FIXED ARM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0165	COMMODE CHAIR WITH DETACHARM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0167	COMMODE CHAIR PAIL OR PAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0168	HEAVYDUTY/WIDE COMMODE CHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0170	Commode chair electric		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0171	COMMODE CHAIR NON-ELECTRIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0172	SEAT LIFT MECHANISM TOILET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0175	FOOT REST, FOR USE WITH COMMOD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0181	PRESS PAD ALTERNATING W/ PUM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0182	REPLACE PUMP, ALT PRESS PAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0183	Press underlay alter w/pump		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
E0184	DRY PRESSURE MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0185	GEL OR GEL LIKE PRESSURE PAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0186	AIR PRESSURE MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0187	WATER PRESSURE MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0188	SYNTHETIC SHEEPSKIN PAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0190	POSITIONING CUSHION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0191	HEEL OR ELBOW PROTECTOR, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0193	POWERED AIR FLOATATION BED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0194	AIR FLUIDIZED BED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0196	GEL PRESSURE MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0197	AIR PRESSURE PAD FOR MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0198	WATER PRESSURE PAD FOR MATTRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0199	DRY PRESSURE PAD FOR MATTRESS,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0200	HEAT LAMP, WITHOUT STAND		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
E0203	THERAPEUTIC LIGHTBOX TABLETP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0205	HEAT LAMP, WITH STAND, INCLUDE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0210	ELECTRIC HEAT PAD STANDARD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0215	ELECTRIC HEAT PAD MOIST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0217	WATER CIRC HEAT PAD WITH PUMP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0218	WATER CIRC COLD PAD W/PUMP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0221	INFRARED HEATING PAD SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0225	HYDRACOLLATOR UNIT; INCLUDES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0231	WOUND WARMING DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0232	WARMING CARD FOR NWT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0235	PARAFFIN BATH UNIT PORTABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0236	PUMP FOR WATER CIRCULATING PAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0239	HYDROCOLLATOR UNIT, PORTABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0240	BATH/SHOWER CHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0241	BATH TUB WALL RAIL, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0242	BATH TUB RAIL, FLOOR BASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0243	TOILET RAIL, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0244	RAISED TOILET SEAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0245	TUB STOOL OR BENCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0246	TRANSFER TUB RAIL ATTACHMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0247	TRANS BENCH W/WO COMM OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0248	HDTRANS BENCH W/WO COMM OPEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0249	PAD WATER CIRC HEAT UNIT RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0250	HOSP BED FIXED HT W/ MATTRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0251	HOSPITAL BED,FIXED HGHT, WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0255	HOSPITAL BED VAR HT W/ MATTR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0256	HOSPITAL BED,VARIABLE HGHTS,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0260	HOSP BED, SEMI-ELECTRIC (HEAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0261	HOSP BED, SEMI ELEC HEAD AND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0265	HOSP BED TOTAL ELECTR W/ MAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0266	HOSPITAL BED, TOTAL ELEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0270	HOSPITAL BED, INSTITUTIONAL,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0271	MATTRESS, INNERSPRING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0272	MATTRESS, FOAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0273	BED BOARD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0274	OVERBED TABLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0275	BED PAN, STANDARD, METAL OR PL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0276	BED PAN, FRACTURE, METAL OR PL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0277	POWERED PRESSURE REDUCING AIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0280	BED, CRADLE, ANY TYPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

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E0290	HOSPITAL BED, FIXED HGHT, WGHT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0291	HOSPITAL BED, FIXED HGHT, W/O		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0292	HOSP BED VAR HT NO SR W/MATT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0293	HOSP BED VAR HT NO SR NO MAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0294	HOSPITAL BED, SEMI ELECTRIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0295	HOSPITAL BED, SEM- ELECTRIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0296	HOSP BED TOTAL ELECT W/ MATT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0297	HOSPITAL BED, TOTAL ELECTRIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0300	ENCLOSED PER CRIB HOSP GRADE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0301	HD HOSP BED, 350-600 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0302	EX HD HOSP BED > 600 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0303	HOSP BED HVY DTY XTRA WIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0304	HOSP BED XTRA HVY DTY X WIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0305	RAILS BED SIDE HALF LENGTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0310	RAILS BED SIDE FULL LENGTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0315	BED ACCESSORY, BOARD, TABLE,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0316	BED SAFETY ENCLOSURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0325	URINAL MALE JUG-TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0326	URINAL, FEMALE, JUG/TYPE, ANY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0328	PED HOSPITAL BED, MANUAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0329	PED HOSPITAL BED SEMI/ELECT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0350	CONTROL UNIT BOWEL SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0352	DISPOSABLE PACK W/BOWEL SYST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0370	AIR PRESSURE ELEVATOR FOR HEEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0371	NONPOWER MATTRESS OVERLAY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0372	POWERED OVERLAY MATTRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0373	NONPOWERED PRESSURE MATTRESS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0424	STATIONARY COMPRESSED GAS 02		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0425	GAS SYSTEM STATIONARY COMPRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0430	OXYGEN SYSTEM GAS PORTABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0431	PORTABLE GASEOUS 02		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0433	PORTABLE LIQUID OXYGEN SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0434	PORTABLE LIQUID OXYGEN SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0435	PORTABLE LIQUID OXYGEN SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0439	STATIONARY LIQUID 02		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0440	OXYGEN SYSTEM LIQUID STATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0441	STATIONARY O2 CONTENTS, GAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0442	STATIONARY O2 CONTENTS, LIQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0443	PORTABLE 02 CONTENTS, GAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0444	PORTABLE 02 CONTENTS, LIQUID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0445	OXIMETER NON-INVASIVE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0446	TOPICAL OX DELIVER SYS, NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0447	PORT O2 CONT, LIQ OVER 4 LPM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
E0455	OXYGEN TENT, EXCLUDING CROUP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0457	CHEST SHELL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0459	CHEST WRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0462	ROCKING BED WITH OR WITHOUT SI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0465	HOME VENT W/ INVASIVE INTERFACE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
E0466	HOME VENT W/ NON-INVASIVE INTERFACE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
E0467	HOME VENT MULTI-FUNCTION		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
E0470	RAD W/O BACKUP NON-INV INTFC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0471	RAD W/BACKUP NON INV INTRFC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0472	RAD W BACKUP INVASIVE INTRFC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0480	PERCUSSOR, ELECTRIC OR PNEUMAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0481	INTRPULMNRY PERCUSS VENT SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0482	COUGH STIMULATING DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0483	CHEST COMPRESSION GEN SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0484	NON-ELEC OSCILLATORY PEP DVC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0485	ORAL DEVICE/APPLIANCE PREFAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0486	ORAL DEVICE/APPLIANCE CUSFAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0487	ELECTRONIC SPIROMETER + ACC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0500	IPPBMACHINE, ALL TYPES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0550	HUMIDIFIER, DURABLE FOR EXTENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0555	HUMIDIFIER, DURABLE, GLASS OR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0560	HUMIDIFIER, DURABLE FOR SUPPLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0561	HUMIDIFIER NONHEATED W PAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0562	HUMIDIFIER HEATED USED W PAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0565	COMPRESSOR, AIR POWER SOURCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0570	NEBULIZER WITH COMPRESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0572	AEROSOL COMPRESSOR ADJUST PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0574	ULTRASONIC GENERATOR W SVNEB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0575	NEBULIZER ULTRASONIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0580	NEBULIZER, FOR USE W/REGULATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0585	NEBULIZER WITH COMPRESSOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0600	SUCTION PUMP PORTAB HOM MODL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0601	CONT AIRWAY PRESSURE DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0602	MANUAL BREAST PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0603	ELECTRIC BREAST PUMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0604	HOSP GRADE ELEC BREAST PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0605	VAPORIZER, ROOM TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0606	POSTURAL DRAINAGE BOARD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0607	BLOOD GLUCOSE MONITOR HOME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0610	PACEMAKER MONITOR, SELF CONTAI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0615	PACEMAKER MONITOR, SELF CONTAI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0616	CARDIAC EVENT RECORDER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
E0617	AUTOMATIC EXT DEFIBRILLATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0618	APNEA MONITOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0619	APNEA MONITOR W RECORDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0620	CAP BLD SKIN PIERCING LASER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0621	SLING OR SEAT, PATIENT LIFT C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0625	PATIENT LIFT BATHROOM OR TOI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0627	SEAT LIFT ELEC ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0629	SEAT LIFT NON-ELEC ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0630	PATIENT LIFT HYDRAULIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0635	PATIENT LIFT, ELECTRIC WITH SE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0636	PT SUPPORT & POSITIONING SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0637	COMBINATION SIT TO STAND SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0638	STANDING FRAME SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0639	MOVEABLE PATIENT LIFT SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0640	FIXED PATIENT LIFT SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0641	MULTI-POSITION STND FRAM SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0642	DYNAMIC STANDING FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0650	PNEUMATIC COMPRESSOR, NON SEGM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0651	PNEUMATIC COMPRESSOR, SEGMENTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0652	PNEUMATIC COMPRESSOR, SEGMENTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0655	NON SEGMENTAL PNEUMATIC APPLIA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0656	SEGMENTAL PNEUMATIC TRUNK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0657	SEGMENTAL PNEUMATIC CHEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0660	NON-SEGMENTAL PNEUMATIC APPLIA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0665	NON-SEGMENTAL PNEUMATIC APPLIA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0666	NON SEGMENTAL PNEUMATIC APPLIA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0667	SEGMENTAL PNEUMATIC APPLIANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0668	SEGMENTAL PNEUMATIC APPLIANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0669	SEGMENTAL PNEUMATIC APPLIANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0670	SEG PNEUM INT LEGS/TRUNK		0	20	07/01/2013	12/31/9999	1	O6	0.00	E
E0671	SEGMENTAL GRADIENT PRESSURE PN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0672	SEGMENTAL PRESSURE PNEUMATIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0673	SEGMENTAL GRADIENT PRESSURE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0675	PNEUMATIC COMPRESSION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0676	Inter limb compress dev NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0691	UVL PNL 2 SQ FT OR LESS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0692	UVL SYS PANEL 4 FT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0693	UVL SYS PANEL 6 FT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0694	UVL MD CABINET SYS 6 FT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0700	SAFETY EQUIPMENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0705	TRANSFER DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0710	RESTRAINTS, ANY TYPE (BODY, CH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0720	TENS TWO LEAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0730	TENS FOUR LEAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0731	FORM FITTING CONDUCTIVE GARMEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0740	NON-IMPLANT PELV FLR E-STIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0744	NEUROMUSCULAR ELECTRICAL STIMU		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0745	NEUROMUSCULAR STIMULATOR, ELEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0746	EMG/ BIOFEEDBACK DEVICE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0747	ELEC OSTEOGEN STIM NOT SPINE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0748	OSTEGENESIS STIMULATOR, ELECT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0749	OSTEOGENESIS STIMULATOR		0	20	09/01/2012	12/31/9999	1	O1	0.00	N
E0755	ELECTRONIC SALIVARY REFLEX STI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0760	OSTOGENESIS STIMULATOR, LOW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0761	NONTHERM ELECTROMGNTC DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0762	RANS ELEC JT STIM DEV SYS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0764	FUNCTIONAL NEUROMUSCULARSTIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0765	NERVE STIMULATOR FOR TX N&V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0766	ELEC STIM CANCER TREATMENT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
E0769	ELECTRIC WOUND TREATMENT DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0770	FUNCTIONAL ELECTRIC STIM NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0776	IV POLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0779	AMB INFUSION PUMP MECHANICAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0780	MECH AMB INFUSION PUMP <8HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0781	EXTERNAL AMBULATORY INFUS PU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0782	NON-PROGRAMBLE INFUSION PUMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0783	PROGRAMMABLE INFUSION PUMP		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0784	EXTERNAL AMBULATORY INFUSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0785	REPLACEMENT IMPL PUMP CATHET		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0786	IMPLANTABLE PUMP REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0787	CGS DOSE ADJ INSULIN INF PMP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
E0791	PARENTERAL INFUSION PUMP, STAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0830	AMBULATORY TRACTION DEVICE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
E0840	TRACT FRAME ATTACH HEADBOARD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0849	CERVICAL PNEUM TRAC EQUIP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0850	TRACTION STAND FREE STANDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0855	CERVICAL TRACTION EQUIPMENT NO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0856	CERVICAL TRACTION DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0860	TRACT EQUIP CERVICAL TRACT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0870	TRACTION FRAME, ATTACHED TO FO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0880	TRAC STAND FREE STAND EXTREM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0890	TRACTION FRAME ATTACH PELVIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0900	TRAC STAND FREE STAND PELVIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0910	TRAPEZE BAR ATTACHED TO BED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0911	D TRAPEZE BAR ATTACH TO BED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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E0912	D TRAPEZE BAR FREE STANDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0920	FRACTURE FRAME, ATTACHED TO BE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0930	FRACTURE FRAME, FREESTANDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0935	CONT PAS MOTION EXERCISE DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0936	CPM device, other than knee		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0940	TRAPEZE BAR FREE STANDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0941	GRAVITY ASSISTED TRACTION DEVI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E0942	CERVICAL HEAD HARNESS/HALTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0944	PELVIC BELT/HARNESS/BOOT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0945	EXTREMITY BELT/HARNESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0946	FRACTURE FRAME, DUAL WITH CROS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0947	FRACTURE FRAME, ATTACHMENTS FO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0948	FRACTURE FRAME, ATTACHMENTS FO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0950	TRAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0951	LOOP HEEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0952	TOE LOOP/HOLDER, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0953	W/C LATERAL THIGH/KNEE SUP		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
E0954	FOOT BOX, ANY TYPE EACH FOOT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
E0955	CUSHIONED HEADREST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0956	W/C LATERAL TRUNK/HIP SUPPOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0957	W/C MEDIAL THIGH SUPPORT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0958	WHLCHR ATT- CONV 1 ARM DRIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0959	AMPUTEE ADAPTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0960	W/C SHOULDER HARNESS/STRAPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0961	WHEELCHAIR BRAKE EXTENSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0966	WHEELCHAIR HEAD REST EXTENSI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0967	MAN WC RIM/PROJECTION REP EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0968	COMMODE SEAT, WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0969	NARROWING DEVICE, WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0970	NO.2 FOOTPLATES, EXCEPT FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0971	WHEELCHAIR ANTI-TIPPING DEVI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0973	W/CH ACCESS DET ADJ ARMREST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0974	W/CH ACCESS ANTI-ROLLBACK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0978	W/C ACC,SAF BELT PELV STRAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0980	SAFETY VEST, WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0981	SEAT UPHOLSTERY, REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0982	BACK UPHOLSTERY, REPLACEMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0983	ADD PWR JOYSTICK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0984	ADD PWR TILLER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0985	W/C SEAT LIFT MECHANISM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0986	MAN WHEELCHAIR ASSESSORY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0988	MAN W/C ACC, LEVER-ACTIVATED, WHL DRIVE,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0990	WHELLCHAIR ELEVATING LEG RES		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
E0992	WHEELCHAIR SOLID SEAT INSERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E0994	ARM REST, EACH		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
E0995	WC CALF REST, PAD REPLACEMNT		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
E1002	PWR SEAT TILT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1003	PWR SEAT RECLINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1004	PWR SEAT RECLINE MECH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1005	PWR SEAT RECLINE PWR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1006	PWR SEAT COMBO W/O SHEAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1007	PWR SEAT COMBO W/SHEAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1008	PWR SEAT COMBO PWR SHEAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1009	ADD MECH LEG ELEVATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1010	ADD PWR LEG ELEVATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1011	PED WC MODIFY WIDTH ADJUSTM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1012	WHLCHR CNTR MNT ELEV LEG REST EA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
E1014	RECLINING BACK ADD PED W/C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1015	SHOCK ABSORBER FOR MAN W/C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1016	SHOCK ABSORBER FOR POWER W/C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1017	HD SHCK ABSRBR FOR HD MAN WC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1018	HD SHCK ABSRBER FOR HD POWWC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1020	RESIDUAL LIMB SUPPORT SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1028	W/C MANUAL SWINGAWAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1029	W/C VENT TRAY FIXED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1030	W/C VENT TRAY GIMBALED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1031	ROLL ABOUT CHAIR, ANY AND ALL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1035	PATIENT TRANSFER SYSTEM <300		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1036	PATIENT TRANSFER SYSTEM >300		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1037	TRANSPORT CHAIR, PED SIZE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1038	TRANSPORT CHAIR PT WT<=300LB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1039	TRANSPORT CHAIR PT WT >300LB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1050	WHELCHR FXD FULL LENGTH ARMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1060	WHEELCHAIR DETACHABLE ARMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1070	WHEELCHAIR DETACHABLE FOOT R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1083	HEMI WHEELCHAIR; FIXED FULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1084	HEMI WHEELCHAIR; DETACHABLE AR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1085	HWMI WHEELCHAIR; FIXED FULL LE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1086	HEMI WHEELCHAIR; DETACHABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1087	WHEELCHAIR LIGHTWT FIXED ARM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1088	HIGH STRENGTH LIGHTWEIGHT WHE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1089	HIGH STRENGTH WHEELCHAIR, FIXE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1090	HIGH STRENGTH LIGHTWEIGHT WHEE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1092	WIDE HEAVY DUTY WHEELCHAIR, D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1093	WIDE HEAVY DUTY WHEELCHAIR; D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
E1100	SEMI-RECLINING WHEELCHAIR; FIX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1110	SEMI-RECLINING WHEELCHAIR, DET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1130	WHLCHR STAND FXD ARM FT REST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1140	WHEELCHAIR STANDARD DETACH A		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1150	WHEELCHAIR STANDARD W/ LEG R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1160	WHEELCHAIR FIXED ARMS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1161	MANUAL ADULT WC W TILTINSPAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1170	WHLCHR AMPU FXD ARM LEG REST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1171	WHEELCHAIR AMPUTEE W/O LEG R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1172	AMPUTEE, WHEELCHAIR, DETACHABL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1180	WHEELCHAIR AMPUTEE W/ FOOT R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1190	WHEELCHAIR AMPUTEE W/ LEG RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1195	HEAVY DUTY WHEELCHAIR, FIXED F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1200	AMPUTEE WHEELCHAIR, FIXED FULL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1220	CUSTOM WHEELCHAIR AND/OR SEAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1221	WHEELCHAIR W/FIXED ARM, FTREST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1222	WHLCHR W/FIXED ARM,ELEVA LGRST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1223	WHLCHR W/DETCHABLE ARMS, FTRST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1224	WHLCHR W/DETCHABLE ARMS, LGRST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1225	MANUAL SEMI-RECLINING BACK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1226	RECLINING BACK ADD PED W/C		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1227	SPECIAL HEIGHT ARMS FOR WHEEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1228	SPECIAL BACK HEIGHT FOR WHEEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1229	PEDIATRIC WHEELCHAIR NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1230	POWER OPERATED VEHICLE (THREE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1231	RIGID PED W/C TILT-IN-SPACE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1232	FOLDING PED WC TILT-IN-SPACE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1233	RIG PED WC TLTNSPC W/O SEAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1234	FLD PED WC TLTNSPC W/O SEAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1235	RIGID PED WC ADJUSTABLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1236	FOLDING PED WC ADJUSTABLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1237	RGD PED WC ADJSTABL W/O SEAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1238	FLD PED WC ADJSTABL W/O SEAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1239	PED POWER WHEELCHAIR NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1240	LIGHTWEIGHT WHEELCHAIR, DETAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1260	LIGHTWEIGHT WHEELCHAIR, DETACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1280	WHCHR H-DUTY DET ARM LEG RES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1285	HEAVY DUTY WHEELCHAIR; FIXED F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1290	WHEELCHAIR HVY DUTY DETACH A		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1295	HEAVY DUTY WHEELCHAIR, FIXED F		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1296	SPECIAL WHEELCHAIR; SEAT HEIGH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1297	WHEELCHAIR SPECIAL SEAT DEPT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1298	SPECIAL WHEELCHAIR; SEAT HEIGH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1300	WHIRLPOOL, PORTABLE (OVERBED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1310	WHIRLPOOL; NON-PORTABLE (BUILT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
E1353	REGULATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1354	WHEELED CART, PORT CYL/CONC RPL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1355	STAND/RACK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1356	BATT PACK/CART, PORT CONC RPL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1357	BATTERY CHARGER, PORT CONC RPL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1358	DC POWER ADAPTER, PORT CONC RPL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1372	IMMERSION EXTERNAL HEATER FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1390	OXYGEN CONCENTRATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1391	OXYGEN CONCENTRATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1392	Portable oxygen concentrator		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1399	DURABLE MEDICAL EQUIPMENT MI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1405	OXYGEN AND VAPOR ENRICHING SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1406	OXYGEN AND WATER ENRICHING SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1500	PERITONEAL DIALYSIS MACHINE L		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1510	KIDNEY DIALYSTATE DELIVERY SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1520	HEPARIN INFUSION PUMP FOR DIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1530	AIR BUBBLE DETECTOR FOR DIALY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1540	PRESSURE ALARM FOR DIALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1550	BATH CONDUCTIVITY METER FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1560	BLOOD LEAK DETECTOR FOR DIALYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1570	ADJUST CHAIR, FOR ESRD PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1575	TRANSDUCER PROTECTORS/FLUID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1580	UNIPUNCTURE CONTROL SYSTEM FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1590	HEMODIALYSIS MACHINE UNIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1592	AUTOMATIC INTERMITTENT PERITO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1594	CYCLER DIALYSIS MACHINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1600	DLVRY AND/OR INSTALL CHG FOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1610	REVERSE OSMOSIS WATER PURIFI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1615	DEIONIZER WATER PURIFICATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1620	BLOOD PUMP FOR DIALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1625	WATER SOFTENING SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1629	TABLO FOR DIALYSIS SERVICE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
E1630	RECIP PERITONEAL DIALYSIS SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1632	WEARABLE ARTIFICAL KIDNEY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1634	PERITONEAL DIALYSIS CLAMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1635	COMPACT (PORTABLE) TRAVEL HEMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1636	SORBENT CARTRIDGES PER CASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
E1637	HEMOSTATS FOR DIALYSIS, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1639	DIALYSIS SCALE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1699	DIALYSIS EQUIPMENT, UNSPECIFIE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1700	JAW MOTION REHABILITATION SYST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1701	REPLACEMENT CUSHIONS FPR JAW M		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1702	REPLACEMENT MEASURING SCALES		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1800	ADJUST ELBOW EXT/FLEX DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1801	SPS ELBOW DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1802	ADJST FOREARM PRO/SUP DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1805	ADJUST WRIST EXT/FLEX DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1806	SPS WRIST DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1810	ADJUST KNEE EXT/FLEX DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1811	SPS KNEE DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1812	NEE EXT/FLEX W ACT RES CTRL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1815	ADJUST ANKLE EXT/FLEX DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1816	SPS ANKLE DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1820	SOFT INTERFACE MATERIAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1821	REPLACEMENT INTERFACE SPSD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1825	ADJUST FINGER EXT/FLEX DEVC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1830	ADJUST TOE EXT/FLEX DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E1831	STATIC STR TOE DEV EXT/FLEX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1840	ADJ SHOULDER EXT/FLEX DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1841	STATIC STR SHLDR DEV ROM ADJ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E1902	AAC NON-ELECTRONIC BOARD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2000	GASTRIC SUCTION PUMP HME MDL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E2100	BLD GLUCOSE MONITOR W VOICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E2101	BLD GLUCOSE MONITOR W LANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2102	ADJU CGM RECEIVER/MONITOR		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
E2120	PULSE GEN SYS TX ENDOLYMP FL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2201	MAN W/CH ACC SEAT W>=20Þ<24Þ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2202	SEAT WIDTH 24-27 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2203	FRAME DEPTH LESS THAN 22 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2204	FRAME DEPTH 22 TO 25 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2205	MANUAL WC ACCESSORY, HANDRIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2206	MAN WC WHL LOCK COMP REPL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2207	CRUTCH AND CANE HOLDER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2208	YLINDER TANK CARRIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2209	ARM TROUGH EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2210	WHEELCHAIR BEARINGS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2211	PNEUMATIC PROPULSION TIRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2212	PNEUMATIC PROP TIRE TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2213	PNEUMATIC PROP TIRE INSERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2214	PNEUMATIC CASTER TIRE EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2215	PNEUMATIC CASTER TIRE TUBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2216	FOAM FILLED PROPULSION TIRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2217	FOAM FILLED CASTER TIRE EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2218	FOAM PROPULSION TIRE EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2219	FOAM CASTER TIRE ANY SIZE EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2220	SOLID PROPULS TIRE, REPL, EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2221	SOLID CASTER TIRE REPL, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2222	SOLID CASTER INTEG WHL, REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2224	PROPULSION WHL EXCL TIRE REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2225	CASTER WHEEL EXCLUDES TIRE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2226	CASTER FORK REPLACEMENT ONLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2227	GEAR REDUCTION DRIVE WHEEL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2228	MWC ACC, WHEELCHAIR BRAKE EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2230	MANUAL WLCHR STANDING SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2231	MAN WLCHR SOLID SEAT SUPPORT BASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2291	PLANAR BACK FOR PED SIZE WC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2292	PLANAR SEAT FOR PED SIZE WC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2293	CONTOUR BACK FOR PED SIZE WC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2294	CONTOUR SEAT FOR PED SIZE WC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2295	PED WLCHR DYNAMIC SEATING FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2300	PWR SEAT ELEVATION SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2301	PWR STANDING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2310	ELECTRO CONNECT BTW CONTROL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2311	ELECTRO CONNECT BTW 2 SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2312	MINI-PROP REMOTE JOYSTICK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2313	PWC HARNESS, EXPAND CONTROL EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2321	HAND INTERFACE JOYSTICK		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2322	MULT MECH SWITCHES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2323	SPECIAL JOYSTICK HANDLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2324	CHIN CUP INTERFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2325	SIP AND PUFF INTERFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2326	BREATH TUBE KIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2327	HEAD CONTROL INTERFACE MECH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2328	HEAD/EXTREMITY CONTROL INTER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2329	HEAD CONTROL NONPROPORTIONAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2330	HEAD CONTROL PROXIMITY SWITC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2331	ATTENDANT CONTROL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2340	W/C WDTH 20-23 IN SEAT FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2341	W/C WDTH 24-27 IN SEAT FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2342	W/C DPTH 20-21 IN SEAT FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2343	W/C DPTH 22-25 IN SEAT FRAME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2351	ELECTRONIC SGD INTERFACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
E2358	PWR W/C ACC, GR 34 NON-SEALED LEAD ACID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E2359	PWR W/C ACC, GR 34 SEALED LEAD ACID BATT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2360	22NF NONSEALED LEADACID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2361	22NF SEALED LEADACID BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2362	GR24 NONSEALED LEADACID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2363	GR24 SEALED LEADACID BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2364	U1NONSEALED LEADACID BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2365	U1 SEALED LEADACID BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2366	BATTERY CHARGER, SINGLE MODE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2367	BATTERY CHARGER, DUAL MODE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2368	PWR WC DRIVEWHEEL MOTOR REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2369	PWR WC DRIVEWHEEL GEAR REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2370	PWR WC DR WH MOTOR/GEAR COMB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2371	R27 SEALED LEADACID BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2372	GR27 NON-SEALED LEADACID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E2373	Hand/chin ctrl spec joystick		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2374	Hand/chin ctrl std joystick		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2375	Non-expandable controller		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2376	Expandable controller, repl		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2377	Expandable controller, initl		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2378	PW ACTUAOR REPLACEMENT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
E2381	Pneum drive wheel tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2382	Tube, pneum wheel drive tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2383	Insert, pneum wheel drive		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2384	Pneumatic caster tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2385	Tube, pneumatic caster tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2386	Foam filled drive wheel tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2387	Foam filled caster tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2388	Foam drive wheel tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2389	Foam caster tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2390	Solid drive wheel tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2391	Solid caster tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2392	Solid caster tire, integrate		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2394	Drive wheel excludes tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2395	Caster wheel excludes tire		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2396	Caster fork		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2397	PWC ACC, LITH-BASED BATTERY EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2398	WC DYNAMIC POS BACK HARDWARE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
E2402	NEG PRESS WOUND THERAPY PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2500	SGD DIGITIZED PRE-REC <=8MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2502	SGD PREREC MSG >8MIN <=20MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2504	SGD PREREC MSG>20MIN <=40MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2506	SGD PREREC MSG > 40 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2508	SGD SPELLING PHYS CONTACT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2510	SGD W MULTI METHODS MSG/ACCS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2511	SGD SFTWRE PRGRM FOR PC/PDA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2512	SGD ACCESSORY, MOUNTING SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2599	SGD ACCESSORY NOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2601	GEN W/C CUSHION WDTH < 22 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2602	GEN W/C CUSHION WDTH >=22 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2603	SKIN PROTECT WC CUS WD <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2604	SKIN PROTECT WC CUS WD>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2605	POSITION WC CUSH WDTH <22 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2606	POSITION WC CUSH WDTH>=22 IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2607	SKIN PRO/POS WC CUS WD <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2608	SKIN PRO/POS WC CUS WD>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2609	CUSTOM FABRICATE W/C CUSHION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2610	POWERED W/C CUSHION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2611	GEN USE BACK CUSH WDTH <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2612	GEN USE BACK CUSH WDTH>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2613	POSITION BACK CUSH WD <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2614	POSITION BACK CUSH WD>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2615	POS BACK POST/LAT WDTH <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2616	POS BACK POST/LAT WDTH>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2617	CUSTOM FAB W/C BACK CUSHION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2619	REPLACE COVER W/C SEAT CUSH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2620	WC PLANAR BACK CUSH WD <22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2621	WC PLANAR BACK CUSH WD>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2622	ADJ SKIN PRO W/C CUS WD<22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2623	ADJ SKIN PRO WC CUS WD>=22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2624	ADJ SKIN PRO/POS CUS<22IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2625	ADJ SKIN PRO/POS WC CUS>=22		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2626	W/C ACC, SHLDR ELBOW MBL ARM SUP BAL ADJ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2627	W/C ACC SHLDR ELBOW, MOBL ARM SUP BAL AD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2628	W/C ACC, SHLDR ELBOW, MBL ARM SUPP, BAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2629	W/C ACC, SHLDR ELBOW, MBL ARM SUPP, BAL,		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2630	W/C ACC, SHLDR ELBW, ARM/ /MONOSUSP ARM/		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2631	W/C ACC, ADD MBL ARM SUPPORT, ELEVAT PRO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2632	W/C ACC, ADD ARM SUPPORT, OFFSET/LATRL R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E2633	W/C ACC, ADD MBL ARM SUPP, SUPINATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
E8000	POSTERIOR GAIT TRAINER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E8001	UPRIGHT GAIT TRAINER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
E8002	ANTERIOR GAIT TRAINER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
G0008	ADMIN OF INFLUENZA VIRUS VACC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0009	ADMIN OF PNEUMOCOCCAL VACCINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G0010	ADMIN HEPATITIS B VACCINE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0027	SEMEN ANALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0028	DOC MED RSN NO SCR TOB		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0029	NO TOB SCR/CESS INT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0030	PT SCR TOB & CESS INT		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0031	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0032	2+ ANTIPSY SCHIZ		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0033	2+ BENZO SEIZ		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0034	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0035	PT ED POS 23		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0036	PT/PTN DECLN ASSESS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0037	PT NOT ABLE TO PARTICIPATE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0038	CLIN PT NO REF		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0039	PT NO REF, RN SPEC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0040	PT PHYS/OCC THERAPY		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0041	PT/PTN DECLN REFERRAL		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0042	REF TO THERAPY		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0043	PT MECH PROS HT VALV		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0044	PT MITRAL STENOSIS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0045	MRS 90 DAYS POST STK		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0046	NO MRS 90 DAYS POST STK		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0047	PED BLUNT HD TRAUM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0048	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0049	MAIN HEMO IN-CNTR		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0050	PT W/ LMTED LIFE EXPEC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0051	PT HOSPICE MNTH		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0052	PT PERI DIALYSIS DUR MO		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0053	ADV RHEUM PT CARE MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0054	STRK CR PREV POS OUTCME MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0055	ADV CARE HEART DX MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0056	OPT CHRONIC DX MANG MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0057	BEST PCT PT SAFETY EM MV		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0058	IMPRV CARE LE JNT REPR MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0059	PT SFTY POS EXP W ANETH MVP		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0060	ALLERGY/IMMUNOLOGY SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0061	ANESTHESIOLOGY SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0062	AUDIOLOGY SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0063	CARDIOLOGY SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0064	CERT NURSE MIDWIFE SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0065	CHIROPRACTIC SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0066	CLINICAL SOCIAL WORK SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0067	DENTISTRY SS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0068	ADM IV INFUSION DRUG IN HOME		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0069	ADM SQ INFUSION DRUG IN HOME		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0070	ADM OF CHEMO DRUG IN HOME		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0071	COMM SVCS BY RHC/FQHC 5 MIN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0076	CARE MANAG H VST NEW PT 20 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0077	CARE MANAG H VST NEW PT 30 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0078	CARE MANAG H VST NEW PT 45 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0079	CARE MANAG H VST NEW PT 60 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0080	CARE MANAG H VST NEW PT 75 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0081	CARE MAN H V EXT PT 20 MI		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0082	CARE MAN H V EXT PT 30 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0083	CARE MAN H V EXT PT 45 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0084	CARE MAN H V EXT PT 60 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0085	CARE MAN H V EXT PT 75 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0086	CARE MAN HOME CARE PLAN 30 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0087	CARE MAN HOME CARE PLAN 60 M		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G0088	ADM IV DRUG 1ST HOME VISIT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G0089	ADM SUBQ DRUG 1ST HOME VISIT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G0090	ADM IV CHEMO 1ST HOME VISIT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G0101	CA SCREEN;PELVIC/BREAST EXAM		0	999	07/01/2021	12/31/9999	1	O1	58.52	S
G0102	PROSTATE CA SCREENING; DRE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0103	PSA, TOTAL SCREENING		0	999	07/01/2020	12/31/9999	1	O1	17.38	A
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
G0105	COLORECTAL SCRN; HI RISK IND		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
G0106	COLON CA SCREEN;BARIUM ENEMA		0	999	07/01/2021	12/31/9999	1	O1	139.56	S
G0108	DIAB MANAGE TRN PER INDIV	Y	0	999	07/01/2020	12/31/9999	2	O1	46.95	A
G0109	DIAB MANAGE TRN IND/GROUP	Y	0	999	07/01/2020	12/31/9999	12	O1	13.11	A
G0117	GLAUCOMA SCRN HGH RISK DIREC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0118	GLAUCOMA SCRN HGH RISK DIREC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0120	COLON CA SCRN; BARIUM ENEMA		0	999	07/01/2021	12/31/9999	1	O1	287.72	S
G0121	COLON CA SCRN; BARIUM ENEMA		0	999	07/01/2021	12/31/9999	1	O1	620.32	T
G0122	COLON CA SCRN; BARIUM ENEMA		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0123	SCREEN CERV/VAG THIN LAYER		0	999	07/01/2020	12/31/9999	1	O1	18.23	A
G0124	SCREEN C/V THIN LAYER BY MD		0	999	07/01/2020	12/31/9999	1	O1	21.22	B
G0127	TRIM NAIL(S)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0128	CORF SKILLED NURSING SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0129	PARTIAL HOSP PROG SERVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0130	SINGLE ENERGY X-RAY STUDY		0	999	07/01/2021	12/31/9999	1	O1	85.17	S
G0141	SCR C/V CYTO,AUTOSYS AND MD		0	999	07/01/2020	12/31/9999	1	O1	21.22	B
G0143	SCR C/V CYTO,THINLAYER,RESCR		0	999	07/01/2019	12/31/9999	1	O1	24.35	A
G0144	SCR C/V CYTO,THINLAYER,RESCR		0	999	07/01/2019	12/31/9999	1	O1	39.57	A
G0145	SCR C/V CYTO,THINLAYER,RESCR		0	999	07/01/2020	12/31/9999	1	O1	23.84	A
G0147	SCR C/V CYTO, AUTOMATED SYS		0	999	07/01/2020	12/31/9999	1	O1	13.61	A

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G0148	SCR C/V CYTO, AUTOSYS, RESCR		0	999	07/01/2019	12/31/9999	1	O1	28.75	A
G0151	HHCP-SERV OF PT,EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0152	HHCP-SERV OF OT,EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0153	HHCP-SVS OF S/L PATH,EA 15MN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0155	HHCP-SVS OF CSW,EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0156	HHCP-SVS OF AIDE,EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0157	HHC PT ASSISTANT EA 15		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0158	HHC OT ASSISTANT EA 15		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0159	HHC PT MAINT EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0160	HHC OCCUP THERAPY EA 15		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0161	HHC SLP EA 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0162	HHC RN E&M PLAN SVS, 15 MIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0166	EXTRNL COUNTERPULSE, PER TX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0168	WOUND CLOSURE BY ADHESIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0175	OPPS SERVICE,SCHED TEAM CONF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0176	OPPS/PHP;ACTIVITY THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0177	OPPS/PHP; TRAIN & EDUC SERV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0179	MD RECERTIFICATION HHA PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0180	MD CERTIFICATION HHA PATIENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0181	HOME HEALTH CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0182	HOSPICE CARE SUPERVISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0186	DSTRY EYE LESN,FDR VSSL TECH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0219	PET IMG WHOLBOD MELANO NONCO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0235	PET IMAGING ANY SITE NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0237	THERAPEUTIC PROCD STRG ENDUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0238	OTH RESP PROC, INDIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0239	OTH RESP PROC, GROUP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0245	INITIAL FOOT EXAM PT LOPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0246	FOLLOWUP EVAL OF FOOT PT LOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0247	ROUTINE FOOTCARE PT W LOPS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0248	DEMONSTRATE USE HOME INR MON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0249	PROVIDE TEST MATERIAL,EQUIPM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0250	MD REVIEW INTERPRET OF TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0252	PET IMAGING INITIAL DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0255	CURRENT PERCEP THRESHOLD TST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0257	UNSCHED DIALYSIS ESRD PT HOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0259	INJECT FOR SACROILIAC JOINT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0260	INJ FOR SACROILIAC JT ANESTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0268	REMOVAL OF IMPACTED WAX MD		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0269	OCCLUSIVE DEVICE IN VEIN ART		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0270	MNT SUBS TX FOR CHANGE DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0271	GROUP MNT 2 OR MORE 30 MINS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0276	PROC FOR LUMBAR STENOSIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0277	HYPERBARIC OXYGEN PER 30 MIN		0	999	07/01/2021	12/31/9999	5	O1	93.23	S
G0278	ILIAC ART ANGIO,CARDIAC CATH		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0279	DIAG DIGITAL BREAST TOMOSYNTHESIS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0281	ELEC STIM UNATTEND FOR PRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0282	ELECT STIM WOUND CARE NOT PD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0283	ELEC STIM OTHER THAN WOUND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0288	RECON, CTA FOR SURG PLAN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0289	ARTHRO, LOOSE BODY + CHONDRO		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
G0293	NON-COV SURG PROC,CLIN TRIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0294	NON-COV PROC, CLINICAL TRIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0295	ELECTROMAGNETIC THERAPY ONC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0296	COUNSELING LDCT SCREENING		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0299	HHS/HOSPICE OF RN EA 15 MIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0300	HHS/HOSPICE OF LPN EA 15 MIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0302	PRE-OP SERVICE LVRS COMPLETE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0303	PRE-OP SERVICE LVRS 10-15DOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0304	PRE-OP SERVICE LVRS 1-9 DOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0305	POST OP SERVICE LVRS MIN 6		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0306	CBC/DIFFWBC W/O PLATELET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0307	CBC WITHOUT PLATELET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0310	IM COUNSEL W/O ADMIN SAME DATE, 5-15 MIN		0	999	12/02/2021	12/31/9999	1	O6	0.00	E
G0311	IM COUNSEL W/O ADMIN SAME DATE, 16-30 MI		0	999	12/02/2021	12/31/9999	1	O6	0.00	E
G0312	IM COUNSEL W/O ADM UNDER 21, 5-15 MIN		0	20	12/02/2021	12/31/9999	1	O6	0.00	E
G0313	IM COUNSEL W/O ADM UNDER 21, 16-30 MIN		0	20	12/02/2021	12/31/9999	1	O6	0.00	E
G0314	IM COUNSEL COVID-19 UNDER 21, 16-30 MIN		0	20	12/02/2021	12/31/9999	1	O6	0.00	E
G0315	IM COUNSEL COVID-19 UNDER 21, 5-15 MIN		0	20	12/02/2021	12/31/9999	1	O6	0.00	E
G0327	COLON CA SCRN;BLD-BSD BIOMRK		0	999	07/01/2021	12/31/9999	1	O6	0.00	E
G0328	FECAL BLOOD SCREENING IMMUN		0	999	07/01/2019	12/31/9999	1	O1	16.25	A
G0329	ELECTROMAGNTIC TX FOR ULCERS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0333	DISPENSE FEE INITIAL 30 DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0337	HOSPICE EVALUATION PREELECTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0339	ROBOT LIN RADSURG COM FIRST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0340	ROBOT LIN RADSURG FRACTX 2-5		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0341	PERCUT ISLET CELL TRANSPLNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0342	LAPAROSCOPY ISLET CELL TRANSPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0343	LAPAROTOMY ISLET CELL TRNSPLNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0372	MD SERVICE REQUIRED FOR PMD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0378	HOSPITAL OBSERVATION PER HR		0	999	07/01/2021	12/31/9999	23	O1	77.59	M1
G0379	DIRECT ADMIT HOSPITAL OBSERV		0	999	09/01/2012	12/31/9999	1	O1	0.00	M1
G0380	Lev 1 hosp type B ED visit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0381	Lev 2 hosp type B ED visit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0382	Lev 3 hosp type B ED visit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G0383	Lev 4 hosp type B ED visit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0384	Lev 5 hosp type B ED visit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0390	Trauma Respons w/hosp criti		0	999	07/01/2021	12/31/9999	1	O1	736.78	S
G0396	ALCOHOL/SUBS INTERV 15-30MN		9	60	07/01/2021	12/31/9999	1	O1	20.50	S
G0397	ALCOHOL/SUBS INTERV >30 MIN		9	60	07/01/2021	12/31/9999	1	O1	104.44	S
G0398	HOME SLEEP TEST/TYPE 2 PORTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0399	HOME SLEEP TEST/TYPE 3 PORTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0400	HOME SLEEP TEST/TYPE 4 PORTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0402	INITIAL PREVENTIVE EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0403	EKG FOR INITIAL PREVENT EXAM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0404	EKG TRACING FOR INITIAL PREV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0405	EKG INTERPRET & REPORT PREVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0406	INPT/TELE FOLLOW UP 15		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0407	INPT/TELE FOLLOW UP 25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0408	INPT/TELE FOLLOW UP 35		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0409	CORF RELATED SERV 15 MINS EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0410	GRP PSYCH PARTIAL HOSP 45-50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0411	INTER ACTIVE GRP PSYCH PARTI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0412	OPEN TX ILIAC SPINE UNI/BIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0413	PELVIC RING FRACTURE UNI/BIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0414	PELVIC RING FX TREAT INT FIX		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0415	OPEN TX POST PELVIC FXCTURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	C
G0416	PROSTATE BIOPSY, ANY MTHD		0	999	07/01/2021	12/31/9999	1	O1	227.64	A
G0420	ED SVC CKD IND PER SESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0421	ED SVC CKD GRP PER SESSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0422	INTENS CARDIAC REHAB W/EXERC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0423	INTENS CARDIAC REHAB NO EXER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0425	INPT/ED TELECONSULT30		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0426	INPT/ED TELECONSULT50		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0427	INPT/ED TELECONSULT70		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0428	COLLAGEN MENISCUS IMPLANT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0429	DERMAL FILLER INJECT FOR LDS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0432	EIA HIV-1/HIV-2 SCREEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0433	ELISA HIV-1/ HIV-2 SCREEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0435	RAPID IMMUNOASSAY HIV-1,2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0438	PPPS, INITIAL VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0439	PPPS, SUBSEQ VISIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0442	ANNUAL ALCOHOL MISUSE SCREEN 15 MIN		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0443	BRIEF FACE-TO-FACE BEHAV COUNS ALCOHOL M		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0444	ANNUAL DEPRESSION SCREENING,15 MINUTES		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0445	HIGH INTEN BEHAV COUNS PRVT SEX TRNSMIT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0446	INTEN BEHAV THRPY CARDIO DIS RISK, IND B		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0447	FACE-TO-FACE BEHAV COUNS OBESITY 15 MINU		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0448	INSERT/RPLC PERM PACING CARDIO-DEFIB SYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0451	DEV TEST/INTERPRET/RPT PER FORM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0452	MOLECULAR PATHOLOGY INTERP		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0453	CONT INTRAOP NEURO MONITOR, EACH 15 MIN		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0454	MD DOCUMENT VISIT BY NPP		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0455	FECAL MICROBIOTA PREP INSTIL		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0458	LDR PROSTATE BRACHY COMP RAT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G0459	TELEHEALTH INPT PHARM MGMT		0	999	01/02/2013	12/31/9999	1	O6	0.00	E
G0460	PLASMA CHRNC WOUNDS/ULCERS / TMNT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G0463	OP CLINIC VISIT ASSESS/MANAGE PATIENT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G0465	AUTOLOG PRP DIAB WOUND ULCER		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G0466	FQHC VISIT NEW PT MEDICARE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0467	FQHC VISIT ESTABLISHED PT MEDICARE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0468	FQHC VISIT IPPE OR AWV MEDICARE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0469	FQHC VISIT MENTAL HLTH NEW PT MEDICR		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0470	FQHC VISIT MENTAL HLTH EST PT MEDICAR		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0471	COLL VENOUS BLOOD OR URINE SAMPLE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0472	HEPATITIS C ANTIBODY SCREEN		0	999	07/01/2019	12/31/9999	1	O1	41.72	A
G0473	OBESITY COUNSELING, GROUP 30 MIN		12	999	01/01/2015	12/31/9999	1	O6	0.00	E
G0475	HIV ANTIGEN/ANTIGODY SCREENING		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0476	INFECT AGENT DNA/RNA HPV TEST		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0480	DRUG TEST DEFINITIVE 1-7		0	999	07/01/2019	12/31/9999	1	O1	102.99	A
G0481	DRUG TEST DEFINITIVE 8-14		0	999	07/01/2019	12/31/9999	1	O1	140.93	A
G0482	DRUG TEST DEFINITIVE 15-21		0	999	07/01/2019	12/31/9999	1	O1	178.87	A
G0483	DRUG TEST DEFINITIVE 22+		0	999	07/01/2019	12/31/9999	1	O1	222.23	A
G0490	HOME VISIT RN/LPN BY RHC/FQ		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G0491	DIALYSIS ACU KIDNEY NO ESRD		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0492	MD/OTH EVAL ACUT KID NO ESRD		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0493	RN CARE EA 15 MIN HH/HOSPICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0494	LPN CARE EA 15MIN HH/HOSPICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0495	RN CARE TRAIN/EDU IN HH		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0496	LPN CARE TRAIN/EDU IN HH		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0498	CHEMO EXTEND IV INFUS W/PUMP		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G0499	HEPB SCREEN HIGH RISK INDIV		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0500	MOD SEDAT ENDO SERVICE >5YRS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0501	RESOURCE-INTEN SVC DURING OV		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0506	COMP ASSES CARE PLAN CCM SVC		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0508	CRIT CARE TELEHEA CONSULT 60		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0509	CRIT CARE TELEHEA CONSULT 50		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G0511	CCM/BHI BY RHC/FQHC 20MIN MO		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0512	COCM BY RHC/FQHC 60 MIN MO		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0513	PROLONG PREV SVCS, FIRST 30M		0	999	01/01/2018	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G0514	PROLONG PREV SVCS, ADDL 30M		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0516	INSERT DRUG DEL IMPLANT >4		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0517	REMOVE DRUG IMPLANT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0518	REMOVE W INSERT DRUG IMPLANT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G0659	DRUG TEST PER DAY ANY # DRUG CLASSES		0	999	07/01/2020	12/31/9999	1	O1	55.93	A
G0913	IMPRV VISUAL FUNC W/IN 90 DAYS FOLLOW CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0914	PTI CARE SURVEY NOT COMPLTD BY PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0915	IMPRV VISUAL FUNC NOT ACHIEV W/IN 90 DAY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0916	SAT W/CARE ACHVD 90 DAYS CATARACT SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0917	PT SATISF SURVEY NOT COMPLTD BY PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G0918	SAT CARE NOT ACHVD 90 DAYS CATARACT SURG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G1001	CDSM EVICORE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1002	CDSM MEDCURRENT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1003	CDSM MEDICALIS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1004	CDSM NDSC		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1007	CDSM AIM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1008	CDSM CRANBERRY PK		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1010	CDSM STANSON		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1011	CDSM QUALIFIED NOS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G1012	CDSM AGILEMD		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1013	CDSM EVIDENCECARE		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1014	CDSM INVENIQA		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1015	CDSM RELIANT		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1016	CDSM SPEED OF CARE		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1017	CDSM HEALTHHELP		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1018	CDSM INFINX		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1019	CDSM LOGICNETS		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G1020	CDSM CURBSIDE		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
G1021	CDSM EHEALTHLINE		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
G1022	CDSM INTERMOUNTAIN		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
G1023	CDSM PERSIVIA		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
G1024	CDSM RADRITE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G1025	PT MNTH 1 MCP PROV		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G1026	PT HEMO > 3MO		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G1027	PT HEMO < 3MO		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G1028	TAKE HOME SUPPLY 8MG PER 0.1		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G2000	BLINDED CONV. TX MED CLIN TRIAL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G2001	POST D/C H VST NEW PT 20 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2002	POST-D/C H VST NEW PT 30 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2003	POST-D/C HOME VST NEW PT 45 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2004	POST-D/C HOME VST NEW PT 60 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2005	POST-D/C HOME VST NEW PT 75 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2006	POST-D/C HOME VST EXT PT 20 MINS		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2007	POST-D/C HOME VST EXT PT 30 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2008	POST-D/C HOME VST EXT PT 45 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2009	POST-D/C HOME VST EXT PT 60 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2010	REMOT IMAGE SUBMIT BY PT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G2011	ALCOHOL/SUB ABUSE ASSESS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G2012	BRIEF CHECK IN BY MD/QHP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
G2013	POST-D/C HOME VST EXT PT 75 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2014	POST-D/C H VST CARE PLAN OVER30 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2015	POST-D/C H VST CARE PLAN OVER 60 M		0	999	04/01/2019	12/31/9999	1	O6	0.00	E
G2020	HI INTEN SERV FOR SIP MODEL		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
G2021	HEA CARE PRACT TX IN PLACE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2022	BENEF REFUSES SERVICE, MOD		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2023	SPEC COLLEC COVD-19, ANY SOURCE		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G2024	SPECI COLLEC COVD-19, IND IN A SNF, ANY		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G2025	DIS SITE TELE SVCS RHC/FQHC		0	999	01/27/2020	12/31/9999	1	O6	0.00	E
G2061	QUAL NONMD EST PT 5-10M		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2062	QUAL NONMD EST PT 11-20M		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2063	QUAL NONMD EST PT 21>MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2066	INTER DEVC REMOTE 30D		0	999	01/01/2020	12/31/9999	1	O1	29.04	S
G2067	MED ASSIST TX METH WK		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2068	MED ASSIST TX BUPRE ORAL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2069	MED ASSIST TX INJECT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2070	MED ASSIST TX IMPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2071	MED TX REMOVE IMPLANT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2072	MED TX INSERT/REMOVE IMP		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2073	MED TX NALTREXONE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2074	MED ASSIST TX NO DRUG		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2075	.		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2076	INTAKE ACT W/MED EXAM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2077	PERIODIC ASSESSMENT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2078	TAKE-HOME METH		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2079	TAKE-HOM BUPRENORPHINE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2080	ADD 30 MINS COUNSEL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2081	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2082	VISIT ESKETAMINE 56M OR LESS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2083	VISIT ESKETAMINE, > 56M		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2086	OFF BASE OPIOID TX 70MIN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2087	OFF BASE OPIOID TX, 60 M		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2088	OFF BASE OPIOID TX, ADD30		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2090	PT 66+ FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2091	PT 66+ FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2092	ACE ARB ARNI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G2093	MED DOC RSN NO ACE ARN ARNI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2094	PT RSN NO ACE ARN ARNI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2095	SYS RSN NO ACE ARN ARNI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2096	NO RSN ACE ARB ARNI		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2097	DX URI 3D AFTER OTHER DX		0	18	01/01/2020	12/31/9999	1	O6	0.00	E
G2098	PT 66+ FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2099	PT 66+ FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2100	PT 66+ FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2101	PT 66+ FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2105	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2106	PT 66+ LT INTS > 90		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2107	PT 66+ FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2108	PT 66+ SNP OR LTC POS > 90D		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2109	PT 66+ FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2110	PT 66+ FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2112	PRED<=5 MG RA GLU <6M		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2113	PRED>5 MG >6M, NO CHG DA		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2115	PT 66-80 FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2116	PT 66-80 FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2118	PT 81+ FRAILTY		81	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2121	PSY DEP ANX AP AND ICD ASSE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2122	PSY/DEP/ANX/APANDICD NOASSE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2125	PT 81+ FRAILTY		81	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2126	PT 66-80 FRAILTY AND ADV ILL		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2127	PT 66-80 FRAILTY AND MED DEM		66	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2128	NO ASPIRIN MED RSN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2129	NO BP OUTPT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2136	BK PAIN VAS 6-20WK <= 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2137	BK PAIN VAS 6-20WK > 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2138	BK PAIN VAS 9-15MO <= 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2139	BK PAIN VAS 9-20MO > 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2140	LEG PAIN VAS 6-20WK <= 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2141	LEG PAIN VAS 6-20WK > 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2142	FS ODI 9-15MO POSTOP<= 22		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2143	FS ODI 9-15MO > 22		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2144	FS ODI 6-20WK POSTOP > 22		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2145	FSODI 6-20WK >22 OR CHG 30PT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2146	LEG PAIN VAS 9-15MO <= 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2147	LEG PAIN VAS 9-15MO > 3		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2148	MPM USED		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2149	NO MPM MED RSN		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2150	NO MPM		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2151	DX DEGEN NEURO		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2152	RES CHANGE SC >=0		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2167	RES CHANGE SC < 0		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
G2168	SVS BY PT IN HOME HEALTH		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G2169	SVS BY OT IN HOME HEALTH		0	999	04/01/2020	12/31/9999	1	O6	0.00	E
G2170	AVF BY TISSUE W THERMAL E		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
G2171	AVF USE MAGNETIC/ART/VEN		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
G2172	TX FOR OPIOID USE DEMO PROJ		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
G2173	URI W COMORB 12M OTH DX		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2174	URI NEW RX ANTIBIOTIC 30D		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2175	PT COMORB DX 12M OF EPI		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2176	OUTPT ED OBS W INPT ADMIT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2177	BRONCH W RX ANTIBX 30D		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2178	PT NOT ELIG LOW NEURO EX		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2179	MED DOC RSN NO LOW EX		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2180	INELIG FOOTWR EVAL		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2181	BMI NOT DOC MEDRSN PTREF		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2182	PT 1ST BIOLOG ANTIRHEUM		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2183	DOC PT UNABLE COMM		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2184	NO CAREGIVER		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2185	CAREGIVER DEM TRAINED		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2186	PT REF APP RSRCS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2187	CLIN IND IMG HD TRAUMA		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2188	PT 50 YRS W/CLIN IND HD		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2189	IMG HD ABNML NEURO EXAM		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2190	IND IMG HD RAD NECK		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2191	IND IMG HD POS HD ACHE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2192	>55 YRS TEMP HD ACHE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2193	<6YR NEW ONSET HD ACHE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2194	NEW HDACHE PED PT DIS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2195	OCCIP HDACHE CHILD		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2196	SCREEN UNHLTHY ETOH USE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2197	SCREEN HLTHY ETOH USE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2198	MED RSN NO UNHLTHY ETOH		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2199	NOT SCRN ETOH NO RSN		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2200	UNHLTHY ETOH RCVD COUNS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2201	MED RSN NO BRIEF COUNS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2202	NO RSN NO BRIEF COUNS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2203	MED RSN NO ETOH COUNS		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2204	PT 50-85 W/ SCOPE		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2205	PREG DRNG ADJV TRTMT		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2206	ADJV TRTMT CHEMO HER2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E
G2207	RSN NO TRTMT CHEM HER2		0	999	01/01/2021	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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

Mississippi Division of Medicaid
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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G8430	DOC MED RSN NO MEDREC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8431	POS CLIN DEPRES SCRN F/U DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8432	DEP SCR NOT DOC, RNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8433	SCR DEP NOT DONE, DOC RSN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8450	BETA-BLOC RX PT W/ABN IVEF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8451	PT W/ABN LVEF INELIG B-BLOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8452	PT W/ABN IVEF B-BLOC NO RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8465	HIGH RISK RECURRENCE PRO CA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8473	ACE/ARB THXPY RX'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8474	ACE/ARB NOT RX'D; DOC REAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8475	ACE/ARB THXPY NOT RX'D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8476	BP SYS <140 AND DIAS <90		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8477	BP SYS>=140 AND/OR DIAS >=90		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8478	BP NOT PERFORMED/DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8482	FLU IMMUNIZE ORDER/ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8483	FLU IMM NO ADMIN DOC REA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8484	FLU IMMUNIZE NO ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8506	PT REC ACE/ARB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8510	SCR DEP NEG, NO PLAN REQD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8511	SCR DEP POS, NO PLAN DOC RNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8535	'PT INELIG NO ELD MAL SCRN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8536	NO DOC ELDER MAL SCRN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8539	DOC FUNCT AND CARE PLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8540	'PT INELIG FUNCT ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8541	NO DO CCUR FUNCT ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8542	DOC FUNCT ASSES; NO CARE PLN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8543	CUR FUNCT ASSES; NO CARE PLN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8559	PT REF DOC OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8560	PT HX ACT DRAIN PREV 90 DAYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8561	PT INELIG FOR REF OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8562	PT NO HX ACT DRAIN 90 D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8563	PT NO REF OTO REAR NO SPEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8564	PT REF OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8565	VER DOC HEAR LOSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8566	PT INELIG REF OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8567	PT NO DOC HEAR LOSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8568	PT NO REF OTOLO NO SPEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8569	PROL INTUBATION REQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8570	NO PROL INTUB REQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8575	POSTOP REN FAIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8576	NO POSTOP REN FAIL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8577	REOP REQ BLD GRFT OTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8578	NO REOP REQ BLD GRFT OTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8598	ASA/ANTIPLAT THER USED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8599	NO ASA/ANTIPLAT THER USE RNG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8600	TPA INITI W/IN 3 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8601	NO ELIG TPA INIT W/IN 3 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8602	NO TPA INIT W/IN 3 HRS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8633	PHARM THER OSTEO RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8635	NO PHARM THER OSTEO RX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8647	FUN STAT SCORE KNEE >= 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8648	FUN STAT SCORE KNEE < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8650	RAFS CRS KI NO SCOR NO RSN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8651	FUN STAT SCORE HIP >= 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8652	FUN STAT SCORE HIP < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8654	RAFS CRS HI NO SCOR NO SURV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8655	RAFSCRS FT ANK SCORE >=0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8656	RAFSCRS FT ANK SCORE < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8658	RAFSCRS LLFAI NO SCOR + SURV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8659	RAFSCRS LUMB SCORE >= 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8660	RAFSCRS LUMB SCORE < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8661	RAFSCRS LUM, NO MSR/NO FOTO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8662	RAFS CRS LBI NO SCOR NO SURV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8663	FUN STAT SCORE SHDL >=0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8664	FUN STAT SCORE SHDL < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8666	RAFS CRS SI NO SCOR NO SURV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8667	FUN STAT SCORE UE >=0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8668	FUN STAT SCORE UE < 0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8670	RAFS CRS EWH NO SCOR NO SURV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8694	LVEF < 40%		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8708	PT NOT PRESCR/DISPENSD ANTIBIOTIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8709	URI EP COMPETE DIAG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8710	PT PRESCR/DISPENSED ANTIBIOTIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8711	PRESCR OR DISPENSD ANTIBIOTIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8712	ANTIBIOTIC NOT PRESCR/DISPENSED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8721	PT CAT, PN CAT, HISTOL GRD DOC IN PATH R		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8722	MED REAS PT, PN, NOT DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8723	SPEC SITE OTH THAN ANATOM LOC PRIMARY TU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8724	PT, PN, HISTGRADE NOT DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8733	DOC POS ELDER MAL SCRN PLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8734	ELDER MALTRT SCR DOC NEG NO FOLLOW-UP RE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8735	ELD MAL SCRN POS NO PLAN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8749	ABSENCE SIGNS OF MELANOMA OR SYMPTOMS OF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8752	MOST RECENT SBP < 140MMHG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8753	MOST RECENT SBP >= 140MMHG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G8754	MOST RECENT DBP < 90MMHG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8755	MOST RECENT DBP >= 90MMHG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8756	NO BP MEASURE DOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8783	SP SCRN PERF REC INTERVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8785	BP SCRN PERF AT INTERVAL, RSN NOT GVN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8797	SPECIMEN SITE NOT ESOPHAGUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8798	SPECIMEN SITE NOT PROSTATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8806	TRANSAB OR TRANSVAG US		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8807	DOC REAS NO US		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8808	NO TRANSAB OR TRASVAG US		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8815	DOC REAS NO STATIN THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8816	STATIN MED PRES AT DISCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8817	DOC REAS NO STATIN MED DISCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8818	PT DISCH TO HOME BY DAY#7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8825	PT NOT DISCH TO HOME DAY#7		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8826	PT DISCH HOME DAY #2 EVAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8833	PT NOT DISCH HOME DAY#2 EVAR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8834	PT DISCH HOME DAY #2 CEA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8838	NOT DISCH HOME BY DAY #2 CEA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8839	SLEEP APNEA ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8840	DOC REAS NO SLEEP APNEA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8841	NO SLEEP APNEA ASSESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8842	AHI OR RDI INITIAL DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8843	DOC REAS NO AHI OR RDI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8844	NO AHI OR RDI INITIAL DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8845	POS AIRWAY PRESS PRESCRIBED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8846	MOD OR SEVERE OSA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8849	DOC REAS NO POS AIR PRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8850	NO PAP PRESCRIBED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8851	ADHERE POS AIR PRESS THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8852	POS AIR PRESS PRESCRIBE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8854	REAS NO ADHERE POS AIR PRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8855	POS AIR PRESS ADHERE NO PERF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8856	REF FOR OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8857	NO ELIG REF FOR OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8858	NOT REF FOR OTO EVAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8863	NO ASSESS BONE LOSS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8864	PNEUMOCOCCAL VACCINE ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8865	DOC MED REAS NO PNEUMOCOCCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8866	DOC PT REAS NO PNEUMOCOCCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8867	NO PNEUMOCOCCAL ADMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8869	DOC IMMUN HEP B 1ST ANTITNF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8875	BREAST CANCER DX MIN INVSIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8876	DOC REAS NO MIN INV DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8877	NO BRST CNCR DX MIN INVASIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8878	SENT LYMPH NODE BIOPSY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8880	DOC REAS NO LYMPH NODE BIOP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8881	BRST CNCR STAGE > T1N0M0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8882	NO SENT LYMPH NODE BIOPSY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8883	REV, COMM, TRACK, DOC BIOPSY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8884	DOC REAS BIOPSY NOT REVIEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8885	NO REV, COMM, TRACK BIOPSY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G8907	PT DOC NO EVENTS ON DISCHARG		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8908	PT DOC W BURN PRIOR TO D/C		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8909	PT DOC NO BURN PRIOR TO D/C		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8910	PT DOC TO HAVE FALL IN ASC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8911	PT DOC NO FALL IN ASC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8912	PT DOC WITH WRONG EVENT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8913	PT DOC NO WRONG EVENT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8914	PT TRANS TO HOSP POST D/C		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8915	PT NOT TRANS TOP HOSPITAL AT D/C		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8916	PT W IV AB GIVEN ON TIME		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8917	PT W IV AB NOT GIVEN ON TIME		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8918	PT W/O PREOP ORDER IV AB PRO		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8923	LVEF < 40% OR LVSD		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8924	SPIR FEV1/FVC<70%,FEV<60%		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8934	LVEF <40% OR DEP IV SYS FCN		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8935	RX ACE OR ARB THERAPY		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8936	PT NOT ELIGIBLE ACE/ARB		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8937	NO RX ACE/ARB THERAPY		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8941	NO DOC ELDER SCRN, PT NO EL		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8942	DOC FCN/CARE PLAN W/30 DAYS		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8944	AJCC MEL CNR STG-IIC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8946	MIBM BUT NO DX OF BREAST CA		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8950	PRE-HTN OR HTN DOC, F/U INDC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8952	PRE-HTM/HTN, NO F/U, NOT GVN		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8955	MOST RECENT ASSESS VOL MGMT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8956	PT RCV HEDIA OUTPT DYLS FAC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8958	ASSESS VOL MGMT NOT DOC		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8961	CSIT LOWRISK SURG PTS PREOP		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8962	CSIT ON PT ANY REAS 30 DAYS		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8963	CSI PER ASX PT W/PCI 2 YRS		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8964	CSI ANY OTHER THAN PCI 2 YR		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8965	CSIT PERF ON LOW SHD RSK		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8966	CSIT PERF SX OR HIGH CHD RSK		0	999	07/01/2013	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G8967	WRFRN OR ARAL ANTIGOAG PRES		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8968	DOC RSN NO WARF/ANTICOG PRES		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8969	DOC PT RSN NO PRESC WARF/FDA		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8970	NO RSK FAC OR 1 MOD RSK TE		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8971	WARFRN OR OTHER ANTCOG NO RX		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G8972	1>=RISK OR >=MOD RISK FOR TE		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G9001	MCCD, INITIAL RATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9002	MCCD,MAINTENANCE RATE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9003	MCCD, RISK ADJ HI, INITIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9004	MCCD, RISK ADJ LO, INITIAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9005	MCCD, RISK ADJ, MAINTENANCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9006	MCCD, HOME MONITORING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9007	MCCD, SCH TEAM CONF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9008	MCCD,PHYS COOR-CARE OVRSGHT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9009	MCCD, RISK ADJ, LEVEL 3		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9010	MCCD, RISK ADJ, LEVEL 4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9011	MCCD, RISK ADJ, LEVEL 5		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9012	OTHER SPECIFIED CASE MGMT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9013	ESRD DEMO LEVEL 1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9014	ESRD DEMO EXPANDED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9016	DEMO-SMOKING CESSATION COUN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9050	ONCOLOGY WORK-UP EVALUATION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9051	ONCOLOGY TREATMENT DECISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9052	ONC SURVEILLANCE FOR DISEASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9053	ONC EXPECTANT MANAGEMENT PT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9054	ONC SUPERVISION PALLIATIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9055	ONC VISIT UNSPECIFIED NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9056	ONC PRAC MGMT ADHERES GUIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9057	ONC PRACT MGMT DIFFERS GUIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9058	ONC PRAC MGMT DISAGREE W/GUI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9059	ONC PRAC MGMT PT OPT ALTERNA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9060	ONC PRAC MGMT DIF PT COMORB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9061	ONC PRAC COND NOADD BY GUIDE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9062	ONC PRAC GUIDE DIFFERS NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9063	ONC DX NSCLC STGI NO DX PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9064	ONC DX NSCLC STG2 NO DX PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9065	ONC DX NSCLC STG3A NODX PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9066	ONC DX NSCLC STG3B-4 METASTA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9067	ONC DX NSCLC DX UNKNOWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9068	ONC DX NSCLC/SCLC LIMITED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9069	ONC DX SCLC/NSCLC EXT AT DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9070	ONC DX SCLC/NSCLC EXT UNKNWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9071	ONC DX BRST STG1 2B NO DX PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9072	ONC DX BRST STG1-2 NOPROGRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9073	ONC DX BRST STG3-W/PROGRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9074	ONC DX BRST STG3-NOPROGRESS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9075	ONC DX BRST METASTIC/ RECUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9077	ONC DX PROSTATE T1NO PROGRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9078	ONC DX PROSTATE T2NO PROGRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9079	ONC DX PROSTATE T3B-T4NOPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9080	ONC DX PROSTATE W/RISE PSA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9083	ONC DX PROSTATE UNKNWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9084	ONC DX COLON T1-3,N1-2,NO PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9085	ONC DX COLON T4, N0 W/O PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9086	ONC DX COLON T1-4 NO DX PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9087	ONC DX COLON RADIOLG EVID DX		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9088	ONC DX COLON M1/METS W/O RAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9089	ONC DX COLON EXTENT UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9090	ONC DX RECTAL T1-2 NO PROGR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9091	ONC DX RECTAL T3 N0 NO PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9092	ONC DX RECTAL T1-3,N1-2NOPRG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9093	ONC DX RECTAL T4,N,M0 NO PRG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9094	ONC DX RECTAL M1 W/METS PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9095	ONC DX RECTAL EXTENT UNKNWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9096	ONC DX ESOPHAG T1-T3 NOPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9097	ONC DX ESOPHAGEAL T4 NO PROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9098	ONC DX ESOPHAGEAL METS RECUR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9099	ONC DX ESOPHAGEAL UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9100	ONC DX GASTRIC NO RECURRENCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9101	ONC DX GASTRIC P R1-R2NOPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9102	ONC DX GASTRIC UNRESECTABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9103	ONC DX GASTRIC RECURRENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9104	ONC DX GASTRIC UNKNOWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9105	ONC DX PANCREATC P R0 RES NO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9106	ONC DX PANCREATC P R1/R2 NO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9107	ONC DX PANCREATIC UNRESECTAB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9108	ONC DX PANCREATIC UNKNWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9109	ONC DX HEAD/NECK T1-T2NO PRG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9110	ONC DX HEAD/NECK T3-4 NOPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9111	ONC DX HEAD/NECK M1 METS REC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9112	ONC DX HEAD/NECK EXT UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9113	ONC DX OVARIAN STG1A-B NO PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9114	ONC DX OVARIAN STG1A-B OR 2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9115	ONC DX OVARIAN STG3/4 NOPROG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9116	ONC DX OVARIAN RECURRENCE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9117	ONC DX OVARIAN UNKNOWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9123	ONC DX NHL LGE BCELL RELAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9124	ONC DX NHL RELAPSE/REFRACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9125	ONC DX NHL STG UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9126	ONC DX OVARIAN STG IA/B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9128	ONC DX MULT MYELOMA STG2 HIG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9129	ONC DX MULT MYELOMA UNKWN OP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9130	ONC DX MULTI MYELOMA UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9131	ONC DX BRST UNKNOWN NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9132	ONC DX PROSTATE METS NO CAST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9133	ONC DX PROSTATE CLINICAL MET		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9134	ONC NHLSTG 1-2 NO RELAP NO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9135	ONC DX NHL STG 3-4 NOT RELAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9136	ONC DX NHL TRANS TO LG BCELL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9137	ONC DX NHL RELAPSE/REFRACTOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9138	ONC DX NHL STG UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9139	ONC DX CML DX STATUS UNKNOWN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9140	FRONTIER EXTEND STAY CLINIC DEMO (CMS)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9143	WARFARIN RESPONSE GENETIC TECH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9147	OUTP IV INSULIN TX ANY MEAS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9148	MEDICAL HOME LEVEL I		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9149	MEDICAL HOME LEVEL II		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9150	MEDICAL HOME LEVEL III		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9151	MAPCP DEMO STATE		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9152	MAPCP DEMO COMMUNITY		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9153	MAPCP DEMO PHYSICIAN		0	999	07/01/2011	12/31/9999	1	O6	0.00	E
G9156	EVALUATION FOR WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
G9157	TRANSESOPH DOPPL CARDIAC MON		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
G9187	BUNDLED PMTS HOME VISITS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9188	BETA-BLOCKER THERAPY NOT PRESCRIBED		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9189	BETA-BLOCKER THERAPY PRESCRIBED		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9190	DOC REASON NOT PRESCR BETA-BLOCKER THERA		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9191	DOC PT REASON FOR NOT PRESCR BETA-BLOCKE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9192	DOC MED REASON NOT PRESCR BETA-BLOCKER T		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9196	MED REASON FOR NO CEPH		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9197	DOC ORDER FOR CEPHALOSPORIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9198	ORDER CEPHALOSPORIN NOT DOC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9212	DSM-IVTM CRITERIA MAJOR DEPR DISORDER DO		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9213	DSM-IVTM CRITERIA MAJOR DEPR DISORDER NO		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9223	PNEUMOCYSTIS JIROVECI PRES 3 MO LOW CD4+		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9225	FOOT EXAM NOT PERFORMED NO REASON		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9226	3 COMP FOOT EXAM COMPLETED		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9227	FUNCTIONAL OUTCOME ASSESSMENT DOC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9228	CHLAMYDIA, GONORRHEA AND SYPHILIS SCREEN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9229	PTRSN NO GC CHL SYP TEST		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9230	CHLAMYDIA, GONORRHEA, AND SYPHILIS NOT S		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9231	DOC ESRD DIA TRANS PREG		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9242	DOC VIRAL LOAD >=200		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9243	DOCUMENTATION OF VIRAL LOAD LESS THAN 20		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9246	PATIENT ONE MEDICAL VISIT 6 MONTH PERIOD		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9247	PATIENT ONE MEDICAL VISIT 6 MONTH PERIOD		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9250	DOC PAIN BROUGHT TO COMFORT LEVEL 48 HRS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9251	DOC PAIN NOT BROUGHT TO COMFORT LEVEL 48		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9254	DOC PT DISCHRG HOME LATER THAN POST-OP D		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9255	DOC PT DISCHRG HOME NO LATER THAN POST-O		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9273	BP SYSTOLIC< 140 DIASTOLIC< 90		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9274	BP SYSTOLIC=140 DIASTOLIC= 90		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9275	DOC PT CURRENT NON-TOBACCO USER		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9276	DOC PT CURRENT TOBACCO USER		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9277	DOC DAILY ASPIRIN OR CONTRA		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9278	DOC NO DAILY ASPIRIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9279	PNEUMOCOCCAL SCREEN & DOC VACC RECVD		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9280	PNEUMOCOCCAL VACC NOT ADMIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9281	SCREEN AND DOC VACC NOT INDICATED/PT REF		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9282	DOC NOT RPT HISTOLOGICAL TYPE OR NSCLC-N		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9283	NON SMALL CELL LUNG CANCER BIOPSY AND CY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9284	NON SMALL CELL LUNG CANCER BIOPSY AND CY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9285	SPECIMEN SITE OTHER THAN ANATOMIC LOCATI		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9286	ANTIBIO RX W IN 10D OF SYMPT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9287	NO ANTIBIO W IN 10D OF SYMPT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9288	DOC NOT RPT HISTOLOGICAL TYPE OR NSCLC-N		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9289	NON SMALL CELL LUNG CANCER BIOPSY & CYTO		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9290	NON SMALL CELL LUNG CANCER BIOPSY & CYTO		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9291	SPECIMEN SITE OTHER THAN ANATOMIC LOCATI		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9292	DOC NOT RPT PT CATEGORY & THICKNESS/ULCE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9293	PATHOLOGY REPORT DOES NOT INCLUDE THE PT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9294	PATHOLOGY REPORT INCLUDES THE PT CATEGOR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9295	SPECIMEN SITE OTHER THAN ANATOMIC CUTANE		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9296	DOC SHARE DEC PRIOR PROC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9297	NO DOC SHARE DEC PRIOR PROC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9298	EVAL RISK VTE CARD 30D PRIOR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9299	NO EVAL RISK VTE CARD PRIOR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9305	INTERVEN LEAK ENDOLUMINAL CNTNTS THRU AN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9306	INTERVEN LEAK ENDOLUMINAL CNTNTS THRU AN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9307	NO RET FOR SURG W IN 30D		0	999	01/01/2014	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9308	UNPL RET OR W/COMPL W/IN 30D		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9309	NO UNPLANNED HOSPITAL READMISSION WITHIN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9310	UNPLANNED HOSPITAL READMIT W/I 30 DAYS P		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9311	NO SURGICAL SITE INFECTION		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9312	SURGICAL SITE INFECTION		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9313	AMOXICILLIN NOT PRES AS FIRST LINE ANTIB		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9314	AMOXICILLIN NOT PRESAS FIRST LINE ANTIBI		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9315	DOC AMOXICILLIN PRES AS A FIRST LINE ANT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9316	DOC PT-SPEC RISK ASSESS W/RISK CALC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9317	DOC PT-SPEC RISK ASSESS W/RISK CALC		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9318	IMAGING STUDY NAMED STANDARDIZED NOMENCL		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9319	IMAGING STUDY NOT NAMED STANDARDIZED NOM		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9321	COUNT OF PREVIOUS CT (ANY TYPE OF CT)		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9322	COUNT OF PREVIOUS CT AND CARDIAC NUCLEAR		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9341	SRCH FOR CT W IN 12 MOS		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9342	NO SRCH FOR CT IN 12MO NORSN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9344	SYSRSN NO DICOM SRCH		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9345	FOLLOW UP PULM NOD		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9347	NO FOLLOW UP PULM NOD NORSN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9351	MORE THAN ONE CT SCAN PARANASAL SINUSES		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9352	MORE THAN ONE CT SCAN PARANASAL SINUSES		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9353	MORE THAN ONE CT SCAN PARANASAL SINUSES		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9354	1 OR NO CT SINUS W/IN 90D DX		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9355	NO EARLY IND/DELIVERY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9356	EARLY IND/DELIVERY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9357	POST-PARTUM SCREEN, EVAL & EDUCATION PER		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9358	POST-PARTUM SCREEN, EVAL & EDUCATION NOT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9359	NEG MGD POS TB NOTACT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9360	NO DOC NEG/MANAGED POSITIVE TB SCREEN		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9361	DOC RSN ELECT C-SEC/INDUCT		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
G9364	SINUS CAUS BAC INX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9367	2HIGH RISK MED ORD		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9368	2HIGH RISK NO ORD		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9380	OFF ASSIS EOL ISS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9382	NO OFF ASSIS EOL		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9383	RECD SCRN HCV INFEC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9384	DOC MED REAS NO ANN SRN HCV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9385	DOC PT REAS NOT REC HCV SRN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9386	SCRN HCV INFEC NOT RECD		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9393	INI PHQ9 >9 REMISS <5		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9394	DX BIPOL, DEATH, NHRES, HOSP		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9395	INI PHQ9 >9 NO REMISS >=5		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9396	INI PHQ9 >9 NOT ASSESS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9402	RECD F/U W/IN 30D DISCH		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9403	DOC REAS NO 30 DAY F/U		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9404	NO 30 DAY F/U		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9405	RECD F/U W/IN 7D DC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9406	DOC REAS NO 7D F/U		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9407	NO 7D F/U		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9408	CARD TAMP W/IN 30D		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9409	NO CARD TAMP E/IN 30D		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9410	ADMIT W/IN 180D REQ REMOV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9411	NO ADMIT W/IN 180D REQ REMOV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9412	ADMIT W/IN 180D REQ SURG REV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9413	NO ADMIT REQ SURG REV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9414	1DOSE MENIG VAC BTWN 11 & 13		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9415	NO 1DOSE MENI VAC BTWN 11&13		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9416	PT 1 TDAP BETW 10-13 YRS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9417	PT NOT 1 TDAP BETW 10-13 YRS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9418	LUNGCX BX RPT DOCS CLASS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9419	MED REAS NOT INCL HISTO TYPE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9420	SPEC SITE NO LUNG		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9421	LUNG CX BX RPT NO DOC CLASS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9422	RPT DOC CLASS HISTO TYPE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9423	MED REAS RPT NO HISTO TYPE		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9424	SITE NO LUNG OR LUNG CX		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9425	SPEC RPT NO DOC CLASS HISTO		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9426	IMPR MED TIME EDARR PAIN MED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9427	NO IMPRO MED TIME PAIN MED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9428	RPT PT CAT AND PT1		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9429	DOC MED REAS NO PT CAT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9430	SPEC SITE NO CUTANEOUS		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9431	NO PT CAT AND PT1		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9432	ASTH CONTROLLED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9434	ASTH NOT CONTROLLED		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9451	1X SCRN HCV INFECT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9452	DOC MED REAS NO SCRN HCV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9453	PT REAS NO HCV INFECT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9454	NO HCV INFECT SRN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9455	ABD IMAG W/US, CT OR MRI		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9456	DOC MED PT REAS NO HCC SCRN		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9457	NO ABD IMAG W/O REASON		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9458	TOB USER RECD CESS INTERV		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9459	TOB NON-USER		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9460	NO TOB ASSESS OR CESS INTER		0	999	01/01/2015	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9468	NO RECD CORTICO>=10 MG/D>60D		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9470	NO REC CORTICO>60D 1RX 600MG		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9471	W/IN 2YR DXA NOT ORDER		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
G9473	CHAP SERVICES AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9474	DIET COUNSEL AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9475	OTHER COUNSELOR AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9476	VOLUN SERVICE AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9477	CARE COORD AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9478	OTHE THERAPIST AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9479	PHARMACIST AT HOSPICE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9480	ADMISSION TO MCCM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9481	REMOTE E/M NEW PT 10 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9482	REMOTE E/M NEW PT 20 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9483	REMOTE E/M NEW PT 30 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9484	REMOTE E/M NEW PT 45 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9485	REMOTE E/M NEW PT 60 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9486	REMOTE E/M EST PT 10 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9487	REMOTE E/M EST PT 15 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9488	REMOTE E/M EST PT 25 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9489	REMOTE E/M EST PT 40 MIN		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9490	CMS INNOV CNTR MOD HOME VISIT		0	999	04/01/2016	12/31/9999	1	O6	0.00	E
G9497	REC INST NO SMOKE DAY SURG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9498	ABX REG PRESCRIBED		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9500	RAD EXPOS IND/EXP TM DOC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9501	RAD EXPOS IND/EXP TM NO DOC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9502	MED REAS NO PERF FOOT EXAM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9504	DOC REAS NO HBV STATUS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9505	ABX PRES W/IN 10 DYS OF SYMP		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9506	BIO IMM RESP MOD PRESC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9507	DOC REAS ON STATIN OR CONTRA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9508	DOC PT NOT ON STATIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9509	REMIS 12M PHQ-9 SCORE <5		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9510	REMIS12M NOT PHQ-9 SCORE <5		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9511	IDX EVT DTE PHQ>9 DOC 12 MO		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9512	INDIV PDC > 0.8		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9513	INDIV PDC NOT > 0.8		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9514	REQ RET OR W/IN 90D OF SURG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9515	NO REAS, NO RET OR W/IN 90D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9516	IMPR VIS ACUIT W/IN 90D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9517	NO IMPR VIS ACUIT W/IN 90D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9518	DOC ACTIVE INJ DRUG USE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9519	FINAL REF +/- 1.0 W/IN 90D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9520	REFRACT NOT +/- 1.0 W/IN 90D		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9521	ER AND IP HOSP <2 IN 12 MOS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9522	ER/IP HOSP =/>2 IN 12 MOS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9529	MINOR BLUNT TRAUMA W/HEAD CT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9530	PT MBHT HD CT ORD EC PROV		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9531	PT DOC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9533	INDIC FOR HEAD CT NOT VALID		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9537	IMG HD CLIN TRIAL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9539	INTENT POT REMV TIME PLACEMT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9540	PT ALIVE 3 MOS POST PROC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9541	FILTER GONE AFT 3MOS PLACMT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9542	DOC REASS APPR REMO FILT 3MS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9543	DOC 2X RE-ASSESS FILT REMOV		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9544	NO FILT REMOV W/IN 3MOS PLCM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9547	CYS REN LES OR ADREN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9548	NO F/U REC IMAGE STUDY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9549	DOC MED RSN FOR F/U IMAG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9550	IMAG REC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9551	IMAG NO LES		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9552	INC THYR NODE <1.0 IN RPT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9553	PRIOR THYROID DISE DX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9554	CT/CTA/MRI/A CHST FOLL REC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9555	DOC MED RSN FOR FOLLUP IMAGE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9556	CT/CTA/MRI/A NO FOLLUP IMAG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9557	CT/CTA/MRI/A NO THYR <1.0CM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9580	DOOR TO PUNC TIME <2HRS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9582	DOOR TO PUNC TIME >2HR, NRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9593	LOW PECARN PED HEAD TRAUMA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9594	PT MBHT HD CT ORD EC PROV		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9595	DOC SHNT/TUM/COAG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9596	PED PT HD CT ORD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9597	NO LOW PECARN PED HEAD TRAUM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9598	AOR ANE 5.5-5.9 CM MAX DIAM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9599	AOR ANE >=6.0 CM MAX DIAM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9603	PT SURV IMPROV BSLINE TX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9604	PT SURV RESULTS NOT AVAIL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9605	SURV SCORE NO IMPROV W/TX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9606	INTRAOP CYST EVAL TRAC INJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9607	DOC RSN NO INTEROP CYSTO		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9608	INTRAOP CYST EVAL NOT DONE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9609	DOC ORDER ANTI-PLAT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9610	DOC MD RSN NO ANTIPLA		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9611	NO DOC ORDER ANTI-PLAT RNG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9612	PHODOC 2 MR CEC LNDMK		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9613	DOC POST SURG ANATOMY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9614	PHOTODOC < 2 CEC LNDMK		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9618	DOC SCR UTER MAL OR US/SAMP		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9620	NO SCR UTR MALIG/US/SAMP RNG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9621	SCR UNHEAL ETOH W/COUNSEL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9622	NO UNHEAL ETOH USER		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9623	DOC MED RSN NO SCR ETOH USE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9624	NO ETOH SCR/NO COUNC/NRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9625	PT BL SRG 30 DAY PST SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9626	MED RSN NO RPT BALDDER INJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9627	PT NO BL SRG 30 DAY PST SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9628	PT BWLI SRG 30 DAY PST SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9629	MED RSN NO RPT BOWEL INJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9630	PT NO BWLI SRG 30 DAY SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9631	PT UI SRG 30 DAY PST SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9632	MED RSN FOR NO RPT URET INJ		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9633	PT NO UI SRG 30 DAY PST SRG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9637	DOC >1 DOSE REDUC TECH		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9638	NO DOC >1 DOSE REDUC TECH		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9642	CURRENT SMOKER		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9643	ELECTIVE SURGERY		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9644	NO SMOK B/4 ANES DAY OF SURG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9645	HAD SMOKE B/4 ANES DAY SURG		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9646	PT W/90D MRS 0-2		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9648	PT W/90D MRS >2		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9649	PSOR AS DOC SPC BM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9651	PSOR AS DOC NO SPC BM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9654	MON ANESTH CARE		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9655	TOC TOOL INCL KEY ELEM		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9656	PT DIRECT ANESTH LOC TO PACU		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9658	TOC TOOL INCL ELEM NOT USED		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9659	>=86Y NO HX COLO CA/RSN SCOP		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9660	DOC MED RSN SCOPE PT >= 86Y		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9661	PT >= 86 W/ HI RISK		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9662	PRIOR DX/ACTIVE CLIN ASCVD		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9663	FAST/DIR LDL >= 190 MG/DL		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9664	TAKING STATIN OR REC'D ORDER		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9665	NO STATIN/NO ORDER STATIN		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9674	PT W/CLIN ASCVD DX		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9675	PT W/FAST/DIR LAB LDL-C >190		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9676	40-75Y W/TYPE 1/2 W/LDL-C RS		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
G9679	ACUTE CARE PNEUMONIA		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9680	ACUTE CARE CHF		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9681	ACUTE CARE COPD/ASTHMA		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9682	ACUTE CARE SKIN INFECTION		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9683	ACUTE FLUID/ELECTRO DISORDER		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9684	ACUTE CARE UTI		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9685	ACUTE NURSING FACILITY CARE		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
G9687	HOSPICE ANYTIME MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9688	PT W/HOSP ANYTIME MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9689	INPT ELECT CAROTID INTERVENT		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9690	PT IN HOS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9691	PT HOSP DUR MSMT PERIOD		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9692	HOSP RECD BY PT DUR MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9693	PT USE HOSP DURING MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9694	HOSP SRV USED PT IN MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9695	LONG ACT INHAL BRONCHDIL PRE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9696	MED RSN NO PRESC BRONCHDIL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9697	PT RSN NO PRESC BRONCHDIL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9698	SYS RSN NO PRESC BRONCHDIL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9699	LONG INHAL BRONCHDIL NO PRES		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9700	PT IS W/HOSP DURING MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9702	PT USE HOSP DURING MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9703	ANBX 30 PRIOR TO EPISODE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9704	AJCC BR CA STG I: T1 MIC/T1A		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9705	AJCC BR CA STG IB		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9706	LOW RECUR PROST CA		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9707	PT HAD HOSP DUR MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9708	BILAT MAST/HX BI /UNILAT MAS		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9709	HOSP SRV USED PT IN MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9710	PT PROV HOSP SRV MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9711	PT HX TOT COL OR COLON CA		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9712	DOC MED RSN PRESC ANBX		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9713	PT USE HOSP DURING MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9714	PT IS W/HOSP DURING MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9715	PT W/HOSP ANYTIME MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9716	BMI DOC ONL FUP NOT CMPLTD		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9717	DOC PT DX DEP/BIPOL		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9718	HOSPICE ANYTIME MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9719	PT NOT AMBUL/IMMOB/WC		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9720	HOSPICE ANYTIME MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9721	PT NOT AMBUL/IMMOB/WC		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9722	DOC HX RENAL FAIL OR CR+ >=4		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9723	HOSP RECD BY PT DUR MSMT PER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9840	KRAS TST BFR BEG ANTI MOAB		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9841	NO KRAS TST BFR BEG ANT MOAB		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9842	PT MET DIS AT DX		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9843	KRAS GENE MUT		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9844	PT NO RECD ANTI-EGFR THER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9845	PT RECD ANTI-EGFR THER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9846	PT DIED FROM CANCER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9847	PT RECD CHEMO LAST 14D LIFE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9848	PT NO CHEMO LAST 14D LIFE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9852	PT DIED FROM CANCER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9853	ICU STAY LAST 30D LIFE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9854	NO ICU STAY LAST 30D LIFE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9858	PT ENROLL HOSPICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9859	PT DIED FROM CANCER		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9860	PT LESS 3D HOSPICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9861	PT MORE THAN 3D HOSPICE		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9862	DOC RSN NO 10 YR FOLLOW		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
G9868	CMMI ASYNTELEHEALTH <10MIN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9869	CMMI ASYNTELEHEALTH 10-20MIN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9870	CMMI ASYNTELEHEALTH >20MIN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9873	1 CORE SESSION (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9874	4 CORE SESSIONS (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9875	9 CORE SESSIONS (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9876	2 CORE MS MO 7-9 NO WL (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9877	2 CORE MS MO 10-12 NO WL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9878	2 CORE MS MO 7-9 WL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9879	2 CORE MS MO 10-12 WL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9880	5 PERCENT WL (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9881	9 PERCENT WL (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9882	2 ONGOING MS MO 13-15 WL (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9883	2 ONGOING MS MO 16-18 WL (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9884	2 EM ONGOING MS MO 19-21 WL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9885	2 ONGOING MS MO 22-24 WL		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9890	BRIDGE PAYMENT (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9891	SESSION REPORTING (MDPP)		0	999	04/01/2018	12/31/9999	1	O6	0.00	E
G9892	DOC PT RSN NO DIL MAC EXAM		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9893	NO MAC EXAM		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9894	ADR DEP THRPY PRESCRIBED		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9895	DOC MED RSN NO ADR DEP THRPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9896	DOC PT RSN NO ADR DEP THRPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9897	PT NT PRSC ADR DEP THRPY RNG		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9898	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9899	SCRN MAM PERF RSLTS DOC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9900	SCRN MAM PERF RSLTS NOT DOC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9901	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9902	PT SCRN TBCO AND ID AS USER		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9903	PT SCRN TBCO ID AS NON USER		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9904	DOC MED RSN NO TBCO SCRN		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9905	NO PT TBCO SCRN RNG		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9906	PT RECV TBCO CESS INTERV		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9907	DOC MED RSN NO TBCO INTERV		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9908	NO PT TBCO CESS INTERV RNG		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9909	DOC MED RSN NO TBCO INTERV		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9910	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9911	NODE NEG PRE/POST SYST THER		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9912	HBV STATUS ASSESED AND INT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9913	NO HBV STATUS ASSESD AND INT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9914	PT RECEIVING ANTI-TNF AGENT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9915	NO DOCUMNTD HBV RESULTS RCD		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9916	FUNCT STATUS PAST 12 MONTHS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9917	ADV DEM CRGVR LIMITED		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9918	NO FUNCT STAT PERF, RSN NOS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9919	SCRN ND POS ND PROV OF REC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9920	SCRNING PERF AND NEGATIVE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9921	NO OR PART SCRN ND RNG OR OS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9922	SFTY CNCRNS SCRN ND MIT RECS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9923	SAFTY CNCRNS SCRN AND NEG		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9925	NO SCRN PROV RSN NOS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9926	SFTY CNCRNS SCRN BUT NO RECS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9927	DOC NO WARF /FDA PT TRIAL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9928	NO WARF OR FDA DRUG PRESC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9929	TRS/REV AF		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9930	COM CARE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9931	NO CHAD OR CHAD SCR 0 OR 1		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9932	DOC PT RSN NO TB SCRN RECRDS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9938	PT 66+ SNP OR LTC POS > 90D		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9939	SAME PATH/DERM PERF BIOPSY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9940	DOC REAS NO STATIN THERAPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9942	ADTL SPINE PROC ON SAME DATE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9943	BK PN NT MSR VAS SCL PRE/PST		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9945	PT W/CANCER SCOLIOSIS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9946	BK PAIN NO VAS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9948	ADTL SPINE PROC ON SAME DATE		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9949	LEG PAIN NO VAS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9954	PT >2 RSK FAC POST-OP VOMIT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
G9955	INHLNT ANESTH ONLY FOR INDUC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9956	COMBO THRPY OF >= 2 PROPHLY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9957	DOC MED RSN NO COMBO THRPY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9958	NO COMBO PROHPYL THRP FOR PT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9959	SYSTEMIC ANTIMICRO NOT PRESC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9960	MED RSN SYS ANTIMI NT RX		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9961	SYSTEMIC ANTIMICRO PRESC		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9962	EMBOLIZATION DOC SEPARATLY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9963	EMBOLIZATION NOT DOC SEPARAT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9964	PT RECV >=1 WELL-CHLD VISIT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9965	NO WELL-CHLD VIST RECV BY PT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9968	PT REFRD 2 PVDR/SPCLST IN PP		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9969	PVDR RFRD PT RPRT RCVD		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9970	PVDR RFRD PT NO RPRT RCVD		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9974	MAC EXAM PERF		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9975	DOC MED RSN NO DIL MAC EXAM		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9976	DOC PAT RSN NO MAC EXM PERF		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9977	DIL MAC EXAM NO PERF RSN NOS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
G9978	REMOTE E/M NEW PT 10MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9979	REMOTE E/M NEW PT 20MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9980	REMOTE E/M NEW PT 30 MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9981	REMOTE E/M NEW PT 45MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9982	REMOTE E/M NEW PT 60MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9983	REMOTE E/M EST. PT 10MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9984	REMOTE E/M EST. PT 15MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9985	REMOTE E/M EST. PT 25MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9986	REMOTE E/M EST. PT 40MINS		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9987	BPCI ADVANCED IN HOME VISIT		0	999	10/01/2018	12/31/9999	1	O6	0.00	E
G9988	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9989	MED RSN NO PNEUM VAX		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9990	NO PNEUM VAX ADMIN 60+		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9991	PNEUM VAX ADMIN 60+		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9992	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9993	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9994	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9995	PALL SERV DURING MEAS		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9996	DOC PT PAL OR HOSPICE		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9997	DOC PT PREG DUR MSRMT PD		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9998	DOC MED RSN <3 COLON		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
G9999	DOC SYS RSN <3 COLON		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
H0015	ALCOHOL AND/OR DRUG SERVICES	Y	0	999	05/01/2021	12/31/9999	1	O1	122.54	M1
H0035	MH PARTIAL HOSP TX UNDER 24H	Y	0	999	07/01/2021	12/31/9999	1	O1	203.60	M
H2038	SKILL TRAIN AND DEV/DIEM		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
J0120	INJ, TETCYNE, UP TO 250 MG		8	999	07/01/2020	12/31/9999	1	O1	0.00	N
J0121	INJ., OMADACYCLINE, 1 MG		18	999	07/01/2021	12/31/9999	200	O1	3.27	G
J0122	INJ., ERAVACYCLINE, 1 MG		18	999	07/01/2021	12/31/9999	300	O1	0.00	N
J0129	Abatacept injection	Y	0	999	07/01/2021	12/31/9999	100	O1	56.87	K
J0130	ABCIXIMAB INJECTION		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J0131	ACETAMINOPHEN INJ, 10 MG		2	999	07/01/2014	12/31/9999	400	O1	0.00	N
J0132	ACETYLCYSTEINE INJECTION		0	999	07/01/2020	12/31/9999	300	O1	0.00	N
J0133	INJ, ACYVIR, 5 MG		0	999	07/01/2020	12/31/9999	1200	O1	0.00	N
J0135	INJ, ADAMAB, 20 MG		0	999	07/01/2021	12/31/9999	8	O1	1,430.92	K
J0153	ADENOSINE INJ 1 MG		0	999	01/01/2015	12/31/9999	1	O1	0.00	N
J0171	ADRENALIN EPINEPHRINE INJECT		0	999	01/01/2014	12/31/9999	15	O1	0.00	N
J0172	INJ, ADUCANUMAB-AVWA, 2 MG	Y	18	999	01/01/2022	12/31/9999	795	O1	11.87	K
J0178	AFLIBERCEPT INJECTION, 1 MG		19	999	07/01/2021	12/31/9999	4	O1	921.76	K
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG		18	999	01/01/2020	12/31/9999	1	O6	0.00	E
J0180	INJ, AGALSE BETA, 1 MG		0	999	07/01/2021	12/31/9999	140	O1	189.29	K
J0185	INJ., APREPITANT, 1 MG		18	999	07/01/2021	12/31/9999	130	O1	1.59	K
J0190	INJ BIPERIDEN LACTATE/5 MG		18	999	09/01/2012	12/31/9999	4	O6	0.00	E
J0200	ALATROFLOXACIN MESYLATE		0	999	01/01/2014	12/31/9999	3	O6	0.00	E
J0202	INJ ALEMTUZUMAB 1 MG	Y	18	999	07/01/2021	12/31/9999	12	O1	2,017.45	K
J0205	INJ, ALGASE, PER 10 UNITS		0	999	07/01/2014	12/31/9999	954	O6	0.00	E
J0207	AMIFOSTINE		0	999	07/01/2021	12/31/9999	4	O1	1,135.69	K
J0210	INJ, METHYTE ÉHCL, UP TO 250 MG		0	999	07/01/2014	12/31/9999	16	O1	0.00	N
J0215	ALEFACEPT		0	999	07/01/2013	12/31/9999	30	O1	41.64	K
J0219	INJ AVAL ALFA-NQPT 4MG		1	999	04/01/2022	12/31/9999	795	O1	72.71	G
J0220	ALGLUCOSIDASE ALFA INJECTION		0	999	07/01/2021	12/31/9999	20	O1	117.07	K
J0221	INJ, ALGLUCOSIDASE ALFA, , 10 MG	Y	8	999	07/01/2021	12/31/9999	300	O1	174.63	K
J0222	INJ., PATISIRAN, 0.1 MG		18	999	07/01/2021	12/31/9999	300	O1	97.68	G
J0223	INJ GIVOSIRAN 0.5 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J0224	INJ. LUMASIRAN, 0.5 MG		0	999	07/01/2021	12/31/9999	954	O1	299.74	G
J0248	INJ, REMDESIVIR, 1MG		0	999	01/01/2022	12/31/9999	200	O1	5.51	K
J0256	ALPHA 1 PROTEINASE INHIBITOR		0	999	07/01/2021	12/31/9999	1600	O1	4.52	K
J0257	ALPHA 1 PROTEINASE INHIBITOR INJ (HUMAN)		21	999	07/01/2021	12/31/9999	1400	O1	4.89	K
J0270	ALPROSTADIL INJ 1.25 MCG		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J0275	ALPROSTADIL URETHRAL SUPPOS		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J0278	INJ, AMCIN SULTE, 100 MG		0	999	01/01/2014	12/31/9999	15	O1	0.00	N
J0280	AMINOPHYLLIN 250 MG INJ		0	999	01/01/2014	12/31/9999	4	O1	0.00	N
J0282	AMIODARONE HCL		0	999	01/01/2014	12/31/9999	34	O1	0.00	N
J0285	AMPHOTERICIN B		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
J0287	AMPHOTERICIN B LIPID COMPLEX		0	999	07/01/2021	12/31/9999	60	O1	9.37	K
J0289	AMPHOTERICIN B LIPOSOME INJ		0	999	07/01/2021	12/31/9999	115	O1	27.24	K
J0290	AMPICILLIN 500 MG INJ		0	999	07/01/2020	12/31/9999	24	O1	0.00	N
J0291	INJ., PLAZOMICIN, 5 MG		18	999	07/01/2021	12/31/9999	500	O1	3.07	G

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J0295	AMPICILLIN SULBACTAM 1.5 GM		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J0300	INJ, AMBITAL, UP TO 125 MG		6	999	01/01/2015	12/31/9999	4	O6	0.00	E
J0330	INJ, SUCHLE CHLR, UP TO 20 MG		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J0348	Anadulafungin injection		0	999	07/01/2014	12/31/9999	200	O1	0.00	N
J0350	INJECTION ANISTREPLASE 30 U		0	999	09/01/2012	12/31/9999	4	O6	0.00	E
J0360	INJ, HYDZINE HCL, UP TO 20 MG		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
J0364	INJ, APMORPE HCL, 1 MG		0	999	07/01/2016	12/31/9999	3	O1	0.00	N
J0365	APROTONIN, 10,000 KIU		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
J0380	INJ, METARL BRTRTE, PER 10 MG		18	999	01/01/2015	12/31/9999	10	O6	0.00	E
J0395	ARBUTAMINE HCL INJECTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J0400	ARIPIPRAZOLE INJECTION 0.25 MG		18	999	03/01/2013	12/31/9999	120	O1	0.00	N
J0401	ARIPIPRAZOLE EXTENDED RELEASE INJ 1 MG		6	999	07/01/2020	12/31/9999	400	O1	5.70	K
J0456	AZITHROMYCIN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J0461	ATROPINE SULFATE INJ .01 MG		0	999	01/01/2014	12/31/9999	600	O1	0.00	N
J0470	INJ, DIMCAPL, PER 100 MG		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J0475	BACLOFEN 10 MG INJECTION		0	999	07/01/2021	12/31/9999	8	O1	172.78	K
J0476	BACLOFEN INTRATHECAL TRIAL		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J0480	INJ, BASILB, 20 MG		0	999	07/01/2021	12/31/9999	1	O1	4,019.07	K
J0485	BELATACEPT INJ, 1 MG		18	999	07/01/2021	12/31/9999	1500	O1	3.79	K
J0490	BELIMUMAB INJ, 10 MG		0	999	07/01/2021	12/31/9999	160	O1	46.84	K
J0491	INJ ANIFROLUMAB-FNIA 1MG		18	999	04/01/2022	12/31/9999	300	O1	16.21	G
J0500	INJ, DICLOME HCL, UP TO 20 MG		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J0515	INJ, BENZNE MESTE, PER 1 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J0517	INJ., BENRALIZUMAB, 1 MG	Y	12	999	07/01/2021	12/31/9999	30	O1	171.30	K
J0558	PENG BENZATHINE/PROCAINE INJ		0	999	07/01/2021	12/31/9999	24	O1	12.01	K
J0561	PENICILLIN G BENZATHINE INJ		0	999	07/01/2021	12/31/9999	24	O1	15.10	K
J0565	BEZLOTOXUMAB 10 MG		18	999	07/01/2021	12/31/9999	200	O1	39.67	K
J0567	INJ., CERLIPONASE ALFA 1 MG		3	999	07/01/2021	12/31/9999	300	O1	0.00	N
J0570	BUPRENORPHINE 74.2MG		16	999	07/01/2021	12/31/9999	4	O1	1,204.99	K
J0571	BUPRENORPHINE ORAL 1 MG		16	999	01/01/2015	12/31/9999	1	O6	0.00	E
J0572	BUPREN/NAL UP TO 3MG BUPRENO		16	999	01/01/2015	12/31/9999	1	O6	0.00	E
J0573	BUPRENOR/NALOXONE >3MG <=6MG		16	999	01/01/2015	12/31/9999	1	O6	0.00	E
J0574	BUPREN/NAL 6.1 TO 10MG BUPRE		16	999	01/01/2015	12/31/9999	1	O6	0.00	E
J0575	BUPREN/NAL OVER 10MG BUPRENO		16	999	01/01/2015	12/31/9999	1	O6	0.00	E
J0583	BIVALIRUDIN		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
J0584	INJECTION, BUROSUMAB-TWZA 1M		0	999	07/01/2021	12/31/9999	90	O1	361.95	K
J0585	INJECTION,ONABOTULINUMTOXINA 1 UNIT	Y	2	999	07/01/2021	12/31/9999	600	O1	6.06	K
J0586	ABOBOTULINUMTOXINA 5 UNITS		2	999	07/01/2021	12/31/9999	300	O1	8.27	K
J0587	INJ, RIMABOTULINUMTOXINB 100 UNITS		18	999	07/01/2021	12/31/9999	300	O1	11.97	K
J0588	INCOBOTULINUMTOXIN A INJ, 1 UNIT		18	999	07/01/2021	12/31/9999	600	O1	5.06	K
J0591	INJ DEOXYCHOLIC ACID, 1 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J0592	J0594		0	999	09/01/2012	12/31/9999	6	O1	0.00	N
J0593	INJ., LANADELUMAB-FLYO, 1 MG		12	999	07/01/2021	12/31/9999	300	O1	0.00	N
J0594	BUSULFAN INJECTION		0	999	07/01/2021	12/31/9999	320	O1	2.13	K
J0595	BUTORPHANOL TARTRATE 1 MG		0	999	07/01/2020	12/31/9999	12	O1	0.00	N
J0596	INJ RUCONEST 10 UNITS		13	999	07/01/2021	12/31/9999	840	O1	28.98	K
J0597	C-1 ESTERASE, BERINERT	Y	0	999	07/01/2021	12/31/9999	250	O1	54.33	K
J0598	C-1 ESTERASE, CINRYZE	Y	0	999	07/01/2021	12/31/9999	100	O1	56.41	K
J0599	INJ., HAEGARDA 10 UNITS		13	999	07/01/2021	12/31/9999	900	O1	9.92	G
J0600	INJ, EDET CAL DISODM, UP TO 1000 MG		0	999	07/01/2020	12/31/9999	3	O1	5,594.42	K
J0604	CINACALCET ESRD- DIALYSIS 1MG		18	999	07/01/2020	12/31/9999	360	O1	0.76	B
J0606	ETELCALCETIDE 0.1 MG		18	999	07/01/2021	12/31/9999	150	O1	0.00	N
J0610	INJ, CAL GLUCTE, PER 10 ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J0620	CALCIUM GLYCER & LACT/10 ML		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J0630	INJ, CALCITN SALM, UP TO 400 UNITS		0	999	07/01/2021	12/31/9999	8	O1	2,830.55	K
J0636	INJ CALCITRIOL PER 0.1 MCG		0	999	01/01/2014	12/31/9999	5	O1	0.00	N
J0637	CASPOFUNGIN ACETATE		0	999	07/01/2020	12/31/9999	20	O1	0.00	N
J0638	CANAKINUMAB INJECTION		4	999	07/01/2021	12/31/9999	150	O1	113.26	K
J0640	LEUCOVORIN CALCIUM INJECTION		0	999	07/01/2020	12/31/9999	24	O1	0.00	N
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG		6	999	07/01/2021	12/31/9999	1200	O1	0.12	K
J0642	INJECTION, KHAPZORY, 0.5 MG		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
J0670	INJ MEPIVACAINE HCL/10 ML		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J0690	INJ, CEFAZN SODM, 500 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J0691	INJ LEFAMULIN 1 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J0692	CEFEPIME HCL FOR INJECTION		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J0694	INJ, CEFITIN SODM, 1 GM		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J0695	CEFTOLOZANE 50 MG TAZOBACTAM 25 MG		18	999	07/01/2021	12/31/9999	60	O1	6.43	K
J0696	CEFTRIAXONE SODIUM INJECTION		0	999	01/01/2014	12/31/9999	16	O1	0.00	N
J0697	INJ, STER CEFUME SODM, PER 750 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J0698	CEFOTE SODM, PER GM		0	999	01/01/2014	12/31/9999	12	O1	0.00	N
J0699	INJ, CEFIDEROCOL, 10 MG		18	999	10/01/2021	12/31/9999	800	O1	2.01	G
J0702	INJ, BETAMETNE ACET 3MG		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J0706	CAFFEINE CITRATE INJECTION		0	999	07/01/2020	12/31/9999	16	O1	0.00	N
J0712	CEFTAROLINE FOSAMIL INJ, 10 MG		0	999	07/01/2021	12/31/9999	180	O1	3.35	K
J0713	INJ CEFTAZIDIME PER 500 MG		0	999	01/01/2014	12/31/9999	12	O1	0.00	N
J0714	CEFTAZIDIME AND AVIBACTAM		18	999	07/01/2021	12/31/9999	12	O1	92.28	K
J0716	CENTRUROIDES IMMUNE F(AB), UP TO 120 MG		0	999	07/01/2021	12/31/9999	4	O1	5,063.56	K
J0717	CERTOLIZUMAB PEGOL INJ 1 MG		18	999	07/01/2021	12/31/9999	400	O1	8.18	K
J0720	INJ, CHLORPHEL SODM SUCTE, UP TO 1 GM		0	999	07/01/2020	12/31/9999	8	O1	0.00	N
J0725	CHORIONIC GONADOTROPIN/1000U		3	20	07/01/2020	12/31/9999	10	O1	0.00	N
J0735	CLONIDINE HYDROCHLORIDE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J0739	INJECTION, CABOTEGRAVIR 1 MG		12	999	07/01/2022	12/31/9999	600	O1	6.17	B
J0740	INJ, CIDOR, 375 MG		0	999	07/01/2021	12/31/9999	2	O1	590.29	K
J0741	INJ, CABOTE RILPIVIR 2MG 3MG		18	999	10/01/2021	12/31/9999	300	O1	20.56	G
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J0743	INJ, CILATIN SODM; IMIPEN, PR 250MG		0	999	01/01/2014	12/31/9999	16	O1	0.00	N
J0744	CIPROFLOXACIN IV		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J0745	INJ CODEINE PHOSPHATE /30 MG		0	999	07/01/2021	12/31/9999	8	O1	135.64	K
J0770	INJ, COLISTIME SODM, UP TO 150 MG		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
J0775	COLLAGENASE, CLOST HIST INJ		18	999	07/01/2021	12/31/9999	180	O1	52.62	K
J0780	INJ, PRCHLORPE, UP TO 10 MG		2	999	01/01/2014	12/31/9999	4	O1	0.00	N
J0791	INJ CRIZANLIZUMAB-TMCA 5MG		0	999	07/01/2021	12/31/9999	159	O1	122.43	G
J0795	INJ,CORTICORELIN OVINE TRIFTE,1 MCG		0	999	07/01/2021	12/31/9999	100	O1	9.57	K
J0800	INJ, CORTIRIN, UP TO 40 UNITS		0	999	07/01/2021	12/31/9999	3	O1	0.00	N
J0834	COSYNTROPIN/CORTROSYN 0.25MG		0	999	09/01/2012	12/31/9999	3	O1	0.00	N
J0840	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE)		0	999	07/01/2021	12/31/9999	18	O1	2,908.21	K
J0841	INJ CROTALIDAE IM F(AB')2 EQ		0	999	07/01/2021	12/31/9999	24	O1	1,263.49	K
J0850	CYTOMEGALOVIRUS IMM IV /VIAL		0	999	07/01/2021	12/31/9999	9	O1	1,467.02	K
J0875	INJ DALBAVANCIN 5 MG		0	999	07/01/2021	12/31/9999	300	O1	15.39	K
J0878	DAPTOMYCIN INJECTION		0	999	07/01/2021	12/31/9999	1500	O1	0.00	N
J0879	DIFELIKEFALIN, ESRD ON DIALY		18	999	04/01/2022	12/31/9999	795	O1	0.23	K
J0881	INJ,DARBEPNALFA,1 MCG(NON-ESRD USE)		0	999	07/01/2021	12/31/9999	500	O1	3.56	K
J0882	INJ,DARBEPNALFA,1 MCG(FOR ESRD/DIAS)		0	999	09/01/2012	12/31/9999	200	O6	0.00	E
J0883	ARGATROBAN NONESRD USE 1MG		18	999	07/01/2021	12/31/9999	1250	O1	1.45	K
J0884	ARGATROBAN ESRD USE 1MG		18	999	07/01/2021	12/31/9999	1250	O1	1.45	K
J0885	INJ, EPOETINALFA(NONESRD)1000 UNITS		0	999	07/01/2021	12/31/9999	60	O1	8.82	K
J0887	EPOETIN BETA ESRD USE		0	999	07/01/2020	12/31/9999	360	O1	0.00	N
J0888	EPOETIN BETA NON ESRD		0	999	07/01/2021	12/31/9999	360	O1	1.50	K
J0890	PEGINESATIDE INJECTION, 0.1 MG		18	999	01/01/2014	12/31/9999	60	O6	0.00	E
J0894	Decitabine injection		0	999	07/01/2021	12/31/9999	100	O1	3.43	K
J0895	INJ, DEFERE MESYLE, 500 MG		0	999	01/01/2014	12/31/9999	12	O1	0.00	N
J0896	INJ LUSPATERCEPT-AAMT 0.25MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J0897	DENOSUMAB INJ, 1 MG	Y	18	999	07/01/2021	12/31/9999	120	O1	20.11	K
J0945	INJ, BRPHENIE MALTE, PER 10 MG		2	999	01/01/2015	12/31/9999	4	O1	0.00	N
J1000	INJ, DEPO-ESTRL CYPTE, UP TO 5 MG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J1020	METHYLPREDNISOLONE 20 MG INJ		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J1030	METHYLPREDNISOLONE 40 MG INJ		0	999	01/01/2014	12/31/9999	4	O1	0.00	N
J1040	METHYLPREDNISOLONE 80 MG INJ		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J1050	MEDROXYPROGESTERONE ACETATE, 1 MG		0	999	01/01/2014	12/31/9999	150	O1	0.00	N
J1071	INJ TESTOSTERONE CYPIONATE		12	999	01/01/2015	12/31/9999	400	O1	0.00	N
J1095	INJECTION, DEXAMETHASONE 9%		18	999	07/01/2021	12/31/9999	517	O1	1.11	G
J1096	DEXAMETHA OPTH INSERT 0.1 MG		18	999	07/01/2021	12/31/9999	1	O1	139.47	G
J1097	PHENYLEP KETOROLAC OPTH SOLN		18	999	07/01/2021	12/31/9999	1	O1	0.00	N
J1100	INJ, DEXAMETNE SODM PHOSTE, 1MG		0	999	07/01/2020	12/31/9999	120	O1	0.00	N
J1110	INJ, DIHYDTAME MESYTE, PER 1 MG		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J1120	INJ, ACETAE SODM, UP TO 500 MG		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J1130	DICLOFENAC SODIUM 0.5MG		18	999	07/01/2020	12/31/9999	300	O1	0.00	N
J1160	INJ, DIGIN, UP TO 0.5 MG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J1162	DIGOXIN IMMUNE FAB (OVINE)		0	999	07/01/2021	12/31/9999	10	O1	3,969.27	K
J1165	INJ, PHEIN SODM, PER 50 MG		0	999	01/01/2014	12/31/9999	43	O1	0.00	N
J1170	INJ, HYDPHNE, UP TO 4 MG		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J1180	INJ, DYPNE, UP TO 500 MG		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
J1190	DEXRAZOXANE HCL INJECTION		0	999	07/01/2021	12/31/9999	8	O1	195.98	K
J1200	INJ, DIPHYNE HCL, UP TO 50 MG		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J1201	INJ. CETIRIZINE HCL 0.5MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J1205	INJ, CHLZIDE SODM, PER 500 MG		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J1212	DIMETHYL SULFOXIDE 50% 50 ML		0	999	07/01/2021	12/31/9999	1	O1	635.87	K
J1230	INJ, METHNE HCL, UP TO 10 MG		0	999	07/01/2020	12/31/9999	5	O1	0.00	N
J1240	INJ, DIMATE, UP TO 50 MG		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
J1245	INJ, DIPMOLE, PER 10 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J1250	INJ DOBUTAMINE HCL/250 MG		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J1260	INJ, DOLTRON MESYTE, 10 MG		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J1265	DOPAMINE INJECTION		0	999	07/01/2020	12/31/9999	100	O1	0.00	N
J1267	'DORIPENEM INJ 10 MG		0	999	07/01/2021	12/31/9999	150	O1	0.00	N
J1270	INJECTION, DOXERCALCIFEROL, 1		0	999	09/01/2012	12/31/9999	6	O1	0.00	N
J1290	ECALLANTIDE INJECTION		12	999	07/01/2021	12/31/9999	60	O1	492.12	K
J1300	ECULIZUMAB INJECTION 10 MG	Y	0	999	07/01/2021	12/31/9999	120	O1	230.32	K
J1301	INJECTION, EDARAVONE, 1 MG		18	999	07/01/2021	12/31/9999	60	O1	19.90	K
J1302	INJ, SUTIMLIMAB-JOME, 10 MG		18	999	10/01/2022	12/31/2299	750	O1	17.01	G
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	Y	0	999	07/01/2021	12/31/9999	360	O1	226.18	G
J1305	INJ, EVINACUMAB-DGNB, 5MG		12	999	10/01/2021	12/31/9999	480	O1	165.63	G
J1306	INJECTION, INCLISIRAN, 1 MG		18	999	07/01/2022	12/31/9999	284	O1	11.78	G
J1322	ELOSULFASE ALFA, INJECTION		5	999	07/01/2021	12/31/9999	150	O1	245.34	K
J1324	Enfuvirtide injection		0	999	07/01/2020	12/31/9999	180	O1	0.66	K
J1325	EPOPROSTENOL INJECTION		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J1327	EPTIFIBATIDE INJECTION		0	999	07/01/2021	12/31/9999	99	O1	0.00	N
J1330	INJ, ERVINE MALTE, UP TO 0.2 MG		0	999	07/01/2020	12/31/9999	1	O1	91.15	K
J1335	ERTAPENEM INJECTION		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J1364	ERYTHRO LACTOBIONATE /500 MG		0	999	07/01/2021	12/31/9999	8	O1	76.85	K
J1380	ESTRADIOL VALERATE 10 MG INJ		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J1410	INJ ESTROGEN CONJUGATE 25 MG		0	999	07/01/2021	12/31/9999	4	O1	325.51	K
J1426	INJECTION, CASIMERSEN, 10 MG	Y	6	64	10/01/2021	12/31/9999	480	O1	166.47	G
J1427	INJ. VILTOLARSEN		4	999	04/01/2021	12/31/9999	1272	O1	59.78	G
J1428	ETEPLIRSEN 10 MG	Y	0	999	07/01/2021	12/31/9999	450	O1	0.00	N
J1429	INJ GOLODIRSEN 10 MG	Y	0	999	07/01/2020	12/31/9999	477	O1	166.53	G
J1430	Ethanolamine oleate 100 mg		0	999	07/01/2018	12/31/9999	10	O1	444.10	K
J1435	INJECTION ESTRONE PER 1 MG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J1437	INJ. FE DERISOMALTOSE 10 MG		18	999	11/06/2020	12/31/9999	100	O1	25.38	G
J1438	ETANERCEPT INJECTION		0	999	07/01/2021	12/31/9999	2	O1	736.30	K
J1439	INJ FERRIC CARBOXYMALTOS 10 MG		18	999	07/01/2021	12/31/9999	750	O1	1.13	K

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J1442	INJ FILGRASTIM EXCL BIOSIMIL		0	999	07/01/2021	12/31/9999	1500	O1	0.94	K
J1443	INJ FERRIC PYROPHOSPHATE CIT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
J1444	FE PYRO CIT POW 0.1 MG IRON		18	999	07/01/2020	12/31/9999	272	O1	0.00	N
J1445	INJ TRIFERIC AVNU 0.1MG IRON		6	999	10/01/2021	12/31/9999	1	O6	0.00	E
J1447	INJ TBO FILGRASTIM 1 MICROG		18	999	07/01/2021	12/31/9999	960	O1	0.46	K
J1448	INJECTION, TRILACICLIB, 1MG		18	999	10/01/2021	12/31/9999	680	O1	4.97	G
J1450	FLUCONAZOLE		0	999	01/01/2014	12/31/9999	4	O1	0.00	N
J1451	FOMEPIZOLE, 15 MG		0	999	07/01/2021	12/31/9999	200	O1	7.39	K
J1452	INTRAOCULAR FOMIVIRSEN NA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J1453	'FOSAPREPITANT INJ 1 MG		0	999	07/01/2021	12/31/9999	150	O1	0.42	K
J1454	INJ FOSNETUPITANT, PALONOSET		18	999	07/01/2021	12/31/9999	1	O1	695.56	K
J1455	INJ, FOSCT SODM, PER 1000 MG		18	999	07/01/2020	12/31/9999	18	O1	82.27	K
J1457	GALLIUM NITRATE INJECTION		0	999	01/01/2014	12/31/9999	400	O6	0.00	E
J1458	Galsulfase injection		0	999	07/01/2021	12/31/9999	100	O1	404.07	K
J1459	'INJ IVIG PRIVIGEN 500 MG		0	999	07/01/2021	12/31/9999	300	O1	42.43	K
J1460	GAMMA GLOBULIN 1 CC INJ		0	999	07/01/2021	12/31/9999	10	O1	43.30	K
J1551	INJ CUTAQUIG 100 MG		2	999	07/01/2022	12/31/9999	320	O1	12.03	K
J1554	INJ. ASCENIV		12	999	04/01/2021	12/31/9999	254	O1	481.77	G
J1555	CUVITRU IMMUNE GLOBULIN 100 MG		2	999	07/01/2021	12/31/9999	480	O1	13.94	K
J1556	IMMUNE GLOBULIN (BIVIGAM),INJECTION, 50		6	999	07/01/2021	12/31/9999	254	O1	70.49	K
J1557	IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LY		18	999	07/01/2021	12/31/9999	300	O1	49.81	K
J1558	INJ. XEMBIFY, 100 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J1559	HIZENTRA INJECTION		0	999	07/01/2021	12/31/9999	300	O1	11.09	K
J1560	GAMMA GLOBULIN IM OVER 10 CC INJ		0	999	07/01/2021	12/31/9999	1	O1	432.96	K
J1561	GAMUNEX-C/GAMMAKED, 500 MG		0	999	07/01/2021	12/31/9999	300	O1	43.67	K
J1562	VIVAGLOBIN, INJ 100MG		0	999	01/01/2014	12/31/9999	227	O6	0.00	E
J1566	IMMUNE GLOBULIN, POWDER 500 MG		0	999	07/01/2021	12/31/9999	300	O1	66.97	K
J1568	OCTAGAM INJECTION 500 MG		0	999	07/01/2021	12/31/9999	300	O1	41.63	K
J1569	GAMMAGARD LIQUID INJECTION, 500 MG		0	999	07/01/2021	12/31/9999	300	O1	43.63	K
J1570	INJ, GAVIR SODM, 500 MG		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J1571	HEPAGAM B IM INJECTION 0.5 ML		0	999	07/01/2021	12/31/9999	20	O1	65.61	K
J1572	FLEBOGAMMA INJ 500 MG		0	999	07/01/2021	12/31/9999	300	O1	36.86	K
J1573	HEPAGAM B INTRAVENOUS, INJ 0.5 ML		0	999	07/01/2021	12/31/9999	130	O1	66.75	K
J1575	HYQVIA 100MG IMMUNEGLOBULIN		18	999	07/01/2021	12/31/9999	650	O1	14.34	K
J1580	INJ, GARN, GENTN, UP TO 80 MG		0	999	07/01/2020	12/31/9999	9	O1	0.00	N
J1595	INJECTION GLATIRAMER ACETATE		0	999	07/01/2021	12/31/9999	2	O1	153.12	K
J1599	IVIG NON-LYOPHILIZED, NOS		0	999	07/01/2020	12/31/9999	300	O1	0.00	N
J1600	INJ, GLD SODM THTE, UP TO 50 MG		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
J1602	GOLIMUMAB, 1 MG, INJECTION,FOR INTRAVEN		18	999	07/01/2021	12/31/9999	300	O1	18.12	K
J1610	GLUCAGON HYDROCHLORIDE/1 MG		0	999	07/01/2021	12/31/9999	3	O1	194.42	K
J1620	GONADORELIN HYDROCH/ 100 MCG		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
J1626	GRANISETRON HCL INJECTION		0	999	01/01/2014	12/31/9999	16	O1	0.00	N
J1627	GRANISETRON XR 0.1 MG		18	999	07/01/2021	12/31/9999	100	O1	0.00	N
J1628	INJ., GUSELKUMAB, 1 MG		18	999	07/01/2021	12/31/9999	100	O1	88.40	K
J1630	INJ, HALOPL, UP TO 5 MG		18	999	01/01/2014	12/31/9999	6	O1	0.00	N
J1631	INJ, HALOL DECATE, PER 50 MG		18	999	01/01/2014	12/31/9999	4	O1	0.00	N
J1632	INJ., BREXANOLONE, 1 MG		18	999	07/01/2021	12/31/9999	346	O1	76.14	G
J1640	Hemin, 1 mg		0	999	07/01/2021	12/31/9999	672	O1	24.43	K
J1642	INJ HEPARIN SODIUM PER 10 U		0	999	07/01/2013	12/31/9999	100	O1	0.00	N
J1644	INJ HEPARIN SODIUM PER 1000U		0	999	07/01/2013	12/31/9999	2	O1	0.00	N
J1645	DALTEPARIN SODIUM		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J1650	INJ ENOXAPARIN SODIUM		0	999	01/01/2014	12/31/9999	24	O1	0.00	N
J1652	FONDAPARINUX SODIUM		0	999	09/01/2012	12/31/9999	20	O1	0.00	N
J1670	INJ,TETUS IMMEGLB, HN,UP TO 250 UTS		0	999	07/01/2021	12/31/9999	2	O1	469.95	K
J1675	INJ, HISTN ACET, 10 MICRGMS		0	999	09/01/2012	12/31/9999	5000	O6	0.00	E
J1700	INJ, HYDCORE ACET, UP TO 25 MG		0	999	07/01/2014	12/31/9999	2	O6	0.00	E
J1710	HYDROCORTISONE SODIUM PH INJ		0	999	07/01/2014	12/31/9999	40	O6	0.00	E
J1720	INJ, HYDCORE SODM SUCTE, <= 100 MG		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J1726	MAKENA 10 MG		16	999	07/01/2021	12/31/9999	28	O1	16.05	K
J1729	HYDROXYPROG CAPOAT NOS 10MG		16	60	07/01/2021	12/31/9999	25	O1	21.54	K
J1738	INJ. MELOXICAM 1 MG		18	999	10/01/2020	12/31/9999	30	O1	3.26	G
J1740	Ibandronate sodium injection		0	999	07/01/2021	12/31/9999	3	O1	41.54	K
J1741	IBUPROFEN INJECTION, 100 MG		18	999	01/01/2014	12/31/9999	32	O1	0.00	N
J1742	IBUTILIDE FUMARATE INJECTION		0	999	07/01/2021	12/31/9999	4	O1	273.16	K
J1743	IDURSULFASE INJECTION 1 MG	Y	0	999	07/01/2021	12/31/9999	66	O1	0.00	N
J1744	ICATIBANT INJECTION, 1 MG		0	999	07/01/2021	12/31/9999	90	O1	273.60	K
J1745	INFIXIMAB EXCL BIOSIMILAR 10MG	Y	0	999	07/01/2021	12/31/9999	150	O1	44.90	K
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	Y	18	999	07/01/2021	12/31/9999	200	O1	64.05	K
J1750	INJ IRON DEXTRAN		0	999	07/01/2021	12/31/9999	45	O1	15.05	K
J1756	IRON SUCROSE INJECTION		0	999	01/01/2014	12/31/9999	500	O1	0.00	N
J1786	IMUGLUCERASE INJECTION	Y	0	999	07/01/2021	12/31/9999	680	O1	43.38	K
J1790	INJ, DROPL, UP TO 5 MG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J1800	INJ, PROL HCL, UP TO 1 MG		0	999	01/01/2014	12/31/9999	5	O1	0.00	N
J1810	INJ, DRPRL & FENYL CITE, UP TO 2 ML		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J1815	INSULIN INJECTION		0	999	09/01/2012	12/31/9999	20	O1	0.00	N
J1817	INSULIN FOR INSULIN PUMP USE		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J1823	INJ. INEBILIZUMAB-CDON, 1 MG		18	999	01/01/2021	12/31/9999	300	O1	449.77	K
J1826	INTERFERON BETA-1A INJ		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J1830	INTERFERON BETA-1B / .25 MG		18	999	07/01/2021	12/31/9999	1	O1	393.47	K
J1833	ISAVUCONAZONIUM 1 MG		18	999	07/01/2021	12/31/9999	1116	O1	0.78	K
J1835	INTRACONAZOLE INJECTION		0	999	07/01/2014	12/31/9999	8	O6	0.00	E
J1840	KANAMYCIN SULFATE 500 MG INJ		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J1850	KANAMYCIN SULFATE 75 MG INJ		0	999	07/01/2020	12/31/9999	14	O1	0.00	N
J1885	INJ, KETC TROME, PER 15 MG		0	999	07/01/2020	12/31/9999	8	O1	0.00	N
J1890	INJ, CEPHN SODM, UP TO 1 GRM		0	999	07/01/2014	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J1930	LANREOTIDE INJ 1 MG	Y	0	999	07/01/2021	12/31/9999	120	O1	68.46	K
J1931	LARONIDASE INJECTION	Y	0	999	07/01/2021	12/31/9999	609	O1	33.12	K
J1932	INJ, LANREOTIDE, (CIPLA) 1MG		18	999	10/01/2022	12/31/2299	120	O1	60.89	K
J1940	INJ, FURDE, UP TO 20 MG		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J1943	INJ., ARISTADA INITIO, 1 MG		18	65	07/01/2021	12/31/9999	675	O1	2.91	G
J1944	ARIPIRAZOLE LAUROXIL 1 MG		18	65	07/01/2021	12/31/9999	1064	O1	2.90	K
J1945	LEPIRUDIN		0	999	07/01/2014	12/31/9999	9	O6	0.00	E
J1950	LEUPROLIDE ACETATE /3.75 MG		0	999	07/01/2021	12/31/9999	12	O1	1,582.13	K
J1951	INJ FENSOLVI 0.25 MG		1	999	07/01/2021	12/31/9999	180	O1	127.75	K
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG		18	999	04/04/2022	12/31/9999	21	O1	92.86	B
J1953	'LEVETIRACETAM INJ 10 MG		0	999	09/01/2012	12/31/9999	300	O1	0.00	N
J1955	INJ LEVOCARNITINE PER 1 GM		0	999	09/01/2012	12/31/9999	8	O6	0.00	E
J1956	LEVOFLOXACIN INJECTION		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J1980	INJ, HYOSE SULFE, UP TO 0.25 MG		0	999	07/01/2020	12/31/9999	8	O1	0.00	N
J2001	LIDOCAINE INJECTION		0	999	01/01/2014	12/31/9999	200	O1	0.00	N
J2010	INJ, LINMYCIN HCL, UP TO 300 MG		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J2020	INJECTION, LIPO-HEPIN		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
J2060	LORAZEPAM INJECTION		18	999	01/01/2014	12/31/9999	4	O1	0.00	N
J2062	LOXAPINE FOR INHALATION 1 MG		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
J2150	INJ, MANL, 25% IN 50 ML		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J2170	Mecasermin injection		0	999	07/01/2020	12/31/9999	8	O1	0.00	N
J2175	MEPERIDINE HYDROCHL /100 MG		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J2182	MEPOLIZUMAB 1MG	Y	6	999	07/01/2021	12/31/9999	300	O1	28.86	K
J2185	MEROPENEM		0	999	09/01/2012	12/31/9999	10	O1	0.00	N
J2186	INJ. MEROPENEM, VABORBACTAM		18	999	07/01/2021	12/31/9999	600	O1	1.77	K
J2210	INJ, METHYE MALEATE, UP TO 0.2 MG		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J2212	METHYLNALTREXONE INJECTION, 0.1 MG		0	999	07/01/2015	12/31/9999	200	O1	0.00	N
J2248	Micafungin sodium injection		0	999	07/01/2021	12/31/9999	150	O1	1.09	K
J2250	INJ, MIDAM HYDCHLE, PER 1 MG		0	999	07/01/2020	12/31/9999	30	O1	0.00	N
J2260	INJECTN,MILRINONE LACTATE 5MG		0	999	07/01/2020	12/31/9999	16	O1	0.00	N
J2265	MINOCYCLINE HYDROCHLORIDE INJ, 1 MG		8	999	07/01/2021	12/31/9999	400	O1	2.00	K
J2270	INJ, MORPE SULTE, UP TO 10 MG		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J2274	IN MORPHINE PRESERVATIV FREE		0	999	01/01/2015	12/31/9999	3	O1	0.00	N
J2278	ZICONOTIDE INJECTION		0	999	07/01/2021	12/31/9999	1000	O1	8.48	K
J2280	INJ MOXIFLOXIACIN 100MG		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J2300	INJ, NALBUE HYDRE, PR 10 MG		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J2310	INJ, NALOE HYDRE, PER 1 MG		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J2315	Naltrexone, depot form		18	999	07/01/2021	12/31/9999	380	O1	3.43	K
J2320	NANDROLONE DECANOATE 50 MG		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
J2323	NATALIZUMAB INJECTION 1 MG	Y	0	999	07/01/2021	12/31/9999	300	O1	22.39	K
J2325	NESIRITIDE INJECTION		0	999	07/01/2021	12/31/9999	34	O1	74.80	B
J2326	NUSINERSEN 0.1MG	Y	0	999	07/01/2021	12/31/9999	120	O1	1,122.06	K
J2350	OCRELIZUMAB 1 MG	Y	18	999	07/01/2021	12/31/9999	600	O1	57.33	K
J2353	OCTREOTIDE INJECTION, DEPOT, 1 MG	Y	0	999	07/01/2021	12/31/9999	60	O1	205.66	K
J2354	OCTREOTIDE INJ, NON-DEPOT		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J2355	OPRELVEKIN INJECTION		0	999	07/01/2021	12/31/9999	2	O1	0.00	N
J2356	INJ TEZEPELUMAB-EKKO, 1MG		12	999	07/01/2022	12/31/9999	320	O1	17.82	G
J2357	OMALIZUMAB INJECTION, 5MG	Y	6	75	07/01/2021	12/31/9999	90	O1	37.42	K
J2358	OLANZAPINE LONG-ACTING INJ		18	999	07/01/2021	12/31/9999	405	O1	2.92	K
J2360	INJ, ORPHENE CITE, UP TO 60 MG		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J2370	INJ, PHENE HCL, UP TO 1 ML		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J2400	INJ, CHLORE HYDRE, PER 30 ML		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J2405	INJ, ONDAN HYDRE, PER 1 MG		0	999	09/01/2012	12/31/9999	50	O1	0.00	N
J2406	INJECTION, ORITAVANCIN 10 MG		18	999	10/01/2021	12/31/9999	120	O1	41.92	G
J2407	INJECTION, ORITAVANCIN		18	999	07/01/2021	12/31/9999	120	O1	23.82	K
J2410	INJ, OXYRPHE HCL, UP TO 1 MG		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J2425	INJ, PALIFN, 50 MCG		0	999	07/01/2021	12/31/9999	125	O1	22.82	K
J2426	PALIPERIDONE PALMITATE INJ		18	999	07/01/2021	12/31/9999	819	O1	12.12	K
J2430	PAMIDRONATE DISODIUM /30 MG		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J2440	INJ, PAE HCL, UP TO 60 MG		18	999	07/01/2020	12/31/9999	4	O1	0.00	N
J2460	INJ, OXYTE HCL, UP TO 50 MG		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
J2469	PALONOSETRON HCL		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J2501	PARICALCITOL		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J2502	PASIREOTIDE LONG ACT 1 MG		18	999	07/01/2021	12/31/9999	60	O1	315.84	K
J2503	INJ, PEGAB SODM, 0.3 MG		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J2504	PEGADEMASE BOVINE, 25 IU		0	999	07/01/2021	12/31/9999	15	O1	1,471.85	K
J2506	INJ PEGFILGRAST EX BIO 0.5MG	Y	0	999	01/01/2022	12/31/9999	12	O1	182.03	K
J2507	PEGLOTICASE INJ, 1 MG	Y	8	999	07/01/2021	12/31/9999	8	O1	2,771.29	K
J2510	INJ, PENICGPROC, AQUS,<=600000 UTS		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J2513	PENTASTARCH 10% SOLUTION		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
J2515	INJ, PENTL SODM, PER 50 MG		0	999	07/01/2021	12/31/9999	8	O1	29.87	K
J2540	INJ, PENICN G POTM, <=600000 UTS		0	999	01/01/2014	12/31/9999	50	O1	0.00	N
J2543	INJ,PIPEN/TAZOB,1 GM/0.125 GMS		0	999	07/01/2020	12/31/9999	20	O1	0.00	N
J2545	PENTAMIDINE NON-COMP UNIT 300MG		0	999	07/01/2020	12/31/9999	1	O1	121.21	B
J2547	INJ PERAMIVIR 1 MG		18	999	07/01/2021	12/31/9999	600	O1	1.60	K
J2550	INJ, PROME HCL, UP TO 50 MG		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J2560	INJ, PHENL SODM, UP TO 120 MG		0	999	07/01/2021	12/31/9999	15	O1	45.66	K
J2562	PLERIXAFOR INJ 1 MG	Y	0	999	07/01/2021	12/31/9999	48	O1	365.02	K
J2590	INJ, OXYN, UP TO 10 UNITS		9	999	07/01/2020	12/31/9999	15	O1	0.00	N
J2597	INJ, DESMN ACET, PER 1 MCG		0	999	07/01/2021	12/31/9999	45	O1	10.57	K
J2670	INJ, TOLAZE HCL, UP TO 25 MG		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
J2675	INJ PROGESTERONE PER 50 MG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J2680	FLUPHENAZINE DECANOATE 25 MG		12	999	01/01/2014	12/31/9999	4	O1	0.00	N
J2690	INJ, PROCAE HCL, UP TO 1 GM		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J2700	INJ, OXAN SODM, UP TO 250 MG		0	999	07/01/2014	12/31/9999	6	O1	0.00	N

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J2704	INJ, PROPOFOL, 10 MG		0	999	01/01/2015	12/31/9999	159	O1	0.00	N
J2710	INJ, NEOSTE METLSUL, UP TO 0.5 MG		0	999	01/01/2015	12/31/9999	10	O1	0.00	N
J2720	INJ PROTAMINE SULFATE/10 MG		0	999	01/01/2014	12/31/9999	5	O1	0.00	N
J2724	PROTEIN C CONCENTRATE 10 IU		0	999	07/01/2020	12/31/9999	3500	O1	15.08	K
J2730	INJ, PRALE CHL, UP TO 1 GM		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J2760	INJ, PHENE MESYL, UP TO 5 MG		0	999	07/01/2021	12/31/9999	2	O1	356.88	K
J2765	INJ, METOCLE HCL, UP TO 10 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J2770	QUINUPRISTIN/DALFOPRISTIN		0	999	07/01/2021	12/31/9999	7	O1	458.83	K
J2777	Inj, faricimab-svoa, 0.1mg		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
J2778	RANIBIZUMAB INJECTION 0.1 MG		0	999	07/01/2021	12/31/9999	10	O1	322.85	K
J2779	INJ, SUSVIMO 0.1 MG		18	999	07/01/2022	12/31/9999	20	O1	83.23	G
J2780	RANITIDINE HYDROCHLORIDE INJ		0	999	01/01/2014	12/31/9999	16	O1	0.00	N
J2783	RASBURICASE		0	999	07/01/2021	12/31/9999	60	O1	306.14	K
J2785	'REGADENOSON INJ 0.1 MG		0	999	07/01/2014	12/31/9999	4	O1	0.00	N
J2786	RESLIZUMAB 1MG	Y	18	999	07/01/2021	12/31/9999	500	O1	9.75	K
J2787	RIBOFLAVIN 5'PHOS OPTH<=3ML		14	65	10/01/2019	12/31/9999	1	O1	0.00	N
J2788	RHO D IMMUNE GLOBULIN 50 MCG		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
J2790	RHO D IMMUNE GLOBULIN 300 MCG		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
J2791	RHOPHYLAC INJECTION 100 IU		0	999	07/01/2016	12/31/9999	15	O1	0.00	N
J2792	RHO(D) IMMUNE GLOBULIN H, SD		0	999	07/01/2021	12/31/9999	450	O1	29.40	K
J2793	RILONACEPT INJ 1 MG		12	999	07/01/2020	12/31/9999	320	O1	22.73	K
J2794	INJ RISPERDAL CONSTA, 0.5 MG		18	999	07/01/2021	12/31/9999	100	O1	10.53	K
J2795	ROPIVACAINE HCL INJECTION		0	999	01/01/2014	12/31/9999	750	O1	0.00	N
J2796	ROMIPLOSTIM INJ 10 MCRGMS		0	999	07/01/2021	12/31/9999	150	O1	79.11	K
J2797	INJ., ROLAPITANT, 0.5 MG		18	999	01/01/2019	12/31/9999	333	O1	0.94	G
J2798	INJ., PERSERIS, 0.5 MG		18	999	07/01/2021	12/31/9999	240	O1	10.16	G
J2800	INJ, METHL, UP TO 10 ML		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J2805	SINCALIDE INJECTION		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J2810	INJ THEOPHYLLINE PER 40 MG		0	999	01/01/2014	12/31/9999	20	O1	0.00	N
J2820	INJ, SARGRAM (GM-CSF), 50 MCG		0	999	07/01/2021	12/31/9999	10	O1	48.83	K
J2840	SEBELIPASE ALFA 1 MG		0	64	07/01/2021	12/31/9999	160	O1	540.41	K
J2850	Inj secretin synthetic human		0	999	07/01/2020	12/31/9999	48	O1	34.78	K
J2860	INJ SILTUXIMAB 10 MG		18	999	07/01/2021	12/31/9999	170	O1	111.50	K
J2910	AUROTHIOGLUCOSE INJECITON		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
J2916	NA FERRIC GLUCONATE COMPLEX		0	999	09/01/2012	12/31/9999	10	O1	0.00	N
J2920	INJ, METPRE SODM SUTE, <=40 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J2930	INJ, METHPRE SODM SUTE, <=125 MG		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J2940	INJECTION, SPANESTRIN P, UP T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J2941	SOMATROPIN INJECTION		0	999	07/01/2021	12/31/9999	8	O1	36.54	K
J2950	INJ, PROME HCL, UP TO 25 MG		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
J2993	RETEPLASE INJECTION		0	999	07/01/2021	12/31/9999	2	O1	2,395.94	K
J2995	INJ STREPTOKINASE /250000 IU		0	999	07/01/2014	12/31/9999	6	O6	0.00	E
J2997	ALTEPLASE RECOMBINANT		0	999	07/01/2021	12/31/9999	100	O1	87.43	K
J2998	INJ PLASMINOGEN TVMH 1MG		0	64	07/01/2022	12/31/9999	1050	O1	30.85	G
J3000	INJ, STREPTN, UP TO 1 GM		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J3010	INJ, FENYL CIT, 0.1 MG		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J3030	SUMATRIPTAN SUCCINATE / 6 MG		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J3031	INJ., FREMANEZUMAB-VFRM 1 MG		18	999	07/01/2021	12/31/9999	675	O1	2.28	G
J3032	INJ. EPTINEZUMAB-JJMR 1 MG		18	999	07/01/2021	12/31/9999	300	O1	15.60	G
J3060	TALIGLUCERACE ALFA, 10 UNITS INJECTION,		18	999	07/01/2021	12/31/9999	760	O1	40.96	K
J3070	INJ, PENTAZ, 30 MG		0	999	07/01/2020	12/31/9999	3	O1	0.00	N
J3090	TEDIZOLID PHOSPHATE 1 MG		18	999	07/01/2021	12/31/9999	200	O1	1.59	K
J3095	TELEVANCIN INJECTION		18	999	07/01/2021	12/31/9999	150	O1	5.94	K
J3101	'TENECTEPLASE INJ 1 MG		0	999	07/01/2021	12/31/9999	50	O1	129.27	K
J3105	INJ, TERBUT SULF, UP TO 1 MG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3110	INJECTION, TESLAC, UP TO 100		18	999	07/01/2020	12/31/9999	2	O1	59.96	B
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG		18	999	07/01/2021	12/31/9999	210	O1	9.00	G
J3121	INJ TESTOSTERO ENANTHATE 1MG		12	999	01/01/2015	12/31/9999	400	O1	0.00	N
J3145	TESTOSTERONE UNDECANOATE 1MG		12	999	07/01/2021	12/31/9999	750	O1	1.53	K
J3230	INJ, CHLORPR HCL, UP TO 50 MG		0	999	01/01/2014	12/31/9999	4	O1	0.00	N
J3240	INJ, THYRALPHA,0.9 MG,PRVIDIN 1.1MG		0	999	07/01/2021	12/31/9999	1	O1	1,776.21	K
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	Y	18	999	10/01/2020	12/31/9999	320	O1	315.88	G
J3243	Tigecycline injection		0	999	07/01/2021	12/31/9999	200	O1	1.19	K
J3245	INJ., TILDRAKIZUMAB, 1 MG		18	999	07/01/2021	12/31/9999	100	O1	132.71	G
J3246	TIROFIBAN HCL		18	999	07/01/2021	12/31/9999	100	O1	2.41	K
J3250	INJ, TRIMETH HCL, UP TO 200 MG		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J3260	INJ, TOBRN SULF, UP TO 80 MG		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J3262	TOCILIZUMAB INJECTION		2	999	07/01/2021	12/31/9999	800	O1	5.47	K
J3280	INJ, THIETHYL MAL, UP TO 10 MG		18	999	07/01/2014	12/31/9999	1	O6	0.00	E
J3285	TREPROSTINIL INJECTION		0	999	07/01/2021	12/31/9999	9	O1	64.03	K
J3299	INJ XIPERE 1 MG		18	999	07/01/2022	12/31/9999	4	O1	42.85	G
J3300	TRIAMCINOLONE A INJ PRS-FREE 1MG		0	999	07/01/2020	12/31/9999	160	O1	0.00	N
J3301	TRIAMCINOLONE ACET INJ NOS 10MG		0	999	09/01/2012	12/31/9999	12	O1	0.00	N
J3303	INJ TRIMAMC HEXACET, PER 5MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J3304	INJ TRIAMCINOLONE ACE XR 1MG		18	999	07/01/2021	12/31/9999	64	O1	18.01	K
J3305	INJ, TRIMETR GLUCUR, PER 25 MG		18	999	09/01/2012	12/31/9999	10	O6	0.00	E
J3315	TRIPTORELIN PAMOATE		0	999	07/01/2021	12/31/9999	6	O1	503.81	K
J3316	INJ., TRIPTORELIN XR 3.75 MG		2	999	07/01/2021	12/31/9999	6	O1	3,044.01	K
J3320	INJ, SPEC DIHYCHL, UP TO 2 GM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J3355	Urofollitropin, 75 iu		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
J3357	USTEKINUMAB SUBQ 1MG	Y	12	999	07/01/2021	12/31/9999	90	O1	180.12	K
J3358	USTEKINUMAB IV 1 MG	Y	18	999	07/01/2021	12/31/9999	520	O1	11.95	K
J3360	INJ, DIAZM, UP TO 5 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J3364	UROKINASE 5000 IU INJECTION		18	999	01/01/2015	12/31/9999	140	O6	0.00	E
J3365	UROKINASE 250,000 IU INJ		18	999	01/01/2015	12/31/9999	2	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J3370	INJ VANCOMYCIN HCL 500 MG		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
J3380	INJ VEDOLIZUMAB 1 MG	Y	18	999	07/01/2021	12/31/9999	300	O1	20.35	K
J3385	VELAGLUCERASE ALFA		0	999	07/01/2021	12/31/9999	80	O1	346.63	K
J3396	VERTEPORFIN INJECTION		0	999	07/01/2021	12/31/9999	150	O1	11.25	K
J3397	INJ., VESTRONIDASE ALFA-VJBK		0	999	07/01/2021	12/31/9999	600	O1	0.00	N
J3398	INJ LUXTURNA 1 BILLION VEC G	Y	1	65	07/01/2021	12/31/9999	150	O1	2,915.24	K
J3399	INJ ONASE ABEPAR-XIOI TREAT	Y	0	2	07/01/2021	12/31/9999	1	O1	2,206,690.98	K
J3400	INJ, TRIFLUP HCL, UP TO 20 MG		2	999	01/01/2015	12/31/9999	8	O6	0.00	E
J3410	INJ, HYDROX HCL, UP TO 25 MG		0	999	07/01/2020	12/31/9999	16	O1	0.00	N
J3411	THIAMINE HCL 100 MG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3415	PYRIDOXINE HCL 100 MG		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3420	INJ, VIT B-12 CYANO, <= 1000 MCG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J3430	INJ, PHYTONA (VIT K), PER 1 MG		0	999	01/01/2014	12/31/9999	38	O1	0.00	N
J3465	INJECTION, VORICONAZOLE		0	999	07/01/2020	12/31/9999	60	O1	0.00	N
J3470	INJ, HYALUR, UP TO 150 UTS		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
J3471	OVINE, UP TO 999 USP UNITS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3472	OVINE, 1000 USP UNITS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3473	Hyaluronidase recombinant		0	999	01/01/2014	12/31/9999	200	O1	0.00	N
J3475	INJ, MAGNE SULF, PER 500 MG		0	999	09/01/2012	12/31/9999	20	O1	0.00	N
J3480	INJ, POTASS CHL, PER 2 MEQ		0	999	01/01/2014	12/31/9999	150	O1	0.00	N
J3485	ZIDOVUDINE		0	999	07/01/2020	12/31/9999	160	O1	0.00	N
J3486	ZIPRASIDONE MESYLATE		18	999	01/01/2014	12/31/9999	4	O1	0.00	N
J3489	ZOLEDRONIC ACID, 1 MG, INJECTION		18	999	07/01/2020	12/31/9999	5	O1	0.00	N
J3490	DRUGS UNCLASSIFIED INJECTION		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
J3520	ENDRATE/CHELATION THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J3530	NASAL VACCINE INHALATION		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J3535	METERED DOSE INHALER DRUG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J3570	LAETRILE, AMYGDALIN, VITAMIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J3590	UNCLASSIFIED BIOLOGICS		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
J3591	ESRD ON DIALYSI DRUG/BIO NOC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
J7030	INFUS, NORL SALI SOL , 1000 CC		0	999	01/01/2014	12/31/9999	4	O1	0.00	N
J7040	INFUS NRML SAL STER 500 ML=1 UNIT		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J7042	5% DEX/NORL SALI (500 ML = 1 UNIT)		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
J7050	INFUS, NORL SAL SOLU , 250 CC		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J7060	5% DEX/WAT(500 ML = 1 UNIT)		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J7070	INFUS, D5W, 1000 CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J7100	INFUS, DEX 40, 500 ML		0	999	07/01/2020	12/31/9999	2	O1	0.00	N
J7110	INFUS, DEXT 75, 500 ML		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J7120	RNGERS LACTA INFUS, UP TO 1000 CC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J7121	5% DEXTROS LAC RINGERS 1000		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
J7131	HYPERTONIC SALINE SOLUTION, 1 ML		0	999	01/01/2014	12/31/9999	8	O1	0.00	N
J7168	PROTHROMBIN COMPLEX KCENTRA		18	999	07/01/2021	12/31/9999	5000	O1	2.23	K
J7169	INJ ANDEXXA, 10 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG		0	999	07/01/2021	12/31/9999	1800	O1	47.75	K
J7175	FACTOR X COAGODEX 1 I.U.		12	999	07/01/2021	12/31/9999	9000	O1	7.89	K
J7177	INJ., FIBRYGA, 1 MG		0	999	07/01/2021	12/31/9999	10500	O1	0.00	N
J7178	INJ HUMAN FIBRINOGEN CON NOS		0	999	07/01/2021	12/31/9999	7700	O1	1.26	K
J7179	VONVENDI INJ 1 IU		18	64	07/01/2021	12/31/9999	9600	O1	1.89	K
J7180	FACTOR XIII INJ(ANTIHEMOPHL FAC HUMAN),		0	999	07/01/2021	12/31/9999	6000	O1	8.78	K
J7181	FACTOR XIII RECOMB A-SUBUNIT		0	999	07/01/2021	12/31/9999	3850	O1	15.45	K
J7182	FACTOR VIII RECOMB NOVOEIGHT		0	999	01/01/2015	12/31/9999	9999	O6	0.00	E
J7183	VON WILLEBRAND INJ , WILATE, 1 I.U. VWF:		0	999	07/01/2021	12/31/9999	9600	O1	1.04	K
J7185	XYNTHA INJ PER I.U.		0	999	07/01/2021	12/31/9999	4000	O1	1.23	K
J7186	'ANTIHEMOPHILIC VIII/VWF COMP		0	999	07/01/2021	12/31/9999	9600	O1	1.12	K
J7187	HUMATE-P, INJ		0	999	07/01/2021	12/31/9999	9600	O1	1.22	K
J7188	FACTOR VIII RECOMB OBIZUR		18	999	07/01/2021	12/31/9999	22000	O1	3.19	K
J7189	FACTOR VIIA RECOMB NOVOSEVEN		0	999	07/01/2021	12/31/9999	26000	O1	2.26	K
J7190	FACTOR VIII		0	999	07/01/2021	12/31/9999	22000	O1	1.07	K
J7191	FACTOR VIII (PORCINE)		0	999	07/01/2014	12/31/9999	5000	O6	0.00	E
J7192	FACTOR VIII RECOMBINANT NOS		0	999	07/01/2021	12/31/9999	22000	O1	1.35	K
J7193	FACTOR IX NON-RECOMBINANT		0	999	07/01/2021	12/31/9999	20000	O1	1.19	K
J7194	FAC IX, COMPX, PER I.U.		0	999	07/01/2020	12/31/9999	9000	O1	1.48	K
J7195	FACTOR IX RECOMBINANT NOS		0	999	07/01/2020	12/31/9999	20000	O1	1.53	K
J7196	ANTITHROMBIN RECOMBINANT		0	999	07/01/2021	12/31/9999	175	O1	0.00	N
J7197	ANTITHRO III (HUMAN), PER I.U.		0	999	07/01/2021	12/31/9999	6300	O1	3.48	K
J7198	ANTI-INHIBITOR		0	999	07/01/2021	12/31/9999	30000	O1	2.09	K
J7199	HEMOPHILIA CLOT FACTOR NOC	Y	0	999	09/01/2012	12/31/9999	1	O5	0.00	M1
J7200	FACTOR IX RECOMBINAN RIXUBIS		0	999	07/01/2021	12/31/9999	20000	O1	1.46	K
J7201	FACTOR IX ALPROLIX 1 IU		0	999	07/01/2021	12/31/9999	9000	O1	3.26	K
J7202	FACTOR IX IDELVION 1 I.U.		0	999	07/01/2021	12/31/9999	11550	O1	4.46	K
J7203	FACTOR IX RECOMB GLY REBINYN		0	999	07/01/2020	12/31/9999	12000	O1	3.96	K
J7204	INJ PER IU		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J7205	FACTOR VIII FC FUSION RECOMB		0	999	07/01/2021	12/31/9999	9750	O1	2.17	K
J7207	FACTOR VIII PEGYLATED 1 IU		12	999	07/01/2021	12/31/9999	7500	O1	1.85	K
J7208	INJ. JIVI 1 IU		0	999	07/01/2021	12/31/9999	6000	O1	2.03	G
J7209	FACTOR VIII NUWIQ 1IU		2	999	07/01/2021	12/31/9999	7500	O1	1.26	K
J7210	AFSTYLA, 1 I.U.		0	999	07/01/2021	12/31/9999	22000	O1	1.35	K
J7211	FAC VIII KOVALTRY 1 IU		2	999	07/01/2021	12/31/9999	22000	O1	1.22	K
J7212	FACTOR VIIA RECOMB SEVENFACT		0	999	01/01/2021	12/31/9999	35775	O1	2.59	K
J7294	SEG ACET AND ETH ESTR YEARLY		12	999	10/01/2021	12/31/9999	1	O1	2,000.00	G
J7295	ETH ESTR AND ETON MONTHLY		12	999	10/01/2021	12/31/9999	3	O1	142.36	G
J7296	KYLEENA, 19.5 MG		9	65	07/01/2020	12/31/9999	1	O1	953.51	B
J7297	INTRAUTERINE CONTRACEP DEV 52MG		9	60	07/01/2020	12/31/9999	1	O1	786.87	B
J7298	INTRAUTERINE CONTRACEP DEV 52MG		9	60	07/01/2020	12/31/9999	1	O1	953.51	B
J7300	INTRAVTERINE COPPER CONTRACEPT		9	60	07/01/2020	12/31/9999	1	O1	884.50	B

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J7643	GLYCOPYRROLATE COMP UNIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7644	IPRATROPIUM BROMIDE NON-COMP		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J7645	Ipratropium bromide comp		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J7647	Isoetharine comp con		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7648	ISOETHARINE NON-COMP CON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7649	ISOETHARINE NON-COMP UNIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7650	Isoetharine comp unit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7657	Isoproterenol comp con		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7658	ISOPROTERENOL NON-COMP CON		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7659	ISOPROTERENOL NON-COMP UNIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7660	Isoproterenol comp unit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7665	MANNITOL, ADMIN THROUGH AN INHALER, 5 MG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7667	Metaproterenol comp con		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
J7668	METAPROTERENOL NON-COMP CON		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
J7669	METAPROTERENOL NON-COMP UNIT		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
J7670	Metaproterenol comp unit		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
J7674	METHACHOLINE CHLORIDE, NEB		0	999	07/01/2020	12/31/9999	100	O1	0.00	N
J7676	PENTAMIDINE COMP UNIT DOSE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7677	REVEFENACIN INH NON-COM 1MCG		18	999	07/01/2019	12/31/9999	380	O6	0.00	E
J7680	TERBUTALINE SULF COMP CON		0	999	09/01/2012	12/31/9999	3	O6	0.00	E
J7681	TERBUTALINE SULF COMP UNIT		0	999	09/01/2012	12/31/9999	3	O6	0.00	E
J7682	TOBRAMYCIN NON-COMP UNIT		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J7683	TRIAMCINOLONE COMP CON		0	999	09/01/2012	12/31/9999	12	O6	0.00	E
J7684	TRIAMCINOLONE COMP UNIT		0	999	09/01/2012	12/31/9999	12	O6	0.00	E
J7685	Tobramycin comp unit		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
J7686	TREPROSTINIL, NON-COMP UNIT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7699	NOC DRUGS, INHALATION SOLUTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J7799	NOC DRUGS, OTHER THAN INHALATI		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J7999	COMPOUNDED DRUG, NOC		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
J8498	ANTIEMETIC RECTAL/SUPP NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J8499	ORAL PRESCRIP DRUG NON CHEMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J8501	ORAL APREPITANT		0	999	07/01/2020	12/31/9999	25	O1	0.00	N
J8510	ORAL BUSULFAN		0	999	07/01/2021	12/31/9999	5	O1	0.00	N
J8515	CABERGOLINE, ORAL 0.25MG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J8520	CAPECITABINE, ORAL, 150 MG		0	999	07/01/2020	12/31/9999	46	O1	0.00	N
J8521	CAPECITABINE, ORAL, 500 MG		0	999	07/01/2020	12/31/9999	14	O1	0.00	N
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG		0	999	01/01/2014	12/31/9999	32	O1	0.00	N
J8540	ORAL DEXAMETHASONE		0	999	01/01/2014	12/31/9999	36	O1	0.00	N
J8560	ETOPOSIDE ORAL 50 MG		0	999	07/01/2021	12/31/9999	6	O1	75.77	K
J8562	ORAL FLUDARABINE PHOSPHATE		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
J8565	GEFITINIB ORAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J8597	ANTIEMETIC DRUG ORAL NOS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
J8600	MELPHALAN ORAL 2 MG		0	999	01/01/2014	12/31/9999	3	O1	0.00	N
J8610	METHOTREXATE ORAL 2.5 MG		0	999	01/01/2014	12/31/9999	12	O1	0.00	N
J8650	Nabilone oral		0	999	07/01/2020	12/31/9999	6	O1	38.20	K
J8655	ORAL NETUPITANT, PALONOSETRO		0	999	07/01/2021	12/31/9999	1	O1	270.65	K
J8670	ROLAPITANT ORAL 1MG		18	999	07/01/2021	12/31/9999	180	O1	2.34	K
J8700	TEMOZOLMIDE		0	999	07/01/2020	12/31/9999	120	O1	0.00	N
J8705	'TOPOTECAN ORAL 0.25 MG		0	999	07/01/2020	12/31/9999	22	O1	0.00	N
J8999	ORAL PRESCRIPTION DRUG CHEMO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
J9000	DOXORUBICIN HCL INJ 10 MG		0	999	07/01/2020	12/31/9999	20	O1	0.00	N
J9015	ALDESLEUKIN INJ SNGL USE VIAL		0	999	07/01/2021	12/31/9999	1	O1	3,795.26	K
J9017	ARSENIC TRIOXIDE INJ 1 MG		0	999	07/01/2021	12/31/9999	30	O1	17.82	K
J9019	ERWINAZE INJECTION, 1000 IU		0	999	07/01/2021	12/31/9999	60	O1	427.27	K
J9021	INJ, ASPARA, RYLAZE, 0.1 MG		0	999	01/01/2022	12/31/9999	720	O1	45.22	G
J9022	ATEZOLIZUMAB10 MG	Y	18	999	07/01/2021	12/31/9999	168	O1	78.18	K
J9023	AVELUMAB 10 MG	Y	18	999	07/01/2021	12/31/9999	140	O1	85.33	K
J9025	INJ, AZACI, 1 MG		0	999	07/01/2021	12/31/9999	300	O1	0.91	K
J9027	INJ, CLOFAR, 1 MG		1	999	07/01/2021	12/31/9999	100	O1	30.18	K
J9030	BCG LIVE INTRAVESICAL 1MG		0	999	07/01/2021	12/31/9999	50	O1	0.00	N
J9032	BELINOSTAT INJ 10MG		18	999	07/01/2021	12/31/9999	300	O1	42.70	K
J9033	BENDAMUSTINE HCL TRENADA 1MG		0	999	07/01/2021	12/31/9999	300	O1	24.58	K
J9034	BENDAMUSTINE HCL 1 MG		18	999	07/01/2021	12/31/9999	360	O1	20.17	K
J9035	BEVACIZUMAB INJECTION	Y	0	999	07/01/2021	12/31/9999	170	O1	75.16	K
J9036	INJ., BELRAPZO, 1 MG		18	999	07/01/2021	12/31/9999	360	O1	22.27	G
J9037	INJ BELANTAMAB MAFODONT BLMF		18	999	04/01/2021	12/31/9999	796	O1	42.97	G
J9039	BLINATUMOMAB INJ 1 MCG		0	999	07/01/2021	12/31/9999	210	O1	118.12	K
J9040	BLEOMYCIN SULFATE INJ 15 UNITS		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J9041	INJ., VELCADE 0.1 MG		0	999	07/01/2021	12/31/9999	35	O1	44.67	K
J9042	BRENTUXIMAB VEDOTIN INJ, 1 MG	Y	18	999	07/01/2021	12/31/9999	200	O1	182.08	K
J9043	CABAZITAXEL INJ, 1 MG	Y	0	999	07/01/2021	12/31/9999	60	O1	184.85	K
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG		18	999	07/01/2021	12/31/9999	35	O1	21.10	K
J9045	CARBOPLATIN INJECTION		0	999	09/01/2012	12/31/9999	20	O1	0.00	N
J9047	CARFILZOMIB, 1 MG INJECTION,		18	999	07/01/2021	12/31/9999	160	O1	39.35	K
J9050	CARMUSTINE INJ 100 MG		0	999	07/01/2021	12/31/9999	6	O1	1,743.25	K
J9055	CETUXIMAB INJECTION		0	999	07/01/2021	12/31/9999	120	O1	65.48	K
J9057	INJ., COPANLISIB, 1 MG		18	999	07/01/2021	12/31/9999	60	O1	79.09	K
J9060	CISPLATIN 10 MG INJECTION		0	999	07/01/2020	12/31/9999	24	O1	0.00	N
J9061	INJ, AMIVANTAMAB-VMJW		18	999	01/01/2022	12/31/9999	700	O1	17.91	G
J9065	INJ CLADRIBINE PER 1 MG		0	999	07/01/2021	12/31/9999	100	O1	21.02	K
J9070	CYCLOPHOSPHAMIDE 100 MG INJ		0	999	07/01/2021	12/31/9999	55	O1	31.16	K
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC		0	999	04/01/2022	12/31/9999	1590	O1	3.76	G
J9098	CYTARABINE LIPOSOME INJ 10 MG		0	999	07/01/2021	12/31/9999	5	O1	0.00	N
J9100	CYTARABINE HCL 100 MG INJ		0	999	09/01/2012	12/31/9999	7	O1	0.00	N
J9118	INJ. CALASPARGASE PEGOL-MKNL		0	999	10/01/2019	12/31/9999	1	O6	0.00	E

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J9119	INJ., CEMIPLIMAB-RWLC, 1 M	Y	18	999	07/01/2021	12/31/9999	350	O1	27.40	G
J9120	DACTINOMYCIN INJ 0.5 MG		0	999	07/01/2021	12/31/9999	5	O1	934.16	K
J9130	DACARBAZINE 100 MG INJ		0	999	09/01/2012	12/31/9999	8	O1	0.00	N
J9144	DARATUMUMAB, HYALURONIDASE	Y	18	999	07/01/2021	12/31/9999	255	O1	43.85	G
J9145	DARATUMUMAB 10 MG	Y	18	999	07/01/2021	12/31/9999	240	O1	56.04	K
J9150	DAUNORUBICIN INJ 10 MG		0	999	07/01/2021	12/31/9999	12	O1	42.52	K
J9151	DAUNORUBICIN CITRATE INJ 10 MG		18	999	07/01/2020	12/31/9999	10	O1	0.00	N
J9153	INJ DAUNORUBICIN, CYTARABINE	Y	18	999	07/01/2021	12/31/9999	132	O1	201.69	K
J9155	DEGARELIX INJ 1 MG		0	999	07/01/2021	12/31/9999	240	O1	3.89	K
J9160	DENILEUKIN DIFTITOX INJ 300 MCG		18	999	07/01/2020	12/31/9999	7	O1	1,863.80	B
J9165	DIETHYLSTILBESTROL INJ 250 MG		0	999	09/01/2012	12/31/9999	8	O6	0.00	E
J9171	DOCETAXEL INJ 1 MG		0	999	07/01/2021	12/31/9999	240	O1	0.00	N
J9173	INJ., DURVALUMAB, 10 MG	Y	18	999	07/01/2021	12/31/9999	150	O1	77.05	K
J9175	ELLIOTTS B SOLUTION PER ML		0	999	01/01/2014	12/31/9999	10	O1	0.00	N
J9176	ELOTUZUMAB, 1MG		18	999	07/01/2021	12/31/9999	3000	O1	6.67	K
J9177	INJ ENFORT VEDO-EJFV 0.25MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J9178	INJ, EPIRUBICIN HCL, 2 MG		0	999	07/01/2014	12/31/9999	136	O1	0.00	N
J9179	ERIBULIN MESYLATE INJ, 0.1 MG		28	85	07/01/2021	12/31/9999	50	O1	117.76	K
J9181	ETOPOSIDE INJ 10 MG		0	999	01/01/2014	12/31/9999	28	O1	0.00	N
J9185	FLUDARABINE PHOSPHATE INJ 50 MG		0	999	07/01/2016	12/31/9999	2	O1	0.00	N
J9190	FLUOROURACIL INJ 500 MG		0	999	09/01/2012	12/31/9999	20	O1	0.00	N
J9198	INJ. INFUGEM, 100 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J9200	FLOXURIDINE INJ 500 MG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J9201	IN GEMCITABINE HCL NOS 200MG		0	999	07/01/2014	12/31/9999	17	O1	0.00	N
J9202	GOSERN ACET IMPLT, PER 3.6 MG		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG		2	999	07/01/2021	12/31/9999	180	O1	205.36	K
J9204	INJ, MOGAMULIZUMAB-KPKC, 1 MG	Y	18	999	07/01/2021	12/31/9999	160	O1	206.42	G
J9205	IRINOTECAN LIPOSOME 1 MG		0	999	07/01/2021	12/31/9999	215	O1	54.31	K
J9206	IRINOTECAN INJ 20 MG		0	999	01/01/2014	12/31/9999	41	O1	0.00	N
J9207	'IXABEPILONE INJ 1 MG		0	999	07/01/2021	12/31/9999	90	O1	102.12	K
J9208	IFOSFOMIDE INJ 1 GRAM		0	999	07/01/2020	12/31/9999	10	O1	0.00	N
J9209	MESNA INJ 200 MG		0	999	09/01/2012	12/31/9999	30	O1	0.00	N
J9210	INJ., EMAPALUMAB-LZSG, 1 MG		0	999	07/01/2021	12/31/9999	954	O1	393.16	G
J9211	IDARUBICIN HCL INJ 5 MG		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
J9212	INTERFERON ALFACON-1 INJ 1 MCG		0	999	07/01/2014	12/31/9999	15	O6	0.00	E
J9213	INTERFERON ALFA-2A INJ 3 ML UNITS		0	999	07/01/2014	12/31/9999	5	O6	0.00	E
J9214	INTERFERON ALFA-2B INJ 1 ML UNITS		0	999	07/01/2021	12/31/9999	100	O1	33.99	K
J9216	INTERFERON GAMMA 1-B INJ 3 ML UNITS		0	999	07/01/2020	12/31/9999	1	O1	7,196.88	K
J9217	LEUPRO ACET (DEPOT SUSPEN), 7.5 MG		0	999	07/01/2021	12/31/9999	6	O1	228.93	K
J9218	LEUPRO ACET, PER 1 MG		0	999	07/01/2020	12/31/9999	1	O1	0.00	N
J9219	LEUPROLIDE ACETATE IMPLANT		2	999	07/01/2016	12/31/9999	1	O1	168.48	K
J9223	INJ. LURBINECTEDIN, 0.1 MG	Y	18	999	01/01/2021	12/31/9999	93	O1	170.80	G
J9225	VANTAS IMPLANT 50 MG		0	999	07/01/2021	12/31/9999	1	O1	4,586.21	K
J9226	HISTRELIN IMPLANT, 50 MG	Y	2	12	07/01/2021	12/31/9999	1	O1	40,116.00	K
J9227	INJ. ISATUXIMAB-IRFC 10 MG		18	999	07/01/2021	12/31/9999	160	O1	66.37	G
J9228	IPILIMUMAB INJECTION, 1 MG	Y	18	999	07/01/2021	12/31/9999	1100	O1	157.23	K
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	Y	18	999	07/01/2021	12/31/9999	27	O1	2,341.30	K
J9230	MECHLORETHAMINE HCL INJ 10 MG		0	999	07/01/2020	12/31/9999	5	O1	328.29	K
J9245	INJ MELPHA HYDROCH NOS 50 MG		0	999	07/01/2021	12/31/9999	11	O1	228.79	K
J9246	INJ., EVOMELA, 1 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
J9247	INJ, MELPHALAN FLUFENAMI 1MG		18	999	10/01/2021	12/31/9999	40	O1	499.86	G
J9250	METHOTRE SODM, 5 MG		0	999	01/01/2014	12/31/9999	27	O1	0.00	N
J9260	METHOTRE SODM, 50 MG		0	999	09/01/2012	12/31/9999	4	O1	0.00	N
J9261	INJ, NELAR, 50 MG		0	999	07/01/2021	12/31/9999	80	O1	151.89	K
J9262	OMACETAXINE MEPESUCCINATE, 0.01 MG INJE		18	999	07/01/2021	12/31/9999	700	O1	3.31	K
J9263	OXALIPLATIN		0	999	07/01/2020	12/31/9999	684	O1	0.00	N
J9264	INJ, PACLITL PRTN-BND PARTI, 1 MG		0	999	07/01/2021	12/31/9999	600	O1	13.43	K
J9266	PEGASPARGASE INJ SNGL DOSE VIAL	Y	0	999	07/01/2021	12/31/9999	2	O1	19,717.46	K
J9267	PACLITAXEL INJECTION		18	999	07/01/2020	12/31/9999	750	O1	0.00	N
J9268	PENTOSTATIN INJ 10 MG		0	999	07/01/2021	12/31/9999	1	O1	2,001.90	K
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG		2	999	07/01/2021	12/31/9999	191	O1	283.33	G
J9270	PLICAMYCIN (MITHRAMYCIN) INJ 2.5 MG		0	999	07/01/2014	12/31/9999	2	O6	0.00	E
J9271	INJ PEMBROLIZUMAB 1 MG	Y	18	999	07/01/2020	12/31/9999	400	O1	50.65	K
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG		18	999	01/01/2022	12/31/9999	100	O1	215.11	G
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG		18	999	04/01/2022	12/31/9999	200	O1	6,238.10	G
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG		18	999	10/01/2022	12/31/2299	68	O1	198.86	G
J9280	MITOMYCIN INJECTION, 5 MG		0	999	07/01/2021	12/31/9999	12	O1	54.24	K
J9281	MITOMYCIN INSTILLATION		18	999	07/01/2021	12/31/9999	60	O1	282.17	G
J9285	OLARATUMAB 10 MG		18	999	07/01/2021	12/31/9999	200	O1	52.07	K
J9293	MITOXANTRONE HYDROCHL / 5 MG		0	999	07/01/2021	12/31/9999	8	O1	24.14	K
J9295	NECITUMUMAB, 1 MG		18	999	07/01/2020	12/31/9999	800	O1	5.74	K
J9298	INJ NIVOL RELATLIMAB 3MG/1MG		12	999	10/01/2022	12/31/2299	160	O1	180.64	G
J9299	INJECTION, NIVOLUMAB	Y	0	999	07/01/2021	12/31/9999	480	O1	28.54	K
J9301	OBINUTUZUMAB INJ	Y	18	999	07/01/2021	12/31/9999	100	O1	63.54	K
J9302	OFATUMUMAB INJECTION		0	999	07/01/2021	12/31/9999	200	O1	62.15	K
J9303	PANITUMUMAB INJECTION 10 MG		0	999	07/01/2021	12/31/9999	90	O1	124.17	K
J9304	INJ. PEMETREXED, 10 MG		18	999	10/01/2020	12/31/9999	135	O1	73.98	G
J9305	INJ. PEMETREXED NOS 10MG	Y	0	999	07/01/2021	12/31/9999	150	O1	73.19	K
J9306	PERTUZUMAB, 1 MG INJECTION,	Y	18	999	07/01/2021	12/31/9999	840	O1	12.99	K
J9307	PRALATREXATE INJECTION	Y	0	999	07/01/2021	12/31/9999	80	O1	310.93	K
J9308	INJ RAMUCIRUMAB 5 MG	Y	18	999	07/01/2021	12/31/9999	280	O1	61.66	K
J9309	INJ, POLATUZUMAB VEDOTIN 1MG		18	999	01/01/2020	12/31/9999	1	O6	0.00	E
J9312	INJ., RITUXIMAB, 10 MG	Y	18	999	07/01/2021	12/31/9999	150	O1	91.26	K
J9313	INJ., LUMOXITI, 0.01 MG		18	999	07/01/2021	12/31/9999	600	O1	22.48	G
J9314	ROMIDEPSIN NON-LYOPHILIZED		18	999	07/01/2021	12/31/9999	380	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
J9316	PERTUZU, TRASTUZU, 10 MG	Y	18	999	01/01/2021	12/31/9999	180	O1	72.71	G
J9317	SACITUZUMAB GOVITECAN-HZIY	Y	18	999	07/01/2021	12/31/9999	636	O1	29.51	G
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG		18	999	10/01/2021	12/31/9999	38	O1	33.91	G
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG		18	999	10/01/2021	12/31/9999	40	O1	33.68	K
J9320	STREPTOZOCIN INJ 1 GRAM		0	999	07/01/2021	12/31/9999	4	O1	348.73	K
J9325	TALIMOGENE LAHERPAREPVEC		21	999	07/01/2021	12/31/9999	400	O1	54.02	K
J9328	TEMOZOLOMIDE INJ 1 MG		0	999	07/01/2021	12/31/9999	400	O1	10.38	K
J9330	TEMSIROLIMUS INJ 1 MG		0	999	07/01/2021	12/31/9999	50	O1	42.86	K
J9331	INJ SIROLIMUS PROT PART 1 MG		18	999	07/01/2022	12/31/9999	300	O1	101.58	G
J9332	INJ EFGARTIGIMOD 2MG		18	999	07/01/2022	12/31/9999	600	O1	31.53	G
J9340	THIOTEPA INJ 15 MG		18	999	07/01/2021	12/31/9999	4	O1	454.82	K
J9348	INJ. NAXITAMAB-GQGK, 1 MG		1	64	07/01/2021	12/31/9999	30	O1	524.48	G
J9349	INJ., TAFASITAMAB-CXIX	Y	18	999	04/01/2021	12/31/9999	954	O1	12.66	G
J9351	TOPOTECAN INJECTION		0	999	07/01/2020	12/31/9999	40	O1	0.00	N
J9352	TRABECTEDIN 0.1MG		18	65	07/01/2021	12/31/9999	40	O1	318.92	K
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG		18	999	07/01/2021	12/31/9999	478	O1	42.79	G
J9354	ADO-TRASTUZUMAB EMTANSINE, 1 MG INJECTI	Y	18	999	07/01/2021	12/31/9999	600	O1	32.85	K
J9355	INJ TRASTUZUMAB EXCL BIOSIMI		18	999	07/01/2021	12/31/9999	105	O1	97.92	K
J9356	INJ. HERCEPTIN HYLECTA, 10MG		18	999	07/01/2021	12/31/9999	60	O1	74.59	G
J9357	VALRUBICIN INJ 200 MG		0	999	07/01/2021	12/31/9999	4	O1	1,513.40	K
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	Y	18	999	07/01/2020	12/31/9999	1018	O1	23.98	G
J9359	INJ LON TESIRIN-LPYL 0.075MG		18	999	04/01/2022	12/31/9999	318	O1	186.83	G
J9360	VINBLASTINE SULFATE INJ 1 MG		0	999	09/01/2012	12/31/9999	30	O1	0.00	N
J9370	VINCRISTINE SULFATE 1 MG INJ		0	999	07/01/2020	12/31/9999	4	O1	0.00	N
J9371	VINCRISTINE SULFATE LIPOSOME, 1 MG INJE		18	999	07/01/2021	12/31/9999	5	O1	3,320.40	K
J9390	VINORELBINE TARTRATE INJ 10 MG		0	999	01/01/2014	12/31/9999	9	O1	0.00	N
J9395	INJECTION, FULVESTRANT		18	999	07/01/2021	12/31/9999	20	O1	54.77	K
J9400	, ZIV-AFLIBERCEPT, 1 MG INJECTION		18	999	07/01/2021	12/31/9999	500	O1	8.50	K
J9600	PORFIMER SODIUM INJ 75 MG		18	999	07/01/2014	12/31/9999	5	O6	0.00	E
J9999	CHEMOTHERAPY DRUG		0	999	09/01/2012	12/31/9999	999	O1	0.00	N
K0005	ULTRALIGHTWEIGHT WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0006	HEAVY DUTY WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0007	EXTRA HEAVY DUTY WHEELCHAIR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0010	STANDARD - WEIGHT FRAME MOTORI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0037	HI MOUNT FLIP-UP FOOTREST EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0038	LEG STRAP, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0039	LEG STRAP, H STYLE, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0040	ADJUSTABLE ANGLE FOOTPLATE, EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0041	LARGE SIZE FOOTPLATE, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0043	FTRST LOWR EXTEN TUBE REP EA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0105	IV HANGER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0108	W/C COMPONENT-ACCESSORY NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0455	PUMP UNINTERRUPTED INFUSION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0462	TEMPORARY REPLACEMENT EQPMNT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0552	SUP/EXT NON-INS INF PUMP SYR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0553	THER CGM SUPPLY ALLOWANCE		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
K0554	THER CGM RECEIVER/MONITOR		0	999	07/01/2017	12/31/9999	1	O6	0.00	E
K0601	REPL BATT SILVER OXIDE 1.5 V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0602	REPL BATT SILVER OXIDE 3 V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0603	REPL BATT ALKALINE 1.5 V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0604	REPL BATT LITHIUM 3.6 V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0605	REPL BATT LITHIUM 4.5 V		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0606	AED GARMENT W ELEC ANALYSIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0607	REPL BATT FOR AED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0608	REPL GARMENT FOR AED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0609	REPL ELECTRODE FOR AED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0672	REMOVE SOFT INTERFACE, REPL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
K0730	Ctrl dose inh drug deliv sys		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0733	PWR WC 12-24 HR SEALED LEAD ACID		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0738	PORTABLE GAS OXYGEN SYSTEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0739	REPAIR/SVC DME NON-OXYGEN EQ		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0740	REPAIR/SVC DME OXYGEN EQUIPMENT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0743	PORTABLE HOME SUCTION PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0744	ABSORP DRG <= 16 SUC PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0745	ABSORP DRG >16 <=48 SUC PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0746	ABSORP DRG >48 SUC PUMP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0800	POV GROUP 1 STD UP TO 300 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0801	POV GROUP 1 HD 301-450 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0802	POV GROUP 1 VHD 451-600 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0806	POV GROUP 2 STD UP TO 300LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0807	POV GROUP 2 HD 301-450 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0808	POV GROUP 2 VHD 451-600 LBS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0812	POWER OPERATED VEHICLE NOC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0899	POW MOBIL DEV NO DME PDAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
K0900	CSTM DME OTH THAN WHLCHR		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
K1001	ELECTRONIC POSA TREATMENT		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
K1002	CES SYSTEM W/SUPPLIES ACCESS		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
K1003	WHIRLPOOL TUB WALKIN PORTABL		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
K1004	LO FREQ US DIATHERMY DEVICE		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
K1005	DISP COL STO BAG BREAST MILK		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
K1006	SUCT PUM EXT URINE MGMT SYS		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
K1007	BIL HKAF PC S/D MICRO SENSOR		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
K1009	SPEECH VOLUME MODULATION SYS		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
K1013	ENEMA TUBE ANY TYPE REPL		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1014	AK 4 BAR LINK HYDL SWG/STANC		0	999	04/01/2021	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
K1015	FOOT, ADDUCTUS POSITION, ADJ		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1016	TRANS ELEC NERV FOR TRIGEMIN		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1017	MONTHLY SUPP USE WITH K1016		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1018	EXT UP LIMB TREMOR STIM WRIS		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1019	MONTHLY SUPP USE WITH K1018		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1020	NON-INVASIVE VAGUS NERV STIM		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
K1021	EXSUFF BELT INCL ALL SUP ACC		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1022	ENDOSKEL POSIT ROTAT UNIT		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1023	TRANS ELEC NERV PERIPH NERV		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1024	NON PNEUM COMP CONTROL CAL		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1025	NON PNEUM COMPRESS FULL ARM		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1026	MECH ALLERGEN PARTI BARRIER		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1027	ORAL DEV WITHOUT FIX MECH		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
K1028	CONTROL UNIT NEUROMUSCUL OSA		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1029	ORAL DV/APP NEUROMUS MOUTHPI		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1030	EXT RECHARGE BAT REPLACEMENT		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1031	NON PNEU COMP CONTROL W/O CA		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1032	NON PNEUM SEQ COMP FULL LEG		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1033	NON PNEUM SEQ COMP HALF LEG		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
K1034	COVID TEST SELF-ADMN/COLLEC		0	999	04/04/2022	12/31/9999	1	O6	0.00	E
L0112	CRANIAL CERVICAL ORTHOSIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0113	'CRANIAL CERVICAL TORTICOLLIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0120	CERV FLEX N/ADJ FOAM PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0130	CERVICAL, FLEXIBLE, THERMOPLAS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0140	CERVICAL, SEMI-RIGID, ADJUSTA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0150	CERVICAL, SEMI-RIGID, ADJUSTA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0160	CERV SR WIRE OCC/MAN PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0170	CERVICAL, COLLAR, MOLDED TO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0172	CERV COL SR FOAM 2PC PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0174	CERV SR 2PC THOR EXT PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0180	CERVICAL, MULTIPLE POST COLLAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0190	CERVICAL, MULTIPLE POST COLLAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0200	CERVICAL, MULTIPLE POST COLLAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0220	THORACIC, RIB BELT, CUSTOM FA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0450	TLSO FLEX TRUNK/THOR PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0452	TLSO FLEX CUSTOM FAB THORACI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0454	TLSO FLEX PREFAB SACROCOC-T9		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0456	TLSO FLEX PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0457	TLSO FLEX TRNK SJ-SS PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0460	TLSO2MOD SYMPHYSIS-STERN PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0462	TLSO 3MOD SACRO-SCAP PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0464	TLSO 4MOD SACRO-SCAP PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0466	TLSO RIGID FRAME PRE SOFT AP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0467	TLSO R FRAM SOFT PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0468	TLSO RIGID FRAME PREFAB PELV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0469	TLSO RIG FRAM PELVIC PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0470	TLSO RIGID FRAME PRE SUBCLAV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0472	TLSO RIGID FRAME HYPEREX PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0480	TLSO RIGID PLASTIC CUSTOM FA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0482	TLSO RIGID LINED CUSTOM FAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0484	TLSO RIGID PLASTIC CUST FAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0486	TLSO RIGIDLINED CUST FAB TWO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0488	TLSO RIGID LINED PRE ONE PIE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0490	TLSO RIGID PLASTIC PRE ONE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0491	TLSO 2 PIECE RIGID SHELL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0492	TLSO 3 PIECE RIGID SHELL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0621	SIO FLEX PELVISACRAL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0622	SIO FLEX PELVISACRAL CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0623	SIO PANEL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0624	SIO PANEL CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0625	LO FLEXIBL L1-BELOW L5 PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0626	LO SAG STAYS/PANELS PRE-FAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0627	LO SAGITT RIGID PANEL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0628	LO FLEX W/O RIGID STAYS PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0629	LSO FLEX W/RIGID STAYS CUST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0630	LSO POST RIGID PANEL PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0631	LSO SAG-CORO RIGID FRAME PRE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0632	LSO SAG RIGID FRAME CUST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0633	LSO FLEXION CONTROL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0634	LSO FLEXION CONTROL CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0635	LSO SAGIT RIGID PANEL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0636	LSO SAGITTAL RIGID PANEL CUS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0637	LSO SAG-CORONAL PANEL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0638	LSO SAG-CORONAL PANEL CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0639	LSO S/C SHELL/PANEL PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0640	LSO S/C SHELL/PANEL CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0641	LO RIG POS PNL L1-L5 PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0642	LO SAG RI AN/POS PNL PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0643	LSO SAG CTR RIGI POS PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0648	LSO SAG R AN/POS PNL PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0649	LSO SC R POS/LAT PNL PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0650	LSO SC R ANT/POS PNL PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L0651	LSO SC R RIG SHELL/POST PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L0700	CTLSO,ANTERIOR-POSTERIOR-LATE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0710	CTLSO, ANTERIOR-POSTERIOR-LATE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0810	HALO PROCEDURES, CERVICAL HALO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0820	HALO PROCEDURES, CERVICAL HAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0830	HALO PROCEDURES, CERVICAL HAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0859	MRI COMPATIBLE SYSTEM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0861	HALO REPL LINER/INTERFACE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0970	TLSO, CORSET FRONT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0972	LSO, CORSET FRONT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0974	TLSO, FULL CORSET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0976	LOS, FULL CORSET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0978	AXILLARY CRUTCH EXTENSION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0980	PERONEAL STRAPS PAIR PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0982	STOCKING SUP GRIPS 4 PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0984	PROTECT BODY SOCK EA PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L0999	ADD TO SPINAL ORTHOSIS NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1000	CERVICAL-THORACIC-LUMBAR-SCAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1001	CTLSO infant immobilizer		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1005	TENSION BASED SCOLIOSIS ORTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L1010	ADDITIONS TO CERVICAL-THORACI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1020	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1025	KYPHOSIS PAD FLOATING		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1030	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1040	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1050	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1060	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1070	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1080	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1085	ADDITION TO CTLSO OF SCOLIOSIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1090	ADDITION TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1100	ADDITION TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1110	ADDITIONS TO CTLSO OR SCOLIOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1120	ADDITIONS TO CTLSO OR SIO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1200	THORACIC-LUMBAR-SACAL-OTHOSE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1210	ADDITIONS TO TLSO, (LOW PROFI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1220	ADDITIONS TO TLSO, (LOW PROFI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1230	ADDITIONS TO TLSO, (LOW PROFI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1240	ADDITION TO TLSO (LOW PROFILE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1250	ADDITION TO TLSO (LOW PROFILE)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1260	ADDITION TO TLSO (LOW PROFILE)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1270	ADDITION TO TLSO (LOW PROFILE)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1280	ADDITION TO TLSO (LOW PROFILE)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1290	ADDITION TO TLSO (LOW PROFILE)		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1300	OTHER SCOLIOSIS PROCEDURES, B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1310	OTHER SCOLIOSIS PROCEDURES,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1499	SPINAL ORTHOSIS NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1600	ABDUCT HIP FLEX FREJKA W CVR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1610	ABDUCT HIP FLEX FREJKA COVR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1620	ABDUCT HIP FLEX PAVLIK HARNE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1630	ABDUCT CONTROL HIP SEMI-FLEX		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1640	PELV BAND/SPREAD BAR THIGH C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1650	HO ABDUCTION HIP ADJUSTABLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1652	HO BI THIGHCUFFS W SPRDR BAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1660	HO ABDUCTION STATIC PLASTIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1680	PELVIC & HIP CONTROL THIGH C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1685	POST-OP HIP ABDUCT CUSTOM FA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1686	HO POST-OP HIP ABDUCTION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1690	COMBINATION BILATERAL HO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1700	LEG PERTHES ORTH TORONTO TYP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1710	LEGG PERTHES ORTH NEWINGTON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1720	LEGG PERTHES ORTHOSIS TRILAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1730	LEGG PERTHES ORTH SCOTTISH R		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1755	LEGG PERTHES PATTEN BOTTOM T		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1810	KO ELASTIC WITH JOINTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1812	KO ELASTIC W/JOINTS PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L1820	KO ELAS W/ CONDYLE PADS & JO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1830	KO IMMOB CANVAS LONG PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1831	KNEE ORTH POS LOCKING JOINT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1832	KO ADJ JNT POS RIGID SUPPORT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1833	KO ADJ JNT POS R SUP PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L1834	KO W/0 JOINT RIGID MOLDED TO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1836	KO RIGID W/O JOINTS PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1840	KO DEROT ANT CRUCIATE CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1843	KO SINGLE UPRIGHT CUSTOM FIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1844	KO W/ADJ JT ROT CNTRL MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1845	KO W/ ADJ FLEX/EXT ROTAT CUS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1846	KO W ADJ FLEX/EXT ROTAT MOLD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1847	KO ADJUSTABLE W AIR CHAMBERS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1848	KO DBL UPRIGHT W/AIR PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L1850	KO SWEDISH TYPE PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1851	KO SINGLE UPRIGHT PREFAB OTS		0	20	01/01/2017	12/31/9999	1	O6	0.00	E
L1852	KO DOUBLE UPRIGHT PREFAB OTS		0	20	01/01/2017	12/31/9999	1	O6	0.00	E
L1860	KO SUPRACONDYLAR SOCKET MOLD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1900	AFO SPRNG WIR DRSFLX CALF BD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1902	ANKLE ORTH WI/WO JOINTS OFF SHELF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L1904	ANKLE ORTH W/WO JOINTS CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1906	AFO MULTILIG ANK SUP PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1907	AFO SUPRAMALLEOLAR CUSTOM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1910	AFO SING BAR CLASP ATTACH SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1920	AFO SING UPRIGHT W/ ADJUST S		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1930	AFO PLASTIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1932	AFO RIG ANT TIB PREFAB TCF/=		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1940	AFO MOLDED TO PATIENT PLASTI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1945	AFO MOLDED PLAS RIG ANT TIB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1950	AFO SPIRAL MOLDED TO PT PLAS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1951	AFO SPIRAL PREFABRICATED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1960	AFO POS SOLID ANK PLASTIC MO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1970	AFO PLASTIC MOLDED W/ANKLE J		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1971	AFO W/ANKLE JOINT, PREFAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1980	AFO SING SOLID STIRRUP CALF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L1990	AFO DOUB SOLID STIRRUP CALF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2000	KAFO SING FRE STIRR THI/CALF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2005	KAFO SNG/DBL MECHANICAL ACT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2006	KAF SNG/DBL SWG/STN MCPR CUS		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
L2010	KAFO SNG SOLID STIRRUP W/O J		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2020	KAFO DBL SOLID STIRRUP BAND/		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2030	KAFO DBL SOLID STIRRUP W/O J		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2034	KAFO PLA SIN UP W/WO K/A CUS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2035	KAFO PLASTIC PEDIATRIC SIZE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2036	KAFO PLAS DOUB FREE KNEE MOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2037	KAFO PLAS SING FREE KNEE MOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2038	KAFO W/O JOINT MULTI-AXIS AN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2040	HKAFO TORSION BIL ROT STRAPS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2050	HKAFO TORSION CABLE HIP PELV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2060	HKAFO TORSION BALL BEARING J		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2070	HKAFO TORSION UNILAT ROT STR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2080	HKAFO UNILAT TORSION CABLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2090	HKAFO UNILAT TORSION BALL BR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2106	AFO TIB FX CAST PLASTER MOLD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2108	AFO TIB FX CAST MOLDED TO PT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2112	AFO TIBIAL FRACTURE SOFT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2114	AFO TIB FX SEMI-RIGID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2116	AFO TIBIAL FRACTURE RIGID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2126	KAFO FEM FX CAST THERMOPLAS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2128	KAFO FEM FX CAST MOLDED TO P		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2132	KAFO FEMORAL FX CAST SOFT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2134	KAFO FEM FX CAST SEMI-RIGID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2136	KAFO FEMORAL FX CAST RIGID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2180	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2182	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2184	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2186	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2188	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2190	ADDITION TO LOWER EXTREMITY FR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2192	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2200	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2210	ADDITION TO LOWER EXTREMITY, D		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2220	ADDITION TO LOWER EXTREMITY, D		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2230	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2232	ROCKER BOTTOM, CONTACT AFO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2240	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2250	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2260	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2265	ADDITION TO LOWER EXTREMITY,LO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2270	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2275	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2280	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2300	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2310	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2320	NON-MOLDED LACER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2330	LACER MOLDED TO PATIENT MODE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2335	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2340	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2350	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2360	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2370	ADDITIONTO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2375	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2380	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2385	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2387	ADD LE POLY KNEE CUSTOM KAFO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2390	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2395	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2397	ADDITION TO LOWER EXTREMITY OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2405	KNEE JOINT DROP LOCK EA JNT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2415	KNEE JOINT CAM LOCK EACH JOI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2425	ADDITION TO KNEE JOINT, DISC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2430	KNEE JNT RATCHET LOCK, EA JNT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2492	ADDITION TO KNEE JOINT, LIFT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2500	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2510	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L2520	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2525	ADDITION TO LOWER EXTREMITY,TH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2526	ADDITION TO LOWER EXTREMITY,TH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2530	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2540	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2550	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2570	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2580	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2600	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2610	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2620	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2622	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2624	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2627	ADDITION TO LOWER EXTREMITY,PE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2628	ADDITION TO LOWER EXTREMITY,PE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2630	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2640	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2650	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2660	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2670	ADDITION TO LOWER EXTREMITY,T		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2680	ADDITION TO LOWER EXTREMITY, T		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2750	ADDITION TO LOWER EXTREMITY OF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2755	CARBON GRAPHITE LAMINATION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2760	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2768	ORTHO SIDEBAR DISCONNECT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L2780	ADDITION TO LOWER EXTREMITY OF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2785	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2795	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2800	KNEE CAP MEDIAL OR LATERAL P		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2810	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2820	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2830	ADDITION TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2840	ADDITION TO LOWER EXTREMITY OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2850	ADDITION TO LOWER EXTREMITY,OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2861	TORSION MECHANISM KNEE/ANKLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L2999	LOWER EXTREMITY ORTHOSIS NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3000	FT INSERT UCB BERKELEY SHELL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3001	FOOT INSERT REMOV MOLDED SPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3002	FOOT INSERT PLASTAZOTE OR EQ		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3003	FOOT INSERT SILICONE GEL EAC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3010	FOOT LONGITUDINAL ARCH SUPPO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3020	FOOT LONGITUD/METATARSAL SUP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3030	FOOT ARCH SUPPORT REMOV PREM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3031	FOOT LAMIN/PREPREG COMPOSITE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3040	FT ARCH SUPRT PREMOLD LONGIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3050	FOOT ARCH SUPP PREMOLD METAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3060	FOOT ARCH SUPP LONGITUD/META		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3070	ARCH SUPRT ATT TO SHO LONGIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3080	ARCH SUPP ATT TO SHOE METATA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3090	ARCH SUPP ATT TO SHOE LONG/M		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3100	HALLUS-VALGUS NT DYN PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3140	ABDUCTION ROTATION BAR SHOE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3150	ABDUCT ROTATION BAR W/O SHOE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3160	FOOT, ADJUSTABLE SHOE-STYLED P		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3170	FOOT PLAS HEEL STABI PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3201	OXFORD W SUPINAT/PRONAT INF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3202	OXFORD W/SUPINAT/PRONATOR C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3203	OXFORD W/ SUPINATOR/PRONATOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3204	HIGHTOP W/ SUPP/PRONATOR INF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3206	HIGHTOP W/ SUPP/PRONATOR CHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3207	HIGHTOP W/ SUPP/PRONATOR JUN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3208	SURGICAL BOOT, EACH, INFANT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3209	SURGICAL BOOT, EACH, CHILD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3211	SURGICAL BOOT, EACH, JUNIOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3212	BENESCH BOOT, PAIR, INFANT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3213	BENESCH BOOT, PAIR, CHILD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3214	BENESCH BOOT, PAIR, JUNIOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3215	ORTHOPEDIC FTWEAR LADIES OXF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3216	ORTHOPED LADIES SHOES DPTH I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3217	LADIES SHOES HIGHTOP DEPTH I		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3219	ORTHOPEDIC MENS SHOES OXFORD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3221	ORTHOPEDIC MENS SHOES DPTH I		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3222	MENS SHOES HIGHTOP DEPTH INL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S S		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3225	ORTHOPEDIC FOOTWEAR MAN'S SHOE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3230	CUSTOM SHOES DEPTH INLAY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3250	CUSTOM MOLD SHOE REMOV PROST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3251	SHOE MOLDED TO PT SILICONE S		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3252	SHOE MOLDED PLASTAZOTE CUST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3253	SHOE MOLDED PLASTAZOTE CUST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3254	ORTH FOOT NON-STANDARD SIZE/W		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3255	ORTH FOOT NON-STANDARD SIZE/		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3257	ORTH FOOT ADD CHARGE SPLIT S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3260	AMBULATORY SURGICAL BOOT EAC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3265	PLASTAZOTE SANDAL, EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L3300	SHO LIFT TAPER TO METATARSAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3310	SHOE LIFT ELEV HEEL/SOLE NEO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3320	SHOE LIFT ELEV HEEL/SOLE COR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3330	LIFTS ELEVATION METAL EXTENS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3332	SHOE LIFTS TAPERED TO ONE-HA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3334	SHOE LIFTS ELEVATION HEEL/I		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3340	SHOE WEDGE SACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3350	SHOE HEEL WEDGE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3360	SHOE SOLE WEDGE OUTSIDE SOLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3370	SHOE SOLE WEDGE BETWEEN SOLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3380	SHOE CLUBFOOT WEDGE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3390	SHOE OUTFLARE WEDGE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3400	SHOE METATARSAL BAR WEDGE RO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3410	SHOE METATARSAL BAR BETWEEN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3420	FULL SOLE/HEEL WEDGE BTWEEN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3430	SHO HEEL COUNT PLAST REINFOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3440	HEEL LEATHER REINFORCED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3450	SHOW HEEL SACH CUSHION TYPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3455	SHOE HEEL NEW LEATHER STANDA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3460	SHOE HEEL NEW RUBBER STANDAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3465	SHOE HEEL THOMAS WITH WEDGE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3470	SHOE HEEL THOMAS EXTEND TO B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3480	SHOE HEEL PAD & DEPRESS FOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3485	SHOE HEEL PAD REMOVABLE FOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3500	ORTHO SHOE ADD LEATHER INSOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3510	ORTHOPEDIC SHOE ADD RUB INSL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3520	O SHOE ADD FELT W LEATH INSL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3530	ORTHO SHOE ADD HALF SOLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3540	ORTHO SHOE ADD FULL SOLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3550	O SHOE ADD STANDARD TOE TAP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3560	O SHOE ADD HORSESHOE TOE TAP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3570	O SHOE ADD INSTEP EXTENSION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3580	O SHOE ADD INSTEP VELCRO CLO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3590	O SHOE CONVERT TO SOF COUNTE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3595	ORTHO SHOE ADD MARCH BAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3600	TRANS SHOE CALIP PLATE EXIST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3610	TRANS SHOE CALIPER PLATE NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3620	TRANS SHOE SOLID STIRRUP EXI		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3630	TRANS SHOE SOLID STIRRUP NEW		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3640	SHOE DENNIS BROWNE SPLINT BO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3649	ORTHOPEDIC SHOE MODIFICA NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3650	SO 8 ABD RESTRAINT PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3660	SO 8 AB RSTR CAN/WEB PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3670	SO ACRO/CLAV CAN WEB PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3671	SO CAP DESIGN W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3674	SO AIRPLANE W/WO JOINT CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3675	SO VEST CANVAS/WEB PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3677	SO HARD PLASTIC STABILIZER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3678	SO HARD PLAS STABILI PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3702	EO W/O JOINTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3710	EO ELAS W/METAL JNTS PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3720	FOREARM/ARM CUFFS FREE MOTIO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3730	FOREARM/ARM CUFFS EXT/FLEX A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3740	CUFFS ADJ LOCK W/ ACTIVE CON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3760	EO WITHJOINT, PREFABRICATED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L3761	EO, ADJ LOCK JOINT PREFAB OT		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
L3762	EO RIGID W/O JOINTS PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3763	EWHO RIGID W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3764	EWHO W/JOINT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3765	EWHFO RIGID W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3766	EWHFO W/JOINT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3806	WHFO w/joint(s) custom fab		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3807	WHFO W/O JOINTS PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3808	WHFO, rigid w/o joints		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3809	WHFO W/O JOINTS PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3891	TORSION MECHANISM KNEE/ANKLE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3900	HINGE EXTENSION/FLEX WRIST/F		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3901	HINGE EXT/FLEX WRIST FINGER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3904	WHFO ELECTRIC CUSTOM FITTED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3905	WHO W/NONTORSION JNT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3906	WHO W/O JOINTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3908	WHO COCK-UP NONMOLDE PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3912	HFO FLEXION GLOVE PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3913	HFO W/O JOINTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3915	WHO NONTORSION JNTS PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3917	METACARP FX ORTHOSIS PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHO		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3919	HO W/O JOINTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3921	HFO W/JOINT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3923	HFO WITHOUT JOINTS PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3925	FO PIP DIP JNT/SPRNG PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3927	FO PIP DIP NO JT SPR PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3929	HFO NONTORSION JNTS PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L3931	WHFO NONTORSION JOINT PREF AB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3933	FO W/O JOINTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3935	FO NONTORSION JOINT CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3956	ADD JOINT UPPER EXT ORTHOSIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3960	SEWHO AIRPLAN DESIG ABDU POS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3961	SEWHO CAP DESIGN W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3962	SEWHO ERBS PALSEY DESIGN ABD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3967	SEWHO AIRPLANE W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3971	SEWHO CAP DESIGN W/JNT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3973	SEWHO AIRPLANE W/JNT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3975	SEWHFO CAP DESIGN W/O JNT CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3976	SEWHFO AIRPLANE W/O JNTS CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3977	SEWHFO CAP DESGN W/JNT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3978	SEWHFO AIRPLANE W/JNT(S) CF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3980	UPP EXT FX ORTHOSIS HUMERAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3981	FRACTURE ORTHOSIS HUMERAL		0	20	01/01/2015	12/31/9999	2	O6	0.00	E
L3982	UPPER EXT FX ORTHOSIS RAD/UL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3984	UPPER EXT FX ORTHOSIS WRIST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3995	ADDITION TO UPPER EXTREMITY,OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L3999	UPPER LIMB ORTHOSIS NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4000	REPL GIRDLE MILWAUKEE ORTH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4002	REPLACE STRAP, ANY ORTHOSIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4010	REPAIR TRILATERAL SOCKET BRI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4020	REPAIR QUADRILATERAL SOCKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4030	REPAIR QUADRILATERAL SOCKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4040	REPLACE MOLDED THIGH LACER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4045	REPLACE NON-MOLDED THIGH LAC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4050	REPLACE MOLDED CALF LACER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4055	REPLACE NON-MOLDED CALF LACE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4060	REPAIR HIGH ROLL CUFF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4070	REPAIR PROXIMAL AND DISTAL U		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4080	REPAIR METAL BANDS KAFO-AFO,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4090	REPAIR METAL BANDS KAFO-AFO,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4100	REPLACE LEATHER CUFF KAFO, PRO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4110	REPAIR LEATHER CUFF KAFO-AFO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4130	REPLACE PRETIBIAL SHELL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4205	ORTHO DVC REPAIR PER 15 MIN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4210	REPAIR OF ORTHOTIC DEVICE, PA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4350	ANKLE CONTROL ORTHO PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4360	PNEUMAT WALKING BOOT PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4361	PNEUMA/VAC WALK BOOT PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L4370	PNEUM FULL LEG SPLNT PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4386	NON-PNEUM WALK BOOT PRE CST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L4387	NON-PNEUM WALK BOOT PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L4392	REPLACE AFO SOFT INTERFACE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4394	REPLACE FOOT DROP SPINT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4396	STATIC OR DYNAMI AFO PRE CST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4397	STATIC OR DYNAMI AFO PRE OTS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L4398	FOOT DROP SPLINT PRE OTS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L4631	AFO, WALK BOOT TYPE, CUS FAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5000	PARTIAL FOOT, SHOE INSERT WIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5010	PARTIAL FOOT, MOLDED SOCKET, A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5020	PARTIAL FOOT, MOLDED SOCKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5050	ANKLE (SYMES), MOLDED SOCKET,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5060	ANKLE (SYME), METAL FRAME, MO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5100	BELOW KNEE, MOLDED SOCKET, SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5105	BEL KNE,PLA SOC,JOI AND THI LA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5150	KNEE DISARTICULATION (OR THRO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5160	KNEE DISARTICULATION (OR THRO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5200	ABOVE KNEE, MOLDED SOCKET, SI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5210	ABOVE KNEE, SHORT PROTHESIS,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5220	ABOVE KNEE, SHORT PROTHESIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5230	ABOVE KNEE, FOR PROXIMAL FEMO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5250	HIP DISARTICULATION, CANADIAN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5270	HIP DISARTICULATION, TILT TAB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5280	HEMIPELVECTOMY, CANADIAN TYPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5301	BK MOLD SOCKET SACH FT ENDO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5312	KNEE DISART, SACH FT, ENDO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5321	AK OPEN END SACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5331	HIP DISART CANADIAN SACH FT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5341	HEMIPELVECTOMY CANADIAN SACH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5400	IMMEDIATE POST SURGICAL OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5410	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5420	IMMEDIATE POST SURGICAL OR EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5430	IMMEDIATE POST SURGICAL OR EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5450	IMMEDIATE POST SURGICAL OR EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5460	IMMEDIATE POST SURGICAL OR EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5500	INITIAL, BELOW KNEE PTB TYPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5505	INITIAL, ABOVE KNEE-KNEE DIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5510	PREPARATORY, BELOW KNEE PTB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5520	PERP BK PTB THERMOPLS DIRECT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5530	PREPARATORY, BELOW KNEE PTB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5535	PRE,BEL KNE PTB TYP SOC, USM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5540	PREPARATORY, BELOW KNEE PTB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L5560	PREPARATORY, ABOVE KNEE- KNEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5570	PREPARATORY, ABOVE KNEE-KNEE D		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5580	PREPARATORY, ABOVE KNEE-KNEE D		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5585	PREPARATORY,ABOVE KNEE-KNEE DI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5590	PREPARATORY, ABOVE KNEE-KNEE D		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5595	PRE, HIP DIS-HEM,PYL, NO COV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5600	PRE, HIP DIS-HEM.PLY NO COV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5610	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5611	ADDITION TO LOWER EXTREMITY, A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5613	ADDITION TO LOWER EXTREMITY, A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5614	ADDITIONS TO LOWER EXTEMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5616	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5617	AK/BK SELF-ALIGNING UNIT EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5618	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5620	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5622	TEST SOCKET KNEE DISARTICULA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5624	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5626	ADDITIONS TO LOWER EXTREMITY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5628	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5629	ADD TO LOWE EXTR,BELO KNE,ACR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5630	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5631	ADD TO LOW EXT,ABO KNE OR KNE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5632	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5634	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5636	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5637	ADD TO LOW EXT,BEL KNE, TOT CO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5638	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5639	ADD TO LOW EXT, BEL KNE WOOD C		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5640	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5642	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5643	ADDITION TO LOWER EXTREMITY,HI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5644	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5645	ADDITION TO LOWER EXTREMITY,BE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5646	BELOW KNEE CUSHION SOCKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5647	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5648	ABOVE KNEE CUSHION SOCKET		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5649	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5650	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5651	ADDITION TO LOWER EXTREMITY,AB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5652	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5653	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5654	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5655	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5656	ADDITION TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5658	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5661	ADDITION TO LOWER EXTREMITY,SO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5665	ADDITION TO LOWER EXTREMITY,SO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5666	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5668	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5670	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5671	BK/AK LOCKING MECHANISM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5672	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5673	SOCKET INSERT W LOCK MECH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5676	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5677	ADDITIONS TO LOWER EXTREMITY,B		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5678	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5679	SOCKET INSERT W/O LOCK MECH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5680	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5681	INTL CUSTM CONG/LATYP INSERT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5682	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5683	INITIAL CUSTOM SOCKET INSERT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5684	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5685	BELOW KNEE SUS/SEAL SLEEVE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5686	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5688	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5690	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5692	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5694	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5695	ADD TO LOW EXT,ABO KNE,PEL CON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5696	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5697	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5698	ADDITIONS TO LOWER EXTREMITY,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5699	ALL LOWER EXTREMITY PROTHESI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5700	REPLACEMENT, SOCKET, BELOW KNE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5701	REPLACEMENT,SOCKET,ABOVE KNEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5702	REPLACEMENT,SOCKET HIP DISARTI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5703	Symes ankle w/o (SACH) foot		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5704	CUSTOM SHAPE COVER BK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5705	CUSTOM SHAPE COVER AK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5706	CUSTOM SHAPE CVR KNEE DISART		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5707	CUSTOM SHAPE CVR HIP DISART		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5710	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5711	ADDITIONS EXOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5712	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5714	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L5716	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5718	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5722	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5724	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5726	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5728	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5780	ADDITION, EXOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5781	LOWER LIMB PROS VACUUM PUMP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5782	HD LOW LIMB PROS VACUUM PUMP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5785	ADDITION,EXOSKELETAL SYSTEM,BE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5790	ADDITION,EXOSKELETAL SYSTEM,AB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5795	ADDITON,EXOSKELETAL SYSTEM,HI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5810	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5811	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5812	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5814	ENDO KNEE-SHIN SYDRAL SWG PH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5816	ADDITION,ENDOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5818	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5822	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5824	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5826	PEDIATRIC KNEE JOINT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5828	ADDITION,ENDOSKELETAL KNEE-SHI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5830	ADDITION, WNDOSKELETAL KNEE-SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5845	KNEE-SHIN SYS STANCE FLEXION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5848	KNEE-SHIN SYS HYDRAUL STANCE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5850	ADDITION,ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5855	ADDITION, ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5856	ELEC KNEE-SHIN SWING/STANCE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5857	ELEC KNEE-SHIN SWING ONLY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5858	STANCE PHASE ONLY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L5859	KNEE-SHIN PRO FLEX/EXT CONT		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
L5910	ADDITION, ENDOSKELETAL SYSTEM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5920	ADDITION,ENDOSKELETAL SYSTEM,A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5925	ABOVE KNEE MANUAL LOCK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5930	HIGH ACTIVITY KNEE FRAME		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5940	CARBON GRAPHITE RING		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5950	ADDITION,ENDOSKELETAL SYSTEM,A		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5960	ADDITION,ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5961	ENDO POLY HIP, PNEU/HYD/ROT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5962	ADDITION, ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5964	ADDITION, ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5966	ADDITION, ENDOSKELETAL SYSTEM,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5968	MULTIAXIAL ANKLE W DORSIFLEX		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5969	AK/FT POWER ASST INCL MOTORS		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L5970	ALL LOW EXTR PRO, FOO,EXT KEE,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5971	SACH FOOT, REPLACEMENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5972	FLEXIBLE KEEL FOOT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5973	ANK-FOOT SYS DORS-PLANT FLEX		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5974	ALL LOW EXT PRO,FOO,SIN AXI AN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5975	COMBO ANKLE/FOOT PROSTHESIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5976	ALL LOW EXT PRO, ENE STO FOO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5978	ALL LOWER EXTREMITY PROTHESES		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5979	MULTI-AXIAL ANKLE/FT PROSTH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5980	ALL LOW EXT PROT, FLE FOOT SYS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5981	ALL LOWER EXTREMITY PROTHESES		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5982	ALL EXO LOW EXT PRO,AXI ROT UN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5984	ENDOSKELETAL AXIAL ROTATION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5985	LWR EXT DYNAMIC PROSTH PYLON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5986	ALL LOW EXT PRO,MUL-AXI ROTA U		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5987	SHANK FT W VERT LOAD PYLON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5988	VERTICAL SHOCK REDUCING PYLO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L5990	USER ADJUSTABLE HEEL HEIGHT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L5999	LOWR EXTREMITY PROSTHES NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6000	PART HAND THUMB REM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6010	PART HAND LITTLE/RING		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6020	PART HAND NO FINGERS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6026	PARTIAL HAND PROSTHESIS		0	999	01/01/2015	12/31/9999	2	O6	0.00	E
L6050	WRIST DISARTICULATION, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6055	WRIST DISARTICULATION,MOLDED S		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6100	BELOW ELBOW, MOLDED SOCKET, F		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6110	BELOW ELBOW, MOLDED SOCKET,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6120	BELOW ELBOW, MOLDED DOUBLE WA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6130	BELOW ELBOW, MOLDED DOUBLE WA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6200	ELBOW DISARTICULATION, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6205	ELBOW DISARTICULATION, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6250	ABOVE ELBOW, MOLDED DOUBLE WA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6300	SHOULDER DISARTICULATION, MOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6310	SHOULDER DISARTICULATION, PAS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6320	SHOULDER DISARTICULATION, PAS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6350	INTERSCAPULAR THORACIC, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6360	INTERSCAPULAR THORACIC, PASSI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6370	INTERSCAPULAR THORACIC, PASSIV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6380	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6382	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L6384	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6386	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6388	IMMEDIATE POST SURGICAL OR EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6400	BELOW ELBOW, MOLDED SOCKET, E		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6450	ELBOW DISARTICULATION, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6500	ABOVE ELBOW, MOLDED SOCKET, E		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6550	SHOULDER DISARTICULATION, MOLD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6570	INTERSCAPULAR THORACIC, MOLDED		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6580	PREPARATORY,WRIST DISARTICULAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6582	PREPARATORY,WRIST DISARTICULAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6584	PREPARATORY,ELBOW DISARTICULAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6586	PREPARATORY,ELBOW DISARTICULAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6588	PREPARATORY,SHOULDER DISARTICU		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6590	PREPARATORY,SHOULDER DISARTICU		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6600	UPPER EXTREMITY ADDITIONS, PO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6605	UPPER EXTREMITY ADDITIONS, SI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6610	UPPER EXTREMITY ADDITIONS, FL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6611	Additional switch, ext power		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L6615	UPPER EXTREMITY ADDITIONS, DI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6616	UPP EXT ADD,ADD DIS INS FOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6620	FLEXION/EXTENSION WRIST UNIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6621	FLEX/EXT WRIST W/WO FRICTION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6623	UPPER EXTREMITY ADDITION,SPRIN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6624	Flex/ext/rotation wrist unit		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L6625	UPPER EXTREMITY ADDITIONS, RO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6628	UPPER EXTREMITY ADDITION,QUICK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6629	UPPER EXTREMITY ADDITION,QUICK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6630	UPPER EXTREMITY ADDITIONS ST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6632	UPPER EXTREMITY ADDITION,LATEX		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6635	UPPER EXTREMITY ADDITION, LIF		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6637	UPPER EXTREMITY ADDITION,NUDGE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6638	ELEC LOCK ON MANUAL PW ELBOW		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6640	UPPER EXTREMITY ADDITIONS, SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6641	UPPER EXTREMITY ADDITION,EXCUR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6642	UOOER EXTREMITY ADDITION,EXCUR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6645	UPPER EXTREMITY ADDITIONS, SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6646	MULTIPO LOCKING SHOULDER JNT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6647	SHOULDER LOCK ACTUATOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6648	EXT PWRD SHLDER LOCK/UNLOCK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6650	UPPER EXTREMTIY ADDITIONS, SH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6655	UPPER EXTREMITY ADDITIONS, ST		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6660	UPPER EXTREMITY ADDITIONS, HE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6665	UPPER EXTREMITY ADDITIONS, TE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6670	UPPER EXTREMITY ADDITIONS, HO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6672	UPPER EXTREMITY ADDITIONS, HA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6675	HARNESS FIGURE OF 8 SING CON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6676	HARNESS FIGURE OF 8 DUAL CON		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6677	UE TRIPLE CONTROL HARNESS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6680	UPPER EXTREMITY ADDITIONS, TE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6682	UPPER EXTREMITY ADDITIONS, TE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6684	UPPER ADDITIONS, TE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6686	UPPER EXTREMITY ADDITION,SUCTI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6687	UPPER EXTREMITY ADDITION, FRAM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6688	UPPER EXTREMITY ADDITION, FRAM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6689	UPPER EXTREMITY ADDITION,FRAME		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6690	UPPER EXTREMITY ADDITION,FRAME		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6691	UPPER EXTREMITY ADDITION,REMOV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6692	UPP EXT ADD,SIL GEL INS OR EQU		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6693	LOCKINGELBOW FOREARM CNTRBAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6694	ELBOW SOCKET INS USE W/LOCK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6695	ELBOW SOCKET INS USE W/O LCK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6696	CUS ELBO SKT IN FOR CON/ATYP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6697	CUS ELBO SKT IN NOT CON/ATYP		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6698	BELOW/ABOVE ELBOW LOCK MECH		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6703	Term dev, passive hand mitt		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6704	Term dev, sport/rec/work att		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6706	Term dev mech hook vol open		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6707	Term dev mech hook vol close		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6708	Term dev mech hand vol open		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6709	Term dev mech hand vol close		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6711	'PED TERM DEV, HOOK, VOL OPEN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6712	'PED TERM DEV, HOOK, VOL CLOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6713	'PED TERM DEV, HAND, VOL OPEN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6714	'PED TERM DEV, HAND, VOL CLOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6715	TERM DEVICE, MULTI ART DIGIT INITIAL OR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6721	'HOOK/HAND, HVY DTY, VOL OPEN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6722	'HOOK/HAND, HVY DTY, VOL CLOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6805	TERM DEV MODIFIER WRIST UNIT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6810	TERM DEV PRECISION PINCH DEV		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6880	ELEC HAND IND ART DIGITS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6881	TERM DEV AUTO GRASP FEATURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L6882	MICROPROCESSOR CONTROL UPLMB		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L6883	REPLC SOCKT BELOW E/W DISA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6884	REPLC SOCKT ABOVE ELBOW DISA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6885	REPLC SOCKT SHLDR DIS/INTERC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L6890	PREFAB GLOVE FOR TERM DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6895	CUSTOM GLOVE FOR TERM DEVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6900	HAND RESTORATION (CASTS, SHAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6905	HAND RESTORATION (CASTS, SHAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6910	HAND RESTORATION (CASTS, SHAD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6915	HAND RESTORATION REPLACMNT G		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6920	WRIST DISARTICULATION,EXTERNAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6925	WRIST DISARTICULATION,EXTERNAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6930	BELOW ELBOW,EXTERNAL POWER,SEL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6935	BELOW ELBOW,EXTERNAL POWER,SEL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6940	ELBOW DISARTICULATION,EXTERNAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6945	ELBOW DISARTICULATION,EXTERNAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6950	ABOVE ELBOW,EXTERNAL POWER,MOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6955	ABOVE ELBOW,EXTERNAL POWER,MOL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6960	SHOULDER DISARTICULATION,EXTER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6965	SHOULDER DISARTICULATION,EXTER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6970	INTERSCAPULAR-THORACIC,EXTERNA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L6975	INTERSCAPULAR-THORACIC,EXTERNA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7007	Adult electric hand		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L7008	Pediatric electric hand		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L7009	Adult electric hook		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L7040	PREHENSILE ACTUATOR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7045	PEDIATRIC ELECTRIC HOOK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7170	ELECTRONIC ELBOW,HOSMER OR EQU		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7180	ELECTRONIC ELBOW SEQUENTIAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7181	ELECTRONIC ELBO SIMULTANEOUS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L7185	ELECTRONIC ELBOW, ADOLESCENT,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7186	ELE ELB,CHI,VAR,VIL OR EQU,SWI		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7190	ELECTRONIC ELBOW, ADOLESCENT,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7191	ELE ELB,CHI,VAR VIL OR EQU,MYO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7259	ELECTRONIC WRIST ROTATOR		0	20	01/01/2015	12/31/9999	2	O6	0.00	E
L7360	SIX VOLT BATTERY OTTO BOCK/EQ EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7362	BATTERY CHRGR SIX VOLT OTTO EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7364	TWELVE VOLT BATTERY UTAH/EQU EA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7366	BATTERY CHRGR 12 VOLT UTAH/E		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7367	LITHIUM ION BATT REPLACEMENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7368	LITHIUM ION BATTERY CHARGER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7400	ADD UE PROST BE/WD, ULTLITE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7401	ADD UE PROST A/E ULTLITE MAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7402	ADD UE PROST S/D ULTLITE MAT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7403	ADD UE PROST B/E ACRYLIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7404	ADD UE PROST A/E ACRYLIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7405	ADD UE PROST S/D ACRYLIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7499	UPPER EXTREMITY PROSTHES NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7510	PROSTHETIC DEVICE REPAIR REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L7520	REPAIR PROSTHESIS PER 15 MIN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7600	PROSTHETIC DONNING SLEEVE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7700	PROS SOC INSERT GASKET/SEAL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
L7900	VACUUM ERECTION SYSTEM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L7902	TENSION RING, VAC ERECT DEV		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
L8000	MASTECTOMY BRA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8001	BREAST PROSTHESIS BRA & FORM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8002	BRST PRSTH BRA & BILAT FORM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8010	BREAST PROSTHESES, MASTECTOMY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8015	EXT BREASTPROSTHESIS GARMENT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8020	BREAST PROSTHESES, MASTECTOMY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8030	BREAST PROSTHES W/O ADHESIVE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8031	BREAST PROSTHESIS W ADHESIVE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8032	REUSABLE NIPPLE PROSTHESIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8033	NIPPLE PROSTHESIS CUSTOM, EA		0	20	01/01/2020	12/31/9999	1	O6	0.00	E
L8035	CUSTOM BREAST PROSTHESIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8039	BREAST PROSTHESIS NOS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8040	NASAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8041	MIDFACIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8042	ORBITAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8043	UPPER FACIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8044	HEMI-FACIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8045	AURICULAR PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8046	PARTIAL FACIAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8047	NASAL SEPTAL PROSTHESIS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8048	UNSPEC MAXILLOFACIAL PROSTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8049	REPAIR MAXILLOFACIAL PROSTH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8300	TRUSSES, SINGLE WITH STANDARD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8310	TRUSSES, DOUBLE WITH STANDARD		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8320	TRUSS, ADDITION TO STANDARD PA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8330	TRUSS, ADDITION TO STANDARD PA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8400	PROSTHETIC SHEATH, BELOW KNEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8410	PROSTHETIC SHEATH, ABOVE KNEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8415	PROSTHETIC SHEATH,UPPER LIMB,		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8417	PROS SHEATH/SOCK W GEL CUSHN		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8420	PROSTHETIC SOCK MULTI PLY BK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8430	PROSTHETIC SOCK MULTI PLY AK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8435	PROS SOCK MULTI PLY UPPER LM		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8440	BK STUMP SHRINKER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8460	AK STUMP SHRINKER		0	20	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
L8465	PROSTHETIC SHRINKER,UPPER LIMB		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8470	PROS SOCK SINGLE PLY BK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8480	PROS SOCK SINGLE PLY AK		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8485	PROS SOCK SINGLE PLY UPPER L		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8499	UNLISTED PROCEDURE FOR MISCEL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8500	ARTIFICIAL LARYNX, ANY TYPE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8501	TRACHEOSTOMY SPEAKING VALVE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
L8505	ARTIFICIAL LARYNX, ACCESSORY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8507	TRACH-ESOPH VOICE PROS PT IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8509	TRACH-ESOPH VOICE PROS MD IN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8510	VOICE AMPLIFIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8511	INDWELLING TRACH INSERT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8512	GEL CAP FOR TRACH VOICE PROS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8513	TRACH PROS CLEANING DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8514	REPL TRACH PUNCTURE DILATOR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8515	GEL CAP APP DEVICE FOR TRACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8600	IMPLANTABLE BREAST PROSTHESIS,		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8603	COLLAGEN IMP URINARY 2.5 ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8604	'DEXTRANOMER/HYALURONIC ACID 1 ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8605	INJ BULKING AGENT ANAL CANAL		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
L8606	SYNTHETIC IMPLNT URINARY 1ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8607	INJ VOCAL CORD BULKING AGENT		0	999	01/01/2016	12/31/9999	1	O6	0.00	E
L8608	ARG II EXT COM/SUP/ACC MISC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
L8609	ARTIFICIAL CORNEA		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8610	OCULAR IMPLANT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8612	AQUEOUS SHUNT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8613	OSSICULAR IMPLANT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8614	COCHLEAR DEVICE	Y	0	999	07/01/2020	12/31/9999	2	O1	15,284.83	M1
L8615	COCH IMPLANT HEADSET REPLACE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8616	COCH IMPLANT MICROPHONE REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8617	COCH IMPLANT TRANS COIL REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8618	COCH IMPLANT TRAN CABLE REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8619	COCH IMP EXT PROC/CONTR RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8621	REPL ZINC AIR BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8622	REPL ALKALINE BATTERY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8623	Lith ion batt CID,non-earlvl		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8624	Lith ion batt CID, ear level		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8625	CHARGER COCH IMPL/AOI BATTRY		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
L8627	CID EXT SPEECH PROCESS REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8628	CID EXT CONTROLLER REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8629	CID TRANSMIT COIL & CABLE REPL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8630	METACARPOPHALANGEAL IMPLANT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8631	MCP JOINT REPL 2 PC OR MORE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8641	METATARSAL JOINT IMPLANT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8642	HALLUX IMPLANT		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8658	INTERPHALANGEAL JOINT SPACER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8659	INTERPHALANGEAL JOINT REPL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8670	VASCULAR GRAFT, SYNTHETIC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8679	IMP NEUROSTI PLS GN ANY TYPE		0	20	01/01/2014	12/31/9999	1	O6	0.00	E
L8680	IMPLT NEUROSTIM ELCTR EACH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8681	PT PRGRM FOR IMPLT NEUROSTIM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8682	IMPLT NEUROSTIM RADIOFQ REC		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8683	RADIOFQ TRSMTR FOR IMPLT NEU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8684	RADIOF TRSMTR IMPLT SCRL NEU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8685	IMPLT NROSTM PLS GEN SNG REC		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
L8686	IMPLT NROSTM PLS GEN SNG NON		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
L8687	IMPLT NROSTM PLS GEN DUA REC		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
L8688	IMPLT NROSTM PLS GEN DUA NON		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
L8689	EXTERNAL RECHARG SYS INTERN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8690	Aud osseo dev, int/ext comp		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
L8691	Aud osseo dev ext snd proces		5	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8692	NON-OSSEOINTEGRATED SND PROC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8693	AUD OSSEO DEV, ABUTMENT		5	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8694	AOI TRANSDUCER/ACTUATOR REPL		5	999	01/01/2018	12/31/9999	1	O6	0.00	E
L8695	External recharg sys extern		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
L8696	ANTENNA PHRENIC NERV STIM REPLC		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
L8698	MISC USED WITH TOT ART HEART		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
L8699	PROSTHETIC IMPLANT NOS		0	20	09/01/2012	12/31/9999	1	O1	0.00	N
L8701	EWH S/D UPRT MICRO SENSOR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
L8702	EWHF S/D UPRT MICRO SENSOR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
L9900	O&P SUPPLY/ACCESSORY/SERVICE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
M0075	CELLULAR THERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
M0076	PROLOTHERAPY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
M0100	INTRAGASTRIC HYPOTHERMIA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
M0201	COVID-19 VACCINE HOME ADMIN		0	999	06/08/2021	12/31/9999	1	O6	0.00	E
M0220	TIXAGEV AND CILGAV INJ		12	999	12/08/2021	12/31/9999	1	O1	115.02	S
M0221	TIXAGEV AND CILGAV INJ HM		12	999	12/08/2021	12/31/9999	1	O1	191.48	S
M0222	BEBTELOVIMAB INJECTION		0	999	02/11/2022	12/31/9999	1	O1	267.88	S
M0223	BEBTELOVIMAB INJECTION HOME		0	999	02/11/2022	12/31/9999	1	O1	420.52	S
M0239	BAMLANIVIMAB-XXXX INFUSION		12	999	04/17/2021	12/31/9999	1	O6	0.00	E
M0240	CASIRIVI AND IMDEVI REPEAT		12	999	07/30/2021	12/31/9999	1	O1	343.60	S
M0243	CASIRIVI AND IMDEVI INJ		12	999	02/01/2021	12/31/9999	1	O1	242.88	S
M0244	CASIRIVI AND IMDEVI INJ HM		0	999	05/06/2021	12/31/9999	1	O6	0.00	E
M0245	BAMLAN AND ETESEV INFUSION		12	999	04/01/2021	12/31/9999	1	O1	242.88	S
M0246	BAMLAN AND ETESEV INFUS HOME		0	999	05/06/2021	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
M0247	SOTROVIMAB INFUSION		12	999	05/26/2021	12/31/9999	1	O1	343.60	S
M0248	SOTROVIMAB INF, HOME ADMIN		0	999	05/26/2021	12/31/9999	1	O6	0.00	E
M0249	ADM TOCILIZU COVID-19 1ST		2	999	06/24/2021	12/31/9999	1	O1	343.60	S
M0250	ADM TOCILIZU COVID-19 2ND		2	999	06/24/2021	12/31/9999	1	O1	349.00	S
M0300	IV CHELATION THER (CHEMIC ENDARTERECT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
M0301	FABRIC WRAPPING OF ANEURYSM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
M1003	TB SCR 12 MO PRI FST BIO DZ		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1004	DOC MED RSN NO SRN TB		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1005	TB SCR NO PERF		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1006	DZ NOT ASES, NO RSN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1007	>=50% TOTAL PT OUTPT RA ENCT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1008	<50% TOTAL PT OUTPT RA ENCTS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1009	DC EOC DOC MED REC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1010	DC EOC DOC MED REC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1011	DC EOC DOC MED REC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1012	DC EOC DOC MED REC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1013	DC EOC DOC MED REC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1014	DC EPI CARE DOC MEDREC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1016	PT DX MEOP OR SUR STERI		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1017	PT ADMT TO PALITVE SERV		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1018	PT DX HST CR PT SK LG CR SCR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1019	ADL PT MJ DEP DS RS 12 PHQ<5		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1020	ADL PT MJ DEP DS NO RS 12 MO		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1021	PT UC IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1027	IMG HEAD (CT OR MRI) OBTND		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1028	DOC OF PT PRM HDA DX AND OTR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1029	DOC SYSM RSN IMG HD		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1032	ADT TKNG PHARMTHRY FOR OUD		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1034	ADT 180 DYS PHARMTHRY OUD		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1035	ADT PD OUT MAT PR 180 DYS TX		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1036	ADT NO 180 DYS PHARMTHRY OUD		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1037	PT DX LUM SP REG CACR		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1038	PT DX LUM SP REG FRACT		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1039	PT DX LUM SP REG INF		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1040	PT DX LUM IDI OR CONG SCOL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1041	PT CR FT INF LM OR PT ID SL		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1043	FS NO ODI 9-15MO		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1045	FS OKS 9-15MO >= 37 >= 71		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1046	FS OKS 9-15MO < 37 < 71		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1049	FS WTH SCR NO ODI PRE AND P		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1051	PT W/CANCER SCOLIOSIS		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1052	LG PN NOT MEAS W/ VAS 1YR PO		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1054	PT UC IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1055	ASPIRIN USED		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1056	PRESC ANTICO MED IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1057	ASPIRIN NOT USED, NO RSN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1058	PT PRM NURS HM RES IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1059	PT NO PRM NURS HM RES IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1060	PT DIED IN PP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1067	HSPC PT PRV TIME MEAM PER		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1068	PT NOT AMBULATORY		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1069	PT SCR FT FALL RSK		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1070	PT NOT SCRN FUT FALL NO RSN		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1071	PT HAD ADD'L SP PCR PERF		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
M1072	ROM RAD THERAPY ANAL, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1073	ROM RAD THERAPY ANAL, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1074	ROM RAD THERAPY BLADDER, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1075	ROM RAD THERAPY BLADDER, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1076	ROM RAD THER BONE METS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1077	ROM RAD THER BONE METS, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1078	ROM RAD THER BRAIN METS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1079	ROM RAD THER BRAIN METS, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1080	ROM RAD THERAPY BREAST, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1081	ROM RAD THERAPY BREAST, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1082	ROM RAD THERAPY CERVICAL, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1083	ROM RAD THERAPY CERVICAL, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1084	ROM RAD THERAPY CNS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1085	ROM RAD THERAPY CNS, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1086	ROM RAD THER COLORECTAL, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1087	ROM RAD THER COLORECTAL, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1088	ROM RAD THER HEAD/NECK, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1089	ROM RAD THER HEAD/NECK, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1094	ROM RAD THERAPY LUNG, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1095	ROM RAD THERAPY LUNG, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1096	ROM RAD THERAPY LYMPHOMA, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1097	ROM RAD THERAPY LYMPHOMA, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1098	ROM RAD THERAPY PANCREAS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1099	ROM RAD THERAPY PANCREAS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1100	ROM RAD THERAPY PROSTATE, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1101	ROM RAD THERAPY PROSTATE, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1102	ROM RAD THERAPY GI, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1103	ROM RAD THERAPY GI, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1104	ROM RAD THERAPY UTERUS, PC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1105	ROM RAD THERAPY UTERUS, TC		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
M1106	START EOC DOC MED REC		0	999	01/01/2020	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
P9071	PATHOGEN REDUCED PLASMA SING		0	999	07/01/2021	12/31/9999	15	O1	96.00	R
P9073	PLATELETS PHERESIS PATH REDU		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
P9099	BLOOD COMPONENT/PRODUCT NOC		0	999	01/01/2020	12/31/9999	1	O6	0.00	E
P9100	PATH TST-PLATELETS		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
P9603	TRAVEL ALLOWANCE ONE WAY WITH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
P9604	TRAVEL ALLOWANCE ONE WAY IN CO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
P9612	CATHETERIZE FOR URINE SPEC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
P9615	CATHETERIZATION FOR COLLECTION		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
Q0035	CARDIOKYMOGRAPHY		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
Q0081	INFUSION THERAPY, USING OTHER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0083	CHEMOTHERAPY ADMINISTRATION BY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0084	CHEMOTHERAPY ADMINISTRATION BY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0085	CHEMOTHERAPY ADMINISTRATION BY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0091	OBTAINING SCREEN PAP SMEAR		0	999	07/01/2021	12/31/9999	1	O1	19.28	S
Q0092	SET-UP PORTABLE X-RAY EQUIPMEN		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q0111	WET MOUNTS, INCLUDING PREPARAT		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0112	ALL POTASSIUM HYDROXIDE (KOH)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0113	PINWORM EXAMINATIONS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0114	FERN TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0115	POST-COITAL DIRECT, QUALITATIV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0138	FERUMOXYTOL, NON-ESRD 1 MG		18	999	07/01/2021	12/31/9999	510	O1	0.93	K
Q0139	FERUMOXYTOL, ESRD USE 1 MG		0	999	09/01/2012	12/31/9999	510	O6	0.00	E
Q0144	AZITHROMYCIN DIHYDRATE, ORAL		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL		0	999	01/01/2014	12/31/9999	5	O1	0.00	N
Q0162	ONDANSETRON 1 MG ORAL		0	999	01/01/2014	12/31/9999	24	O1	0.00	N
Q0163	DIPHENHYDRAMINE HCL 50MG		0	999	07/01/2020	12/31/9999	6	O1	0.00	N
Q0164	PROCHLORPERAZINE MALEATE 5MG		0	999	02/01/2015	12/31/9999	8	O6	0.00	E
Q0166	GRANISETRON HCL 1 MG ORAL		0	999	01/01/2014	12/31/9999	2	O1	0.00	N
Q0167	DRONABINOL 2.5MG ORAL		0	999	01/01/2014	12/31/9999	17	O1	0.00	N
Q0169	PROMETHAZINE HCL 12.5MG ORAL		0	999	07/01/2020	12/31/9999	12	O1	0.00	N
Q0173	TRIMETHOBENZAMIDE HCL 250MG		0	999	01/01/2014	12/31/9999	5	O1	0.00	N
Q0174	THIETHYLPERAZINE MALEATE10MG		0	999	10/01/2016	12/31/9999	1	O6	0.00	E
Q0175	PERPHENAZINE 4MG ORAL		0	999	01/01/2014	12/31/9999	6	O1	0.00	N
Q0177	HYDROXYZINE PAMOATE 25MG		0	999	07/01/2020	12/31/9999	16	O1	0.00	N
Q0180	DOLASETRON MESYLATE ORAL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q0181	UNSPECIFIED ORAL ANTI-EMETIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0220	TIXAGEV AND CILGAV, 300MG		0	999	12/08/2021	12/31/9999	800	O6	0.00	E
Q0221	TIXAGEV AND CILGAV, 600MG		0	999	02/24/2022	12/31/9999	1	O6	0.00	E
Q0222	BEBTELOVIMAB 175		0	999	02/11/2022	12/31/9999	1	O6	0.00	E
Q0239	BAMLANIVIMAB-XXXX		12	999	11/10/2020	12/31/9999	1	O6	0.00	E
Q0240	CASIRIVI AND IMDEVI 600 MG		12	999	07/30/2021	12/31/9999	800	O6	0.00	E
Q0243	CASIRIVIMAB AND IMDEVIMAB		12	999	11/21/2020	12/31/9999	1	O6	0.00	E
Q0244	CASIRIVI AND IMDEVI 1200 MG		0	999	06/03/2021	12/31/9999	1	O6	0.00	E
Q0245	BAMLANIVIMAB AND ETESEVIMA		12	999	02/09/2021	12/31/9999	1	O6	0.00	E
Q0247	SOTROVIMAB		12	999	05/26/2021	12/31/9999	1	O1	2,394.00	M
Q0249	TOCILIZUMAB FOR COVID-19		2	999	06/24/2021	12/31/9999	800	O1	6.57	M
Q0477	PWR MODULE PT CABLE LVAD RPL		0	999	01/01/2018	12/31/9999	1	O6	0.00	E
Q0478	POWER ADAPTER, COMBO VAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0479	POWER MODULE COMBO VAD, REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0480	DRIVER PNEUM VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0481	MICROPROC ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0482	MICROPROC ELE/PNEU COMBO VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0483	MONITOR ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0484	MONITOR ELEC OR ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0485	MONITOR CONTROL ELE VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0486	MONITOR CONTROL ELE/PNEU VAD REPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0487	LEADS ELEC/PRNU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0488	POWERPACK BASE ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0489	POWERPACK BASE ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0490	EMER POWER ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0491	EMER POWER ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0492	EMER POWER CABLE ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0493	EMEER POWER CABLE ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0494	EMER HAND PUMP ELEC VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0495	BATT/POWERPACK CHRGR ELE/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0496	BATTERY ELEC/COMBO VAD, REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0497	BATT CLIPS ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0498	HOLSTER ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0499	BELT/VEST ELEC/COMBO VAD REP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0500	FILTERS ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0501	SHOWER COVER ELEC/PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0502	MOBILITY CART PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0503	BATT PNEU VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0504	POWER ADAPTER PNEU VAD RPLC VEH TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0506	LITH-ION BATT ELEC/PNEUM VAD RPLC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0507	MISC SUP/ACC EXT VAD		0	999	04/01/2013	12/31/9999	1	O6	0.00	E
Q0508	MISC SUP/ACC IMP VAD		0	999	04/01/2013	12/31/9999	1	O6	0.00	E
Q0509	MIS SUP/AC IMP VAD NOPAY MED		0	999	04/01/2013	12/31/9999	1	O6	0.00	E
Q0510	DISPENS FEE IMMUNOSUPRESSIVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0511	SUP FEE ANTIEM,ANTICA,IMMUNO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0512	PX SUP FEE ANTI-CAN SUB PRES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0513	DISP FEE INHAL DRUGS/30 DAYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0514	DISP FEE INHAL DRUGS/90 DAYS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q0515	SERMORELIN ACETATE INJECTION		0	999	02/10/2014	12/31/9999	1	O6	0.00	E
Q1004	NTIOL CATEGORY 4		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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Q1005	NTIOL CATEGORY 5		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2004	BLADDER CALCULI IRRIG SOL		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q2009	FOSPHENYTOIN INJ PE 50 MG		0	999	07/01/2021	12/31/9999	100	O1	0.00	N
Q2017	TENIPOSIDE, 50 MG		0	999	07/01/2020	12/31/9999	12	O1	2,645.71	K
Q2026	RADIESSE INJECTION		0	999	09/01/2012	12/31/9999	27	O6	0.00	E
Q2028	SCULPTRA, 0.5 MG INJECTION,		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
Q2034	FLU VIRUS VACC SPLIT VIRUS IM USE		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
Q2035	AFLURIA VACC, 3 YRS & >, IM		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2036	FLULAVAL VACC, 3 YRS & >, IM		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2037	FLUVIRIN VACC, 3 YRS & >, IM		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2038	FLUZONE VACC, 3 YRS & >, IM		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2039	FLU VACC NOS		3	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q2041	AXICABTAGENE CILOLEUCEL CAR+	Y	18	999	04/01/2018	12/31/9999	1	O1	395,380.00	K
Q2042	TISAGENLECLEUCEL CAR-POS T	Y	0	999	07/01/2021	12/31/9999	1	O1	425,159.01	K
Q2043	SIPULEUCEL-T AUTO CD54+		12	999	07/01/2021	12/31/9999	1	O1	49,649.41	K
Q2049	LIPOSOMAL IMPORT (LIPODOX) 10 MG		19	999	07/01/2021	12/31/9999	10	O1	311.04	K
Q2050	DOXORUBICIN HYDROCHLORIDE NOS 10MG		0	999	07/01/2021	12/31/9999	20	O1	298.80	K
Q2052	SERVICES SUPPLIES ACCESSORIES IVIG DEMO		0	999	04/01/2014	12/31/9999	1	O6	0.00	E
Q2053	BREXUCABTAGENE CAR POS T	Y	0	999	04/01/2021	12/31/9999	1	O1	395,380.00	G
Q2054	LISOCABTAGENE MARA CAR POS T	Y	18	999	10/01/2021	12/31/9999	1	O1	422,609.00	G
Q2055	IDECABTAGENE VICLEUCEL CAR	Y	18	999	01/01/2022	12/31/9999	1	O1	432,085.00	G
Q2056	CILTACABTAGENE CAR-POS T	Y	18	999	10/01/2022	12/31/2299	1	O1	478,950.00	G
Q3001	BRACHYTHERAPY RADIOELEMENTS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q3014	TELEHEALTH FACILITY FEE		0	999	07/01/2019	12/31/9999	2	O1	31.76	A
Q3027	INTERFERON BETA-1A, 1 MCG INJECTION,FOR		18	999	07/01/2021	12/31/9999	30	O1	54.42	K
Q3028	INTERFERON BETA-1A, 1 MCG INJECTION FOR		18	999	07/01/2020	12/31/9999	44	O1	31.71	B
Q3031	COLLAGEN SKIN TEST		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q4001	CAST SUP BODY CAST PLASTER		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4002	CAST SUP BODY CAST FIBERGLAS		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4003	CAST SUP SHOULDER CAST PLSTR		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4004	CAST SUP SHOULDER CAST FBRGL		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4005	CAST SUP LONG ARM ADULT PLST		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4006	CAST SUP LONG ARM ADULT FBRG		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4007	CAST SUP LONG ARM PED PLSTER		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4008	CAST SUP LONG ARM PED FBRGLS		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4009	CAST SUP SHT ARM ADULT PLSTR		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4010	CAST SUP SHT ARM ADULT FBRGL		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4011	CAST SUP SHT ARM PED PLASTER		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4012	CAST SUP SHT ARM PED FBRGLAS		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4013	CAST SUP GAUNTLET PLASTER		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4014	CAST SUP GAUNTLET FIBERGLASS		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4015	CAST SUP GAUNTLET PED PLSTER		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4016	CAST SUP GAUNTLET PED FBRGLS		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4017	CAST SUP LNG ARM SPLINT PLST		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4018	CAST SUP LNG ARM SPLINT FBRG		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4019	CAST SUP LNG ARM SPLNT PED P		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4020	CAST SUP LNG ARM SPLNT PED F		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4021	CAST SUP SHT ARM SPLINT PLST		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4022	CAST SUP SHT ARM SPLINT FBRG		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4023	CAST SUP SHT ARM SPLNT PED P		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4024	CAST SUP SHT ARM SPLNT PED F		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4025	CAST SUP HIP SPICA PLASTER		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4026	CAST SUP HIP SPICA FIBERGLAS		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4027	CAST SUP HIP SPICA PED PLSTR		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4028	CAST SUP HIP SPICA PED FBRGL		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4029	CAST SUP LONG LEG PLASTER		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4030	CAST SUP LONG LEG FIBERGLASS		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4031	CAST SUP LNG LEG PED PLASTER		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4032	CAST SUP LNG LEG PED FBRGLS		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4033	CAST SUP LNG LEG CYLINDER PL		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4034	CAST SUP LNG LEG CYLINDER FB		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4035	CAST SUP LNGLEG CYLNDR PED P		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4036	CAST SUP LNGLEG CYLNDR PED F		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4037	CAST SUP SHRT LEG PLASTER		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4038	CAST SUP SHRT LEG FIBERGLASS		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4039	CAST SUP SHRT LEG PED PLSTER		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4040	CAST SUP SHRT LEG PED FBRGLS		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4041	CAST SUP LNG LEG SPLNT PLSTR		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4042	CAST SUP LNG LEG SPLNT FBRGL		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4043	CAST SUP LNG LEG SPLNT PED P		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4044	CAST SUP LNG LEG SPLNT PED F		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4045	CAST SUP SHT LEG SPLNT PLSTR		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4046	CAST SUP SHT LEG SPLNT FBRGL		11	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4047	CAST SUP SHT LEG SPLNT PED P		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4048	CAST SUP SHT LEG SPLNT PED F		0	10	09/01/2012	12/31/9999	1	O6	0.00	E
Q4049	FINGER SPLINT, STATIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4050	CAST SUPPLIES UNLISTED		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4051	SPLINT SUPPLIES MISC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4074	ILOPROST NON-COMP UNIT DOSE		0	999	09/01/2012	12/31/9999	9	O6	0.00	E
Q4081	EPO ALFA 100 UNITS, ESRD		0	999	09/01/2012	12/31/9999	477	O6	0.00	E
Q4082	Drug/bio NOC part B drug CAP		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q4100	'SKIN SUBSTITUTE, NOS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q4101	APLIGRAF		0	999	07/01/2014	12/31/9999	44	O1	0.00	N
Q4102	OASIS WOUND MATRIX		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4103	OASIS BURN MATRIX		0	999	07/01/2014	12/31/9999	1	O1	0.00	N

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
Q4104	INTEGRA BMWD		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4105	DRT PER SQ CM		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4106	DERMAGRAFT		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4107	GRAFTJACKET		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4108	INTEGRA MATRIX		0	999	07/01/2014	12/31/9999	36	O1	0.00	N
Q4110	PRIMATRIX		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4111	GAMMAGRAFT		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4112	CYMETRA INJECTABLE		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4113	GRAFTJACKET XPRESS		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4114	'INTEGRA FLOW WOUND MATR 1CC		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4115	ALLOSKIN		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4116	ALLODERM		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4117	HYALOMATRIX		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4118	MATRISTEM MICROMATRIX		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4121	THERASKIN		0	999	07/01/2019	12/31/9999	1	O1	0.00	N
Q4122	DERMACELL, AWM, POROUS SQ CM		0	999	07/01/2016	12/31/9999	1	O1	0.00	N
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER		0	999	07/01/2014	12/31/9999	1	O1	0.00	N
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP, PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4127	TALYMED, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4128	FLEXHD/ALLOPATCHHD/SQCM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4130	STRATTICE TM, PER SQUARE CENTIMETER		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q4132	GRAFIX CORE, PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4133	GRAFIX STRAVIX PRIME PL SQCM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4134	HMATRIX, PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4135	MEDISKIN, PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4136	EZDERM, PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4138	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4140	BIODFENCE, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4141	ALLOSKIN AC, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE C		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4143	REPRIZA, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4145	EPIFIX, INJECTABLE, 1 MG		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4146	TENSIX, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4147	ARCHITECT ECM PX FX 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4148	NEOX 1K, PER SQUARE CENTIMETER		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4149	EXCELLAGEN, 0.1 CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4150	ALLOWRAP DS OR DRY 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4152	DERMAPURE 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4153	DERMAVEST, PLURIVEST SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4154	BIOVANCE 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4155	NEOXFLO OR CLARIXFLO 1 MG		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4156	NEOX 1K OR 100 PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4157	REVITALON 1 SQUARE CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4158	MARIGEN 1 SQUARE CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4159	AFFINITY1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4160	NUSHIELD 1 SQUARE CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4161	BIO-CONNEKT PER SQUARE CM		18	999	01/01/2016	12/31/9999	2	O1	0.00	N
Q4162	AMNIO BIO AND WOUNDEX FLOW		18	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4163	AMNIO BIO AND WOUNDEX SQ CM		18	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4164	HELICOLL, PER SQUARE CM		18	999	01/01/2016	12/31/9999	2	O1	0.00	N
Q4165	KERAMATRIX, KERASORB SQ CM		18	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4166	CYTAL PER SQ CM		0	999	01/01/2017	12/31/9999	1	O1	0.00	N
Q4167	TRUSKIN PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4168	AMNIOBAND PARTICULATE 1MG		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4169	ARTACENT WOUND PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4170	CYGNUS PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4171	INTERFYL 1 MG		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4173	PALINGEN/PALINGEN XPLUS PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4174	PALINGEN/PROMATRIX 0.36MG PER 0.25CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4175	MIRODERM PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4176	NEOPATCH OR THERION, 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4177	FLOWERAMNIOFLO 0.1 CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4178	FLOWERAMNIOPATCH PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4179	FLOWERDERM PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4180	REVITA PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4181	AMNIO WOUND PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4182	TRANSCYTE PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4183	SURGIGRAFT, 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4184	CELLESTA OR DUO PER SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4185	CELLESTA FLOWAB AMNION 0.5CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4186	EPIFIX 1 SQ CM		0	999	01/01/2019	12/31/9999	2	O1	0.00	N
Q4187	EPICORD 1 SQ CM		0	999	01/01/2019	12/31/9999	2	O1	0.00	N
Q4188	AMNIOARMOR 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4189	ARTACENT AC, 1 MG		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4190	ARTACENT AC 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4191	RESTORIGIN 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4192	RESTORIGIN, 1 CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4193	COLL-E-DERM 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4194	NOVACHOR 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4195	PURAPLY 1 SQ CM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
Q4196	PURAPLY AM 1 SQ CM		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
Q4197	PURAPLY XT 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4198	GENESIS AMNIO MEMBRANE 1SQCM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4199	CYGNUS MATRIX, PER SQ CM		0	999	01/01/2022	12/31/9999	1	O6	0.00	E
Q4200	SKIN TE 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4201	MATRION 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4202	KEROXX (2.5G/CC), 1CC		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4203	DERMA-GIDE, 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4204	XWRAP 1 SQ CM		0	999	06/01/2019	12/31/9999	1	O1	0.00	N
Q4205	MEMBRANE GRAFT OR WRAP SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4206	FLUID FLOW OR FLUID GF 1 CC		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4208	NOVAFIX PER SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4209	SURGRAFT PER SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4210	AXOLOTL GRAF DUALGRAF SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4211	AMNION BIO OR AXOBIO SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4212	ALLOGEN, PER CC		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4213	ASCENT, 0.5 MG		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4214	CELLESTA CORD PER SQ CM		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4216	ARTACENT CORD PER SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4218	SURGICORD PER SQ CM		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4219	SURGIGRAFT DUAL PER SQ CM		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4220	BELLACELL HD, SUREDERM SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4221	AMNIOWRAP2 PER SQ CM		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4222	PROGENAMATRIX, PER SQ CM		0	999	10/01/2019	12/31/9999	1	O6	0.00	E
Q4224	HHF10-P PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
Q4225	AMNIOBIND, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
Q4226	MYOWN HARV PREP PROC SQ CM		0	999	10/01/2019	12/31/9999	1	O1	0.00	N
Q4227	AMNIOCORE PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4229	COGENEX AMNIO MEMB PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4230	COGENEX FLOW AMNION 0.5 CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4231	CORPLEX P, PER CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4232	CORPLEX, PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4233	SURFACTOR /NUDYN PER 0.5 CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4234	XCELLERATE, PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4237	CRYO-CORD, PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4238	DERM-MAXX, PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4239	AMNIO-MAXX OR LITE PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4240	CORECYTE TOPICAL ONLY 0.5 CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4242	AMNIOCYTE PLUS, PER 0.5 CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4244	PROCENTA, PER 200 MG		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4245	AMNIOTEXT, PER CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4246	CORETEXT OR PROTEXT, PER CC		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4247	AMNIOTEXT PATCH, PER SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4248	DERMACYTE AMN MEM ALLO SQ CM		0	999	07/01/2020	12/31/9999	1	O6	0.00	E
Q4249	AMNIPLY, PER SQ CM		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q4250	AMNIOAMP-MP PER SQ CM		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q4251	VIM, PER SQUARE CENTIMETER		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
Q4252	VENDAJE, PER SQUARE CENTIMET		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
Q4253	ZENITH AMNIOTIC MEMBRANE PSC		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
Q4254	NOVAFIX DL PER SQ CM		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q4255	REGUARD, TOPICAL USE PER SQ		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q4256	MLG COMPLET, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
Q4257	RELESE, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
Q4258	ENVERSE, PER SQ CM		0	999	04/01/2022	12/31/9999	1	O1	0.00	N
Q4259	CELERA PER SQ CM		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
Q4260	SIGNATURE APATCH, PER SQ CM		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
Q4261	TAG, PER SQUARE CENTIMETER		0	999	07/01/2022	12/31/9999	1	O6	0.00	E
Q5001	HOSPICE OR HOME HLTH IN HOME		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5002	HOSPICE/HOME HLTH IN ASST LVG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5003	HOSPICE IN LT/NON-SKILLED NF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5004	HOSPICE IN SNF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5005	HOSPICE, INPATIENT HOSPITAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5006	HOSPICE IN HOSPICE FACILITY		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5007	HOSPICE IN LTCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5008	HOSPICE IN INPATIENT PSYCH		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5009	HOSPICE/HOME HLTH, PLACE NOS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5010	HOSPICE HOME CARE IN HOSPICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
Q5101	ZARXIO 1 MICROGRAM		0	999	07/01/2021	12/31/9999	1500	O1	0.41	K
Q5103	INFLECTRA INJ 10 MG		6	999	07/01/2021	12/31/9999	150	O1	43.06	K
Q5104	RENFLEXIS INJ 10 MG		6	999	07/01/2021	12/31/9999	150	O1	42.09	K
Q5105	INJ RETACRIT ESRD ON DIALYSI		0	999	07/01/2021	12/31/9999	400	O1	0.86	G
Q5106	INJ RETACRIT NON-ESRD USE		0	999	07/01/2021	12/31/9999	60	O1	8.55	K
Q5107	INJ MVASI 10 MG	Y	18	999	07/01/2021	12/31/9999	170	O1	56.73	G
Q5108	INJECTION, FULPHILA, 0.5 MG		0	999	07/01/2021	12/31/9999	12	O1	248.16	G
Q5109	INJECTION, IXIFI, 10 MG	Y	6	999	07/01/2020	12/31/9999	150	O5	0.00	M
Q5110	NIVESTYM, 1 MCG		0	999	07/01/2021	12/31/9999	1500	O1	0.52	G
Q5111	INJECTION, UDENYCA 0.5 MG		0	999	07/01/2021	12/31/9999	12	O1	267.79	G
Q5112	INJ ONTRUZANT 10 MG		18	999	07/01/2019	12/31/9999	128	O6	0.00	E
Q5113	INJ HERZUMA 10 MG		18	999	07/01/2019	12/31/9999	128	O6	0.00	E
Q5114	INJ OGIVRI 10 MG		18	999	07/01/2021	12/31/9999	128	O1	73.06	G
Q5115	INJ TRUXIMA 10 MG		18	999	11/01/2019	12/31/9999	101	O1	87.09	G

Mississippi Division of Medicaid
Outpatient Hospital Fee Schedule
Print Date: October 28, 2022

MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
Q5116	INJ., TRAZIMERA, 10 MG		18	999	10/01/2019	12/31/9999	127	O1	59.47	G
Q5117	INJ., KANJINTI, 10 MG	Y	18	999	07/01/2021	12/31/9999	120	O1	72.50	G
Q5118	INJ., ZIRABEV, 10 MG		18	999	10/01/2019	12/31/9999	239	O1	59.47	G
Q5119	INJ RUXIENCE, 10 MG		18	70	07/01/2021	12/31/9999	101	O1	67.32	G
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG		0	999	07/01/2021	12/31/9999	12	O1	297.96	G
Q5121	INJ. AVSOLA, 10 MG		6	999	07/01/2020	12/31/9999	397	O1	51.50	G
Q5122	INJ, NYVEPRIA		0	999	01/01/2021	12/31/9999	12	O1	327.08	M1
Q5123	INJ. RIABNI, 10 MG		2	999	07/01/2021	12/31/9999	102	O1	73.83	G
Q5124	INJ. BYOOVIZ, 0.1 MG		18	999	04/01/2022	12/31/9999	20	O6	0.00	E
Q5125	INJ, RELEUKO 1 MCG		0	999	10/01/2022	12/31/2299	1590	O1	0.81	G
Q9001	VA CHAPLAIN ASSESSMENT		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q9002	VA CHAPLAIN COUNSEL INDIVIDU		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q9003	VA CHAPLAIN COUNSEL GROUP		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
Q9004	VA WHOLE HEALTH PARTNER SERV		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
Q9950	INJ SULF HEXA LIPID MICROSPH		0	999	07/01/2021	12/31/9999	5	O1	0.00	N
Q9953	INJ FE-BASED MR CONTRAST, 1ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q9954	ORAL MR CONTRAST, 100 ML		0	999	07/01/2020	12/31/9999	18	O1	0.00	N
Q9956	INJ OCTAFLUOROPRO PANE MIC, ML		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
Q9957	INJ PERFLUTREN LIP MICROS, ML		0	999	09/01/2012	12/31/9999	2	O1	0.00	N
Q9958	BEFORE		0	999	07/01/2014	12/31/9999	300	O1	0.00	N
Q9960	HOCM 250-299MG/ML IODINE ML		0	999	09/01/2012	12/31/9999	249	O1	0.00	N
Q9961	HOCM 250-299MG/ML IODINE 1 ML		0	999	07/01/2020	12/31/9999	200	O1	0.00	N
Q9962	HOCM 300-349MG/ML IODINE 1 ML		0	999	07/01/2020	12/31/9999	200	O1	0.00	N
Q9963	HOCM 350-399MG/ML IODINE 1 ML		0	999	07/01/2020	12/31/9999	240	O1	0.00	N
Q9965	LOCM 100-199MG/ML IODINE, 1ML		0	999	09/01/2012	12/31/9999	199	O1	0.00	N
Q9966	LOCM 200-299MG/ML IODINE, 1ML		0	999	07/01/2020	12/31/9999	250	O1	0.00	N
Q9967	LOCM 300-399MG/ML IODINE, 1ML		0	999	07/01/2020	12/31/9999	300	O1	0.00	N
Q9968	VISUALIZATION ADJUNCT		0	999	07/01/2021	12/31/9999	10	O1	6.20	K
Q9969	NON-HEU TC-99M ADD-ON/DOSE		0	999	07/01/2020	12/31/9999	3	O1	10.00	K
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
Q9983	FLORBETABEN F18 DIAGNOSTIC		18	999	07/01/2020	12/31/9999	1	O1	2,968.00	G
Q9991	BUPRENORPH XR 100 MG OR LESS		18	999	07/01/2021	12/31/9999	1	O1	1,737.26	K
Q9992	BUPRENORPHINR XR OVER 100 MG		18	999	07/01/2021	12/31/9999	1	O1	1,737.26	K
R0070	TRANSPORTATION OF PORTABLE X-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
R0075	TRANSPORTATION OF PORTABLE X-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
R0076	TRANSPORT PORTABLE EKG		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
S0013	ESKETAMINE, NASAL SPRAY		18	999	01/01/2021	12/31/9999	84	O1	11.05	M1
S0028	INJECTION, FAMOTIDINE, 20 MG		0	999	07/01/2020	12/31/9999	1	O1	0.89	M1
S0183	PROCHLORPERAZINE 5 MG		0	999	02/01/2015	12/31/9999	1	O1	0.00	N
S0285	CNSLT BEFORE SCREEN COLONOSCOP		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
S0311	COMP MGMT CARE COORD ADV ILL		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
S1002	CUSTOM ITEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
S1034	ART PANCREAS SYSTEM		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
S1035	ART PANCREAS INV DISP SENSOR		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
S1036	ART PANCREAS EXT TRANSMITTER		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
S1037	ART PANCREAS EXT RECVR		0	999	07/01/2014	12/31/9999	1	O6	0.00	E
S1091	STENT NON-CORONARY PROPEL		0	999	04/01/2021	12/31/9999	1	O6	0.00	E
S3854	GENE PROFILE PANEL BREAST		0	999	07/01/2016	12/31/9999	1	O6	0.00	E
S9432	MED FOOD NON INBORN ERR META		0	999	10/01/2021	12/31/9999	1	O6	0.00	E
S9480	INTENSIVE OUTPATIENT PSYCHIA	Y	0	999	05/01/2021	12/31/9999	1	O1	122.54	M1
S9901	CHRISTIAN SCI NURSE VISIT		0	999	01/01/2015	12/31/9999	1	O6	0.00	E
S9960	AIR AMBULANC NONEMERG FIXED		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
S9961	AIR AMBULAN NONEMERG ROTARY		0	999	01/01/2014	12/31/9999	1	O6	0.00	E
T1032	Sv doula brth wrk per 15 min		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
T1033	Sv doula brth wrk per diem		0	999	10/01/2022	12/31/9999	1	O6	0.00	E
T1040	MEDICAID CCBHC SERV PER DIEM		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
T1041	MEDICAID CCBHC SERV PER MONTH		0	999	01/01/2017	12/31/9999	1	O6	0.00	E
T2034	CRISIS INTER WAIVER PER DIEM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
T2047	HAB PREVO WAIVER PER 15		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
T2050	FINANCIAL MGT WAIVER/DIEM		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
T2051	SUPPORT BROKER WAIVER/DIEM		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
T4544	ADLT DISP UND/PULL ON ABV XL		3	999	01/01/2014	12/31/9999	1	O6	0.00	E
T4545	INCON DISPOSABLE PENILE WRAP		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
U0001	2019-NCOV DIAGNOSTIC P		0	999	02/04/2020	12/31/9999	1	O1	32.33	A
U0002	COVID-19 LAB TEST NON-CDC		0	999	02/04/2020	12/31/9999	1	O1	46.20	A
U0003	INF AGNT DETECT BY NUCLEIC ACID, SARS-CO		0	999	01/01/2021	12/31/9999	1	O1	67.50	A
U0004	2019-NCOV SARS-COV-2/2019, ANY TECH, MUL		0	999	01/01/2021	12/31/9999	1	O1	67.50	A
U0005	INFEC AGEN DETEC AMPLI PROBE		0	999	01/01/2021	12/31/9999	1	O1	22.50	A
V2020	FRAMES, PURCHASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2025	DELUXE FRAMES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2100	LENS SPHER SINGLE PLANO 4.00		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2101	SINGLE VISN SPHERE 4.12-7.00		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2102	SINGL VISN SPHERE 7.12-20.00		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2103	SPHEROCYLINDR 4.00D/12-2.00D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2104	SPHEROCYLINDR 4.00D/2.12-4D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2105	SPHEROCYLINDER 4.00D/4.25-6D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2106	SPHEROCYLINDER 4.00D/>6.00D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2107	SPHEROCYLINDER 4.25D/12-2D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2108	SPHEROCYLINDER 4.25D/2.12-4D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2109	SPHEROCYLINDER 4.25D/4.25-6D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2110	SPHEROCYLINDER 4.25D/OVER 6D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2111	SPHEROCYLINDR 7.25D/.25-2.25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2112	SPHEROCYLINDR 7.25D/2.25-4D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2113	SPHEROCYLINDR 7.25D/4.25-6D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2114	SPHEROCYLINDER OVER 12.00D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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V2115	LENTICULAR (MYODISC) SNGL PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2118	ANISEKONIC LENS, SINGLE VISION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2121	LENTICULAR LENS, SINGLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2199	NOS, SINGLE VISION LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2200	LENS SPHER BIFOC PLANO 4.00D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2201	LENS SPHERE BIFOCAL 4.12-7.0		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2202	LENS SPHERE BIFOCAL 7.12-20.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2203	LENS SPHCYL BIFOCAL 4.00D/.1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2204	LENS SPHCY BIFOCAL 4.00D/2.1		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2205	LENS SPHCY BIFOCAL 4.00D/4.2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2206	LENS SPHCY BIFOCAL 4.00D/OVE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2207	LENS SPHCY BIFOCAL 4.25-7D/.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2208	LENS SPHCY BIFOCAL 4.25-7/2.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2209	LENS SPHCY BIFOCAL 4.25-7/4.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2210	LENS SPHCY BICFOCAL 4.25-7/OV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2211	LENS SPHCY BIFO 7.25-12/.25-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2212	LENS SPHCYL BIFO 7.25-12/2.2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2213	LENS SPHCYL BIFO 7.25-12/4.2		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2214	LENS SPHCYL BIFOCAL OVER 12.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2215	LENTICULAR (MYODISC) BI PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2218	ANISEKONIC, PER LENS, BIFOCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2219	BIFOCAL SEG WIDTH OVER 28MM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2220	BIFOCAL ADD OVER 3.25D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2221	LENTICULAR LENS, BIFOCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2299	SPECIALTY BIFOCAL (BY REPORT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2300	LENS SPHERE TRIFOCAL 4.00D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2301	LENS SPHERE TRIFOCAL 4.12-7.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2302	LENS SPHERE TRIFOCAL 7.12-20		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2303	LENS SPHCY TRIFOCAL 4.0/.12-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2304	LENS SPHCY TRIFOCAL 4.0/2.25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2305	LENS SPHCY TRIFOCAL 4.0/4.25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2306	LENS SPHCYL TRIFOCAL 4.00/>6		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2307	LENS SPCHY TRIFOCAL 4.25-7/.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2308	LENS SPHC TRIFOCAL 4.25-7/2.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2309	LENS SPHC TRIFOCAL 4.25-7/4.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2310	LENS SPHC TRIFOCAL 4.25-7/>6		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2311	LENS SPHC TRIFO 7.25-12/.25-		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2312	LENS SPHC TRIFO 7.25-12/2.25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2313	LENS SPHC TRIFO 7.25-12/4.25		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2314	LENS SPHCYL TRIFOCAL OVER 12		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2315	LENTICULAR, (MYODISC), PER LEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2318	ANISEIKONIC LENS, TRIFOCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2319	TRIFOCAL SEG WIDTH OVER 28MM		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2320	TRIFOCAL ADD OVER 3.25D		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2321	LENTICULAR LENS, TRIFOCAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2399	SPECIALTY TRIFOCAL (BY REPORT)		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2410	VARIABLE ASPHERICITY LENS, SIN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2430	VARIABLE ASPHERICITY LENS, BIF		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2499	VARIABLE SPHERICITY LENS, OTHE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2500	CONTACT LENSES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2501	CONACT LENS, PMMA, TORIC OR PR		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2502	CONTACT LENS PMMA, BIFOCAL, PE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2503	CONTACT LENS PMMA, COLOR VISIO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2510	CONTACT LENS, GAS PERMEABLE, S		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2511	CONTACT LENS, GAS PERMEABLE, T		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2512	CONTACT LENS, GAS PERMEABLE, B		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2513	CONTACT LENS, GAS PERMEABLE, E		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2520	CONTACT LENS HYDROPHILIC, SPER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2521	CONTACT LENS HYDROPHLIC, TROIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2522	CONTACT LENS HYDROPHLLIC, BIFO		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2523	CONTACT LENS HYDROPHLIC, EXTEN		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2524	CNTCT LENS HYDROPHIL PHOTOCH		0	999	10/01/2020	12/31/9999	1	O6	0.00	E
V2525	CL, HYDROPHILIC, DUAL FOCUS		0	999	04/01/2022	12/31/9999	1	O6	0.00	E
V2530	CONTACT LENS GAS IMPERMEABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2531	CONTACT LENS GAS PERMEABLE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2599	CONTACT LENS, OTHER TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2600	NOT OTHERWISE LOW VISION AIDS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2610	SNGLE LNS SPCTCLE MOUNTD LOW VISION AID		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2615	TELESCOPIC AND OTHER COMPOUND		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2623	PROSTHETIC EYE, PLASTIC, CUSTO		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2624	POLISHING/RESURFACING OF OCULA		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2625	ENLARGEMENT OF OCULAR PROSTHES		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2626	REDUCTION OF OCULAR PROSTHESIS		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2627	SCLERAL COVER SHELL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2628	FABRICATION AND FITTING OF OCU		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2629	PROSTHETIC EYE, OTHER TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2630	ANTER CHAMBER INTRAOCUL LENS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
V2631	IRIS SUPPORT INTRAOCLR LENS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
V2632	POST CHMBR INTRAOCULAR LENS		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
V2700	BALANCE LENS, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2702	DELUXE LENS FEATURE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2710	SLAB OFF PRISM, GLASS OR PLAST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2715	PRISM, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2718	PRESS-ON LENS, FRESNELL PRISM.		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2730	SPECIAL BASE CURVE, GLASS OR P		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

Mississippi Division of Medicaid
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MISSISSIPPI DIVISION OF MEDICAID

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Code	Description	PA Required	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units	Status	Fee	Status Indicator
V2744	TINT, PHOTOCHROMATIC, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2745	TINT, ANY COLOR/SOLID/GRAD		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2750	ANTI-REFLECTIVE COATING, PER L		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2755	U-V LENS, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2756	EYE GLASS CASE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2760	SCRATCH RESISTANT COATING, PER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2761	MIRROR COATING		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2762	POLARIZATION, ANY LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2770	OCCLUDER LENS, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2780	OVERSIZE LENS, PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2781	PROGRESSIVE LENS PER LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2782	LENS, 1.54-1.65 P/1.60-1.79G		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2783	LENS, >= 1.66 P/>=1.80 G		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2784	LENS POLYCARB OR EQUAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V2785	PROCESSING, PRESERVING AND TRA		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2786	OCCUPATIONAL MULTIFOCAL LENS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2787	ASTIGMATISM-CORRECT FUNCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2788	PRESBYOPIA-CORRECT FUNCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2790	AMNIOTIC MEMBRANE		0	999	09/01/2012	12/31/9999	1	O1	0.00	N
V2797	VIS ITEM/SVC IN OTHER CODE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V2799	MISC VISION ITEM OR SERVICE		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5008	HEARING SCREENING		0	1	09/01/2012	12/31/9999	1	O6	0.00	E
V5010	HEARING AID EVALUATION TEST		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5011	FITTING/ORIENTATION/CHECKING O		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5014	HEARING AID REPAIR/MODIFYING		0	20	09/01/2012	12/31/9999	2	O6	0.00	E
V5020	CONFORMITY EVALUATION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5030	HEARING AID, MONAURAL, BODY N		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5040	HEARING AID, MONAURAL, BODY W		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5050	HEARING AID, MONAURAL, IN THE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5060	HEARING AID, MONAURAL, BEHIND		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5070	GLASSES, AIR CONDUCTION		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5080	GLASSES, BONE CONDUCTION		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5090	DISPENSING FEE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5095	IMPLANT MID EAR HEARING PROS		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5100	HEARING AID, BILATERAL, BODY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5110	DISPENSING FEE, BILATERAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5120	BINAURAL, BODY		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5130	BINAURAL, IN THE EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5140	BINAURAL, BEHIND THE EAR		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5150	BINAURAL, GLASSES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5160	DISPENSING FEE, BINAURAL		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5171	HEARING AID MONAURAL ITE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5172	HEARING AID MONAURAL ITC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5181	HEARING AID MONAURAL BTE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5190	HEARING AID, CROS, GLASSES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5200	DISPENSING FEE, CROS		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5211	HEARING AID BINAURAL ITE/ITE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5212	HEARING AID BINAURAL ITE/ITC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5213	HEARING AID BINAURAL ITE/BTE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5214	HEARING AID BINAURAL ITC/ITC		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5215	HEARING AID BINAURAL ITC/BTE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5221	HEARING AID BINAURAL BTE/BTE		0	999	01/01/2019	12/31/9999	1	O6	0.00	E
V5230	HEARING AID, BICROS, GLASSES		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5240	DISPENSING FEE, BICROS		0	999	07/01/2013	12/31/9999	1	O6	0.00	E
V5241	DISPENSING FEE, MONAURAL		0	20	09/01/2012	12/31/9999	2	O6	0.00	E
V5242	HEARING AID, MONAURAL, CIC		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5243	HEARING AID, MONAURAL, ITC		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5244	HEARING AID, PROG, MON, CIC		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5245	HEARING AID, PROG, MON, ITC		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5246	HEARING AID, PROG, MON, ITE		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5247	HEARING AID, PROG, MON, BTE		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5248	HEARING AID, BINAURAL, CIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5249	HEARING AID, BINAURAL, ITC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5250	HEARING AID, PROG, BIN, CIC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5251	HEARING AID, PROG, BIN, ITC		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5252	HEARING AID, PROG, BIN, ITE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5253	HEARING AID, PROG, BIN, BTE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5254	HEARING ID, DIGIT, MON, CIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5255	HEARING AID, DIGIT, MON, ITC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5256	HEARING AID, DIGIT, MON, ITE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5257	HEARING AID, DIGIT, MON, BTE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5258	HEARING AID, DIGIT, BIN, CIC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5259	HEARING AID, DIGIT, BIN, ITC		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5260	HEARING AID, DIGIT, BIN, ITE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5261	HEARING AID, DIGIT, BIN, BTE		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5262	HEARING AID, DISP, MONAURAL		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5263	HEARING AID, DISP, BINAURAL		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5264	EAR MOLD/INSERT		0	20	09/01/2012	12/31/9999	1	O6	0.00	E
V5265	EAR MOLD/INSERT, DISP		0	999	09/01/2012	12/31/9999	2	O6	0.00	E
V5266	BATTERY FOR HEARING DEVICE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5267	HEARING AID SUP/ACCESS/DEV		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5268	ALD TELEPHONE AMPLIFIER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5269	ALERTING DEVICE, ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5270	ALD, TV AMPLIFIER, ANY TYPE		0	999	09/01/2012	12/31/9999	1	O6	0.00	E
V5271	ALD, TV CAPTION DECODER		0	999	09/01/2012	12/31/9999	1	O6	0.00	E

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MISSISSIPPI DIVISION OF MEDICAID

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

Mississippi Division of Medicaid

Chemotherapy and Associated Drugs Fee Schedule Effective 07/01/2021

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Facor Code Key: L1-Outpatient Hospital Chemotherapy Fee

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C9142	INJ, ALYMSYS, 10 MG		18	999	10/01/2022	12/31/9999	237	L1	74.02
J0171	ADRENALIN EPINEPHRINE INJECT		0	999	07/01/2021	12/31/9999	120	L1	0.85
J0180	AGALSIDASE BETA INJECTION		0	999	07/01/2021	12/31/9999	140	L1	189.29
J0456	AZITHROMYCIN		0	999	07/01/2021	12/31/9999	4	L1	3.30
J0461	ATROPINE SULFATE INJECTION		0	999	07/01/2020	12/31/9999	800	L1	0.08
J0480	BASILIXIMAB		0	999	07/01/2021	12/31/9999	1	L1	4019.07
J0610	CALCIUM GLUCONATE INJECTION		0	999	07/01/2021	12/31/9999	15	L1	3.85
J0640	LEUCOVORIN CALCIUM INJECTION		0	999	07/01/2021	12/31/9999	24	L1	2.73
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG		6	999	07/01/2021	12/31/9999	1200	L1	0.12
J0692	CEFEPIME HCL FOR INJECTION		0	999	07/01/2021	12/31/9999	12	L1	1.81
J0696	CEFTRIAXONE SODIUM INJECTION		0	999	07/01/2021	12/31/9999	16	L1	0.56
J0740	CIDOFOVIR INJECTION		0	999	07/01/2021	12/31/9999	2	L1	590.29
J0881	DARBEPOETIN ALFA, NON-ESRD		0	999	07/01/2021	12/31/9999	500	L1	3.56
J0885	EPOETIN ALFA, NON-ESRD		0	999	07/01/2021	12/31/9999	60	L1	8.82
J0895	DEFEROXAMINE MESYLATE INJ		0	999	07/01/2021	12/31/9999	12	L1	7.90
J0897	DENOSUMAB INJECTION	Y	18	999	07/01/2021	12/31/9999	120	L1	20.11
J1071	INJ TESTOSTERONE CYPIONATE		12	999	01/01/2015	12/31/9999	400	L1	0.03
J1100	DEXAMETHASONE SODIUM PHOS		0	999	07/01/2021	12/31/9999	120	L1	0.14
J1170	HYDROMORPHONE INJECTION		0	999	07/01/2021	12/31/9999	50	L1	2.74
J1200	DIPHENHYDRAMINE HCL INJECTIO		0	999	07/01/2021	12/31/9999	8	L1	0.62
J1300	ECULIZUMAB INJECTION	Y	0	999	07/01/2021	12/31/9999	120	L1	230.32
J1302	INJ, SUTIMLIMAB-JOME, 10 MG		18	999	10/01/2022	12/31/9999	750	L1	17.01
J1453	FOSAPREPITANT INJECTION		0	999	07/01/2021	12/31/9999	150	L1	0.42
J1459	INJ IVIG PRIVIGEN 500 MG		0	999	07/01/2021	12/31/9999	300	L1	42.43
J1561	GAMUNEX-C/GAMMAKED		0	999	07/01/2021	12/31/9999	300	L1	43.67
J1569	GAMMAGARD LIQUID INJECTION		0	999	07/01/2021	12/31/9999	300	L1	43.63
J1580	GARAMYCIN GENTAMICIN INJ		0	999	07/01/2021	12/31/9999	9	L1	1.78
J1626	GRANISETRON HCL INJECTION		0	999	07/01/2021	12/31/9999	30	L1	0.22
J1642	INJ HEPARIN SODIUM PER 10 U		0	999	07/01/2021	12/31/9999	150	L1	0.01
J1644	INJ HEPARIN SODIUM PER 1000U		0	999	07/01/2021	12/31/9999	50	L1	0.32
J1650	INJ ENOXAPARIN SODIUM		0	999	07/01/2021	12/31/9999	30	L1	0.80
J1720	HYDROCORTISONE SODIUM SUCC I		0	999	07/01/2021	12/31/9999	10	L1	14.15
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	Y	0	999	07/01/2021	12/31/9999	150	L1	44.90
J1750	INJ IRON DEXTRAN		0	999	07/01/2021	12/31/9999	45	L1	15.05
J1756	IRON SUCROSE INJECTION		0	999	07/01/2021	12/31/9999	500	L1	0.22
J1885	KETOROLAC TROMETHAMINE INJ		0	999	07/01/2021	12/31/9999	8	L1	0.39
J1931	LARONIDASE INJECTION	Y	0	999	07/01/2021	12/31/9999	609	L1	33.12
J1940	FUROSEMIDE INJECTION		0	999	07/01/2021	12/31/9999	10	L1	0.65
J1956	LEVOFLOXACIN INJECTION		0	999	07/01/2021	12/31/9999	4	L1	0.39
J2060	LORAZEPAM INJECTION		18	999	07/01/2021	12/31/9999	10	L1	0.72
J2150	MANNITOL INJECTION		0	999	07/01/2021	12/31/9999	8	L1	2.38
J2175	MEPERIDINE HYDROCHL /100 MG		0	999	07/01/2021	12/31/9999	6	L1	5.34
J2185	MEROPENEM		0	999	07/01/2021	12/31/9999	60	L1	0.76
J2250	INJ MIDAZOLAM HYDROCHLORIDE		0	999	07/01/2020	12/31/9999	30	L1	0.12
J2270	MORPHINE SULFATE INJECTION		0	999	07/01/2021	12/31/9999	15	L1	3.15
J2274	INJ MORPHINE PF EPID ITHC		0	999	07/01/2021	12/31/9999	100	L1	11.51
J2353	OCTREOTIDE INJECTION, DEPOT	Y	0	999	07/01/2021	12/31/9999	60	L1	205.66
J2357	OMALIZUMAB INJECTION	Y	6	75	07/01/2021	12/31/9999	120	L1	37.42
J2405	ONDANSETRON HCL INJECTION		0	999	07/01/2020	12/31/9999	64	L1	0.09
J2430	PAMIDRONATE DISODIUM /30 MG		0	999	07/01/2021	12/31/9999	3	L1	10.70
J2469	PALONOSETRON HCL		0	999	07/01/2021	12/31/9999	10	L1	3.19
J2550	PROMETHAZINE HCL INJECTION		0	999	07/01/2021	12/31/9999	3	L1	2.32
J2796	ROMIPLOSTIM INJECTION		0	999	07/01/2021	12/31/9999	150	L1	79.11

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J2916	NA FERRIC GLUCONATE COMPLEX		0	999	07/01/2021	12/31/9999	20	L1	2.01
J2920	METHYLPREDNISOLONE INJECTION		0	999	07/01/2021	12/31/9999	25	L1	4.38
J2930	METHYLPREDNISOLONE INJECTION		0	999	07/01/2021	12/31/9999	25	L1	5.49
J2997	ALTEPLASE RECOMBINANT		0	999	07/01/2021	12/31/9999	100	L1	87.43
J3010	FENTANYL CITRATE INJECTION		0	999	07/01/2021	12/31/9999	100	L1	0.72
J3370	VANCOMYCIN HCL INJECTION		0	999	07/01/2021	12/31/9999	12	L1	2.61
J3385	VELAGLUCERASE ALFA		0	999	07/01/2021	12/31/9999	80	L1	346.63
J3410	HYDROXYZINE HCL INJECTION		0	999	07/01/2021	12/31/9999	16	L1	8.30
J3420	VITAMIN B12 INJECTION		0	999	07/01/2021	12/31/9999	1	L1	1.84
J3475	INJ MAGNESIUM SULFATE		0	999	07/01/2020	12/31/9999	80	L1	0.63
J3480	INJ POTASSIUM CHLORIDE		0	999	07/01/2021	12/31/9999	200	L1	0.16
J7030	NORMAL SALINE SOLUTION INFUS		0	999	07/01/2021	12/31/9999	20	L1	2.73
J7040	NORMAL SALINE SOLUTION INFUS		0	999	07/01/2021	12/31/9999	12	L1	1.37
J7050	NORMAL SALINE SOLUTION INFUS		0	999	07/01/2021	12/31/9999	20	L1	0.68
J7060	5% DEXTROSE/WATER		0	999	07/01/2021	12/31/9999	10	L1	1.98
J7070	D5W INFUSION		0	999	07/01/2021	12/31/9999	7	L1	3.93
J7187	HUMATE-P, INJ		0	999	07/01/2021	12/31/9999	9600	L1	1.22
J7527	ORAL EVEROLIMUS		0	999	07/01/2021	12/31/9999	20	L1	7.00
J8501	ORAL APREPITANT		0	999	07/01/2021	12/31/9999	25	L1	4.30
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG		0	999	07/01/2021	12/31/9999	60	L1	1.62
J8540	ORAL DEXAMETHASONE		0	999	07/01/2021	12/31/9999	48	L1	0.11
J8655	ORAL NETUPITANT, PALONOSETRO		0	999	07/01/2021	12/31/9999	1	L1	270.65
J8670	ROLAPITANT, ORAL, 1MG		18	999	07/01/2021	12/31/9999	180	L1	2.34
J8700	TEMOZOLOMIDE		0	999	07/01/2021	12/31/9999	120	L1	0.53
J9000	DOXORUBICIN HCL INJECTION		0	999	07/01/2021	12/31/9999	20	L1	2.50
J9017	ARSENIC TRIOXIDE INJECTION		0	999	07/01/2021	12/31/9999	30	L1	17.82
J9019	ERWINAZE INJECTION		0	999	07/01/2021	12/31/9999	60	L1	427.27
J9025	AZACITIDINE INJECTION		0	999	07/01/2021	12/31/9999	300	L1	0.91
J9033	INJ., TREANDA 1 MG		0	999	07/01/2021	12/31/9999	300	L1	24.58
J9034	INJ., BENDEKA 1 MG		18	999	07/01/2021	12/31/9999	360	L1	20.17
J9035	BEVACIZUMAB INJECTION	Y	0	999	07/01/2021	12/31/9999	180	L1	75.16
J9039	INJECTION, BLINATUMOMAB		0	999	07/01/2021	12/31/9999	210	L1	118.12
J9040	BLEOMYCIN SULFATE INJECTION		0	999	07/01/2021	12/31/9999	4	L1	27.01
J9041	INJ., VELCADE 0.1 MG		0	999	07/01/2021	12/31/9999	35	L1	44.67
J9042	BRENTUXIMAB VEDOTIN INJ	Y	18	999	07/01/2021	12/31/9999	200	L1	182.08
J9043	CABAZITAXEL INJECTION	Y	0	999	07/01/2021	12/31/9999	60	L1	184.85
J9045	CARBOPLATIN INJECTION		0	999	07/01/2021	12/31/9999	22	L1	2.68
J9047	INJECTION, CARFILZOMIB, 1 MG		18	999	07/01/2021	12/31/9999	160	L1	39.35
J9050	CARMUSTINE INJECTION		0	999	07/01/2021	12/31/9999	6	L1	1743.25
J9055	CETUXIMAB INJECTION		0	999	07/01/2021	12/31/9999	150	L1	65.48
J9060	CISPLATIN 10 MG INJECTION		0	999	07/01/2021	12/31/9999	24	L1	1.68
J9065	INJ CLADRIBINE PER 1 MG		0	999	07/01/2021	12/31/9999	100	L1	21.02
J9070	CYCLOPHOSPHAMIDE 100 MG INJ		0	999	07/01/2021	12/31/9999	55	L1	31.16
J9100	CYTARABINE HCL 100 MG INJ		0	999	07/01/2021	12/31/9999	120	L1	0.69
J9120	DACTINOMYCIN INJECTION		0	999	07/01/2021	12/31/9999	5	L1	934.16
J9130	DACARBAZINE 100 MG INJ		0	999	07/01/2021	12/31/9999	24	L1	4.85
J9150	DAUNORUBICIN INJECTION		0	999	07/01/2021	12/31/9999	12	L1	42.52
J9171	DOCETAXEL INJECTION		0	999	07/01/2021	12/31/9999	240	L1	0.72
J9179	ERIBULIN MESYLATE INJECTION		28	85	07/01/2021	12/31/9999	50	L1	117.76
J9181	ETOPOSIDE INJECTION		0	999	07/01/2021	12/31/9999	100	L1	0.74
J9185	FLUDARABINE PHOSPHATE INJ		0	999	07/01/2021	12/31/9999	2	L1	47.53
J9190	FLUOROURACIL INJECTION		0	999	07/01/2021	12/31/9999	20	L1	1.68
J9201	IN GEMCITABINE HCL NOS 200MG		0	999	07/01/2021	12/31/9999	20	L1	3.97
J9205	INJ IRINOTECAN LIPOSOME 1 MG		0	999	07/01/2021	12/31/9999	215	L1	54.31
J9206	IRINOTECAN INJECTION		0	999	07/01/2021	12/31/9999	42	L1	2.45

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J9207	IXABEPILONE INJECTION		0	999	07/01/2021	12/31/9999	90	L1	102.12
J9208	IFOSFAMIDE INJECTION		0	999	07/01/2021	12/31/9999	15	L1	26.17
J9209	MESNA INJECTION		0	999	07/01/2021	12/31/9999	55	L1	2.19
J9214	INTERFERON ALFA-2B INJ		0	999	07/01/2021	12/31/9999	100	L1	33.99
J9217	LEUPROLIDE ACETATE SUSPNSION		0	999	07/01/2021	12/31/9999	6	L1	228.93
J9250	METHOTREXATE SODIUM INJ		0	999	07/01/2021	12/31/9999	50	L1	0.21
J9260	METHOTREXATE SODIUM INJ		0	999	07/01/2021	12/31/9999	750	L1	2.10
J9262	INJ, OMACETAXINE MEP, 0.01MG		18	999	07/01/2021	12/31/9999	700	L1	3.31
J9263	OXALIPLATIN		0	999	07/01/2021	12/31/9999	700	L1	0.12
J9264	PACLITAXEL PROTEIN BOUND		0	999	07/01/2021	12/31/9999	600	L1	13.43
J9266	PEGASPARGASE INJECTION	Y	0	999	07/01/2021	12/31/9999	2	L1	19717.46
J9267	PACLITAXEL INJECTION		18	999	07/01/2021	12/31/9999	750	L1	0.15
J9271	INJ PEMBROLIZUMAB	Y	18	999	07/01/2021	12/31/9999	400	L1	50.65
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG		18	999	10/01/2022	12/31/9999	68	L1	198.86
J9280	MITOMYCIN INJECTION		0	999	07/01/2021	12/31/9999	12	L1	54.24
J9285	INJ, OLARATUMAB, 10 MG		18	999	07/01/2021	12/31/9999	200	L1	52.07
J9298	INJ NIVOL RELATLIMAB 3MG/1MG		12	999	10/01/2022	12/31/2299	160	L1	180.64
J9299	INJECTION, NIVOLUMAB	Y	0	999	07/01/2021	12/31/9999	480	L1	28.54
J9301	OBINUTUZUMAB INJ	Y	18	999	07/01/2021	12/31/9999	100	L1	63.54
J9303	PANITUMUMAB INJECTION		0	999	07/01/2021	12/31/9999	90	L1	124.17
J9305	INJ. PEMETREXED NOS 10MG	Y	0	999	07/01/2021	12/31/9999	150	L1	73.19
J9306	INJECTION, PERTUZUMAB, 1 MG	Y	18	999	07/01/2021	12/31/9999	840	L1	12.99
J9307	PRALATREXATE INJECTION	Y	0	999	07/01/2021	12/31/9999	80	L1	310.93
J9308	INJECTION, RAMUCIRUMAB	Y	18	999	07/01/2021	12/31/9999	280	L1	61.66
J9311	INJ RITUXIMAB, HYALURONIDASE		18	999	07/01/2021	12/31/9999	160	L1	40.23
J9312	INJ., RITUXIMAB, 10 MG	Y	18	999	07/01/2021	12/31/9999	150	L1	91.26
J9351	TOPOTECAN INJECTION		0	999	07/01/2021	12/31/9999	120	L1	1.12
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	Y	18	999	07/01/2021	12/31/9999	600	L1	32.85
J9355	INJ TRASTUZUMAB EXCL BIOSIMI		18	999	07/01/2021	12/31/9999	105	L1	97.92
J9360	VINBLASTINE SULFATE INJ		0	999	07/01/2021	12/31/9999	40	L1	3.68
J9370	VINCRISTINE SULFATE 1 MG INJ		0	999	07/01/2021	12/31/9999	4	L1	5.04
J9371	INJ, VINCRISTINE SUL LIP 1MG		18	999	07/01/2021	12/31/9999	5	L1	3320.40
J9390	VINORELBINE TARTRATE INJ		0	999	07/01/2021	12/31/9999	36	L1	9.54
J9395	INJECTION, FULVESTRANT		18	999	07/01/2021	12/31/9999	20	L1	54.77
J9400	INJ, ZIV-AFLIBERCEPT, 1MG		18	999	07/01/2021	12/31/9999	500	L1	8.50
P9047	ALBUMIN (HUMAN), 25%, 50ML		0	999	07/01/2020	12/31/9999	20	L1	52.45
Q0162	ONDANSETRON ORAL		0	999	07/01/2020	12/31/9999	24	L1	0.02
Q0163	DIPHENHYDRAMINE HCL 50MG		0	999	10/01/2019	12/31/9999	6	L1	0.26
Q2049	IMPORTED LIPODOX INJ		19	999	10/01/2019	12/31/9999	10	L1	508.43
Q2050	DOXORUBICIN INJ 10MG		0	999	07/01/2021	12/31/9999	20	L1	298.80
Q2056	CILTACABTAGENE CAR-POS T	Y	18	999	10/1/2022	12/31/2299	1	L1	478950.00
Q5101	INJECTION, ZARXIO		0	999	07/01/2021	12/31/9999	1500	L1	0.41
S0183	PROCHLORPERAZINE 5 MG		0	999	02/01/2015	12/31/9999	8	L1	1.05